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Colon Resection

When you eat and digest your food, it enters the large intestine from the small intestine. Food waste enters the large intestine at the cecum, passes through the ascending (right) colon, the transverse colon, the descending (left colon), sigmoid colon and then finally passes through the rectum and anus.

The colon (also called the large intestine) is a tube that forms the end part of the digestive tract. It absorbs fluid and also stores waste. The colon measures between 4 to 6 feet. The last part of the colon is called the rectum. The rectum is lined with millions of cells. Changes in these cells can lead to growths in the colon that can become cancerous and should be removed. These growths are called polyps.

Polyps are clumps of tissue that form on the lining of the colon or rectum. Small polyps are usually non-cancerous. The larger a polyp grows, the more likely it is to become cancerous. As a cancerous tumor grows, it may spread beyond the colon or rectum to nearby organs or lymph nodes. The earlier the tumor is removed, the better the chance of preventing spread.

The day before surgery, you will do a "bowel prep" to be sure your colon is clear of stool. The day of surgery, you will be asked to arrive at the hospital two hours before your surgery. During this time, you will receive an IV in your arm. This will be used to give anesthesia that will help you sleep and keep you free from pain. The surgeon will make one incision in your abdomen. The incision will be several inches long. (For some people, this surgery may be done laparoscopically. Discuss this with your surgeon prior to surgery.) During the surgery, the doctor will remove the affected part of the colon or rectum. This is called resection. The tissue is then sent to pathology. In most cases, the healthy sections of bowel are reconnected. This is called an anastomosis. The surgeon then sutures the skin and muscle and the area is covered with a large bandage. You will then be taken to the recovery room.

During your stay at the hospital, you will be given fluids and pain medication through your IV. You will also be asked to walk with a nurse. This is done to help prevent blood clots. You will not be able to eat or drink anything until your colon begins working again. Then you will begin with a liquid diet.

Your surgeon will want to see you 7 to 10 days later in the office. At this time the physician will check your healing.

You will be able to walk as much as you feel up to, but avoid any heavy lifting or exercise until your doctor says it's okay. You may drive when you are no longer using pain medication.

If at anytime you have questions or are concerned with your recovery, please do not hesitate to call our office.