NHS
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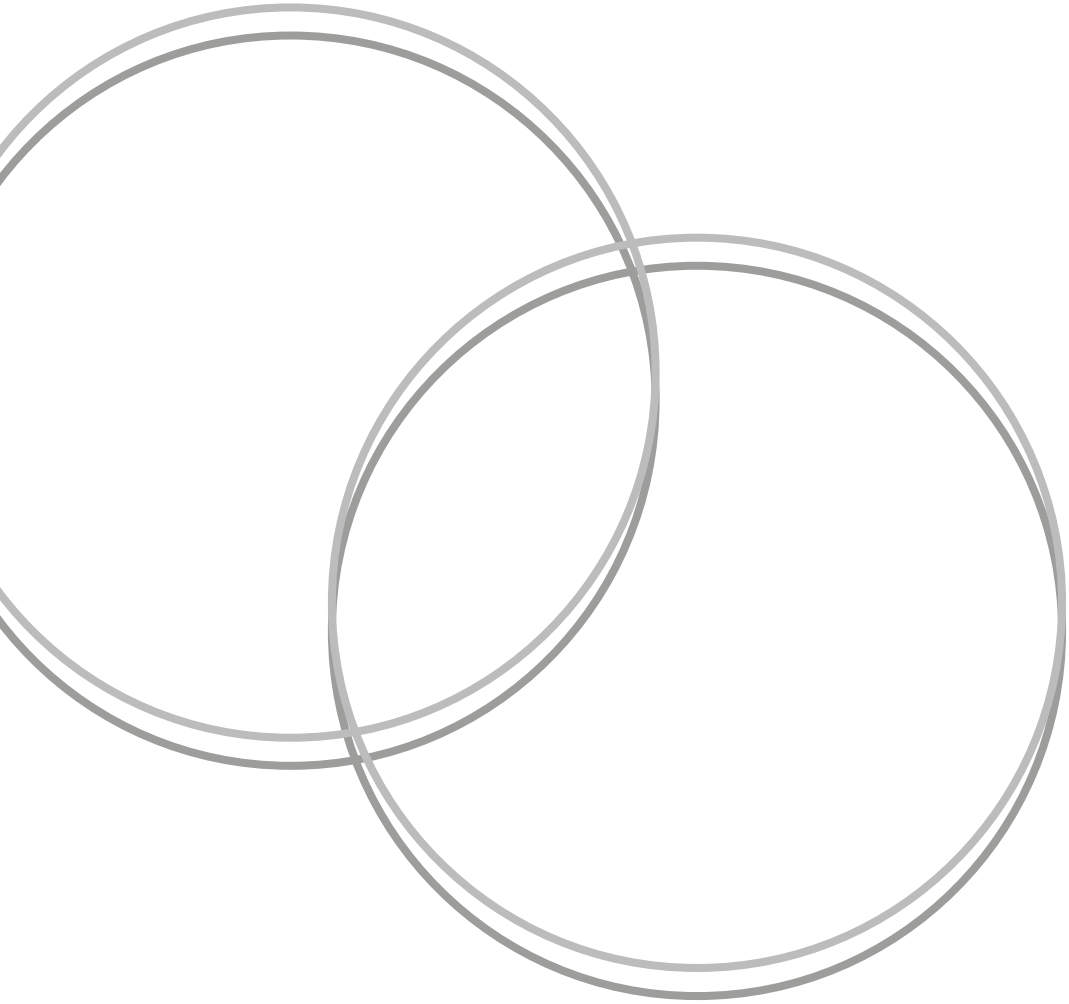
Right Hemicolectomy

Information for patients

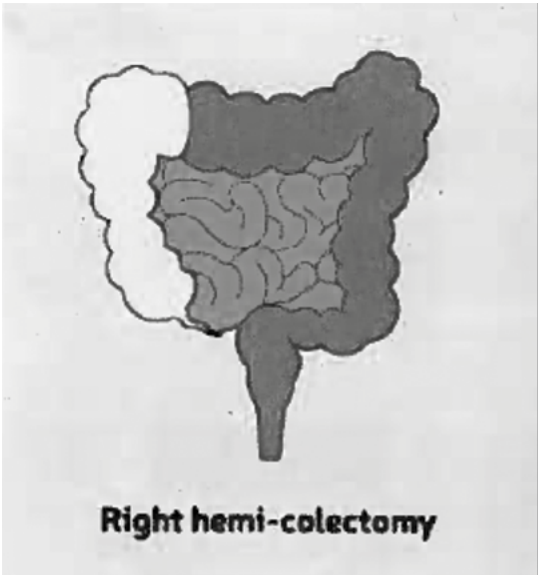


Introduction

This document provides detailed information about Right Hemicolectomy, a surgical procedure performed by the colorectal team at Oxford University Hospitals to remove the right side of the colon. This guide covers the procedure, alternative treatment options, pre- and post-operative expectations, and follow-up care.

What is Right Hemicolectomy?

Right Hemicolectomy involves the surgical removal of a portion of the right colon, which includes the cecum, ascending colon, and a portion of the transverse colon. The remaining bowel ends are reconnected (anastomosis) to restore bowel continuity. In some cases, the end of the small intestine (terminal ileum) may also need to be removed.



Indications for Right Hemicolectomy

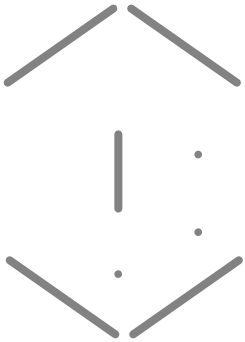
Right Hemicolectomy is recommended for the following conditions:

- Colon cancer on the right side of the colon
- Large or high-risk polyps not suitable for endoscopic removal
- Inflammatory bowel disease (Crohn's disease) affecting the right colon
- Other diseases affecting the right colon (e.g. ischaemia, stricture)

Surgical Approaches

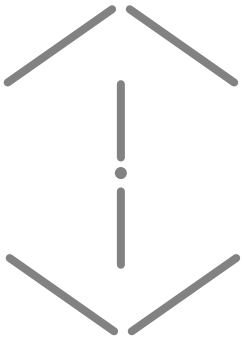
There are three main techniques for performing Right Hemicolectomy at Oxford University Hospitals. The choice of approach depends on individual patient factors and will be discussed in clinic with your surgeon.

Laparoscopic (Keyhole) Surgery:



- Several small incisions are made in the abdomen.
- A camera and fine instruments are inserted to remove the diseased bowel.
- Often preferred for quicker recovery, less pain, and smaller scars.

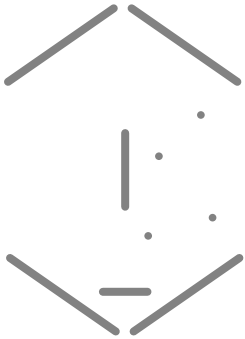
Open Surgery:



- A single, larger incision is made down the middle of the abdomen.
- Provides direct access to the bowel.
- May be recommended if keyhole surgery is unsuitable due to previous operations or tumour complexity.

Robotic-Assisted Surgery:

- A robotic system controlled by the surgeon is used to perform precise movements through small keyhole incisions.
- Offers excellent visualisation and precision, particularly in narrow areas of the abdomen.
- May be used for selected patients based on tumour location and complexity.



Alternatives to Right Hemicolectomy for Colon Cancer

Depending on tumour size, stage, location, and the patient's overall health, the following alternatives may be considered:

Chemotherapy:

- May be used after surgery to kill any remaining cancer cells.
- May be used before surgery to shrink a large tumour.

Radiotherapy:

- In conjunction with chemotherapy, radiation can be used to kill cancer cells or to reduce bleeding from a tumour.

Observation:

- In certain instances, particularly for frail patients with other serious health issues, the team might recommend careful observation.

Pre-Operative Preparation

Before your surgery:

- You will attend a pre-operative assessment clinic.
- You may need to take bowel preparation (laxatives or enemas).
- Your surgeon will explain the procedure and answer your questions.
- You will be asked to sign a consent form.

Will I Need a Stoma?

A stoma is less common after a right hemicolectomy than after a left hemicolectomy or anterior resection. Depending on individual factors, some patients may require a temporary or permanent stoma, where the bowel is diverted through an opening in the abdomen:

- **Temporary Ileostomy/Colostomy:** Allows the bowel join (anastomosis) to heal, with the intent to reverse the ostomy at a later operation. This is more likely if the bowel join is very low down near the rectum.
- **Permanent Ileostomy/Colostomy:** May be necessary depending on tumour location or complications.

Post-Operative Care

Hospital Stay:

- Most patients stay around 3-7 days, but this varies depending on the surgery and individual factors.

Pain Management:

- Patients may receive an epidural, or a spinal injection or patient-controlled analgesia (PCA).
- Pain typically improves significantly within a few days.

Bowel Function:

- Bowel movements may resume within 1-4 days.
- Initial diarrhoea is common as the right side of the colon normally absorbs a lot of water. This should improve with time.
- Some patients may experience temporary constipation.

Stoma Care:

- If a stoma is created, a Stoma Nurse Specialist will visit before and after surgery to provide support and education.

Risks and Potential Complications

Right Hemicolectomy carries risks similar to those associated with major operations, including:

General Risks:

- Reaction to anaesthesia
- Chest infection or urinary infection
- Blood clots (Deep Vein Thrombosis or Pulmonary Embolisation)
- Heart complications

Specific to Right Hemicolectomy:

- Bleeding
- Wound infection
- Leakage at the bowel join (anastomotic leak) - occurs in 5% of patients
- Bowel habit changes (diarrhoea, urgency, or loose stools)
- Temporary or permanent stoma
- Small bowel obstruction
- Rare injury to nearby organs (e.g., duodenum, ureter)
- The need to return to surgery for complications.
- Severe complications after surgery may require Intensive Care treatment and may, in rare cases (1-2%) lead to death.

Enhanced Recovery Programme

Oxford University Hospitals follows an Enhanced Recovery Programme to support patient recovery, including:

- Early mobilization
- Optimal pain control
- Early return to eating and drinking
- Active involvement in patient care

Recovery at Home

- **Tiredness:** Fatigue is common and can take several months to resolve. Plan to rest regularly and gradually return to activity.
- **Driving:** Avoid driving for at least 6 weeks or until cleared by a doctor/insurer.
- **Sexual Activity:** Resume when ready; temporary changes in desire or function are normal.
- **Work:** Return gradually. Avoid heavy lifting for at least 6 weeks.

Follow-Up Care

- A colorectal nurse specialist will contact the patient after discharge.
- A clinic appointment will be scheduled in 3-4 weeks to review progress and in cancer cases to discuss further treatment which may be advised to reduce the chance of your cancer coming back (e.g., chemotherapy or radiotherapy).
- For cancer cases, pathology results will be reviewed by the Colorectal Multidisciplinary Team (MDT).

Further Support and Information

If you have questions or concerns, please contact:

Colorectal Nurse Specialists:
Oxford University Hospitals NHS Foundation Trust
Tel: 01865 221454

Surgical admissions and appointments:

Tel: 01865 234713

Useful Websites

- www.macmillan.org.uk/cancer-information-and-support
- www.maggies.org/
- www.colostomyuk.org/
- www.bowelcanceruk.org.uk/

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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