

**Patient Information Leaflet**



# **Abdomino-Perineal Excision** **of the Rectum**

SM 0702

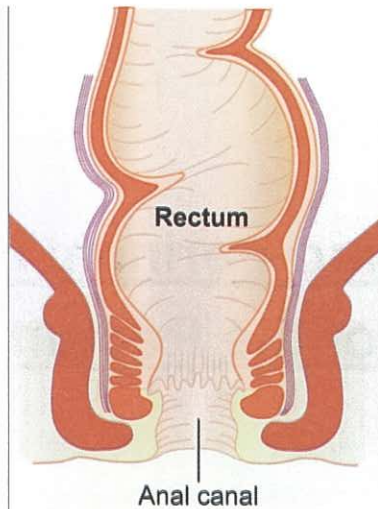
The Burdett Institute  
of Gastrointestinal Nursing



# Abdomino-perineal Excision of the Rectum

## What is the rectum?

The rectum is the storage organ at the end of the bowel and the anal canal is the exit from the bowel (the “back passage”).

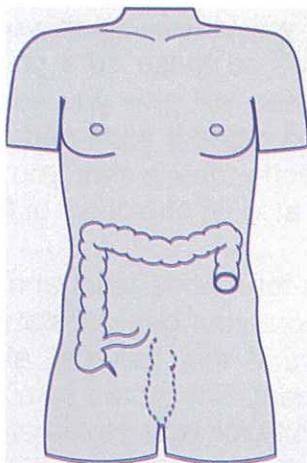


## What is an Abdomino-Perineal excision of the rectum?

Abdomino-perineal excision of the rectum (often referred to as an A-P excision or APER) is an operation to remove the rectum and anal canal. This will close the anus completely and permanently. A colostomy (stoma) is formed for emptying the bowels. This is done via an abdominal

incision and a smaller incision around the anus, so that after the operation you will have a scar and a stoma on your abdomen and a scar between your buttocks where the anus has been closed.

You get to meet a stoma care nurse before your operation to discuss living with a colostomy. This can either be arranged at St Mark's Hospital, or you may like to meet your local stoma care nurse who will be helping you once you go home from hospital.



### **What preparation is needed before the operation?**

It is usual to operate on an empty bowel. We usually recommend that two days before your operation you should eat a light diet which is low in fibre. Fish, chicken, rice and mashed potato would be suitable. Try to avoid vegetables, fruit, cereals and wholemeal bread. You can drink as much as you like. You should keep up your calorie

intake before the operation, so milk and sweet drinks are good. Fish oils may also be useful.

Depending on your surgeon's preference, you may be asked to take a restricted diet on the day before your operation.

You may well come into hospital the day before your operation. Shortly after arrival you will usually be given some medicine or an enema to empty your bowels thoroughly. You may experience some abdominal cramping and you will usually open your bowels several times very urgently - so make sure you know where the toilets are! The nurses will give you some cream if going makes you sore and a pad if you need one. Opening your bowels very frequently means that you also lose a lot of fluid, so try to drink at least one glass of fluid per hour.

Blood will be taken for routine tests and you will be asked some questions about your general state of health by both nurses and doctors if this has not already been done during pre-assessment. The stoma care nurse will help you to decide the best site for your stoma and the surgeon will attempt to place your stoma in the position marked. This is not always possible for technical reasons. The stoma care nurse will also be available to teach and advise you about the care of your stoma during your stay in hospital.

You will be visited by the anaesthetist, who will check that you are fit for an anaesthetic and also discuss suitable pain relief for after the operation. A surgeon will visit you to discuss your operation and you will be asked to sign a consent form. It is important that you fully understand what operation is planned and what the likely benefits and

possible side-effects are. This is a good time to discuss any further questions that you have about the operation.

You will be given some white stockings to wear during and after the operation and injections each day. This is to help prevent blood clots in your legs.

The evening before your operation the nurses will be able to give you an idea of the approximate time of your operation. But be prepared for delays as there may be emergency patients to be fitted in.

### **What will happen when I come back from the operating theatre?**

You are likely to have a dressing in place on your abdomen and a dressing on your bottom. Sometimes the surgeon sews up the area around the anus and leaves a drain in place to take away any oozing from the area. In other cases it is thought best to leave the area open to drain onto a pad and so there are no stitches around your bottom. This will require daily dressings. Sometimes the size of the abdominal wound looks surprisingly long and you may be able to see some metal clips.

You will have a clear bag over your colostomy and this is likely to look rather red and swollen at first. You will probably have a drip in your arm and a catheter to drain your bladder. The drip keeps up your fluid levels and gives you some energy.

We will aim for you to be as pain free as possible. Some discomfort is to be expected. Sitting up will be particularly difficult at first. Painkillers will usually be given continuously



via a pump during the first few days after your operation. Please discuss with your nurse if you feel that your pain is not well controlled.

When you are awake you may not be allowed to drink at first. Sometimes surgeons wait until the doctor can hear sounds in your bowel through a stethoscope and you have passed wind into the stoma bag. This is a good sign, so do not be alarmed if you see your bag fill with air. This can take a few days. When your bowel sounds start, you will be allowed small amounts of fluid each hour, gradually building up to being able to drink as much as you like. Recently, some patients have been allowed to eat and drink earlier and this will be decided by your individual consultant. Once you are drinking normally the drip in your arm can come out. You will usually be able to start eating a light diet if you are drinking well and don't feel sick.

We will usually get you up into a chair for a short time the first day after your operation. This is to help get your circulation moving. It will feel uncomfortable to sit at first, especially if you have a drain in your bottom. You will probably find lying on your side the most comfortable position.

The stockings on your legs may feel hot, but they are very important to help to prevent blood clots. They will be changed daily and we recommend that you continue to wear them day and night for six weeks after your operation. While you are in bed it is a good idea to point your toes up and down and to gently exercise your legs. You should sit up rather than lying flat and take six deep breaths an hour, expanding your chest as fully as possible. The physiotherapist will probably visit you and show you some

chest exercises and help you cough any phlegm up off your chest. If deep breathing is painful you should discuss pain relief with your nurse and try to get as comfortable as possible before the physiotherapist visits.

If you have a drain in place this may be attached to a bottle, which will slowly collect blood-stained fluid. The drain will be left in place until the fluid stops draining (usually between five and seven days). If you do not have a drain you may have an open cavity where the rectum has been removed. This will be lined with gauze and fluid will drain onto a pad. There can be large quantities of oozing and the nurses may need to replace your dressings each day.

You can have a bath or shower as soon as you feel able, if you do not have a drain in, often within a couple of days of the operation. If you have a drain you will need to wait until it is taken out. You are bound to feel a little wobbly at first, so ask for help if you need it, or at least let your nurse know where you are going. Use the nurse call button if you need to.

You may find that you have a sore throat or husky voice for a few days after the operation. This is because the tube used to help you breathe during the operation often bruises the delicate skin in your throat and vocal cords. Gargles may help ease any soreness, which should go within a few days.

At first you will be helped to do most things by the nurses. After the first few days the amount of nursing care you receive generally decreases as you become increasingly independent. The catheter will usually stay in your bladder

for a couple of days until you are able to get to the toilet yourself. Your stitches or clips will be taken out after about 10 days.

In the first few days you will feel tired and may want to request that only close family and friends visit, and to keep visits quite short.

### **When will my stoma start to work?**

Your bowels will usually start to make sounds after two to five days. Wind can cause you a lot of discomfort until you pass it into the stoma bag and this should not be a cause of concern in these first days. If you are eating, you may have a bowel action in the stoma bag after four or five days, but you may well not. This is not a cause for concern.

There is lots of information about stoma care available and the nurses and your stoma care or ward nurse will start to show you how to care for your own stoma once you feel up to it. Before you leave hospital we will make sure that you are in contact with your local stoma care nurse, and that you have enough bags and know how to order more when you need them.

### **How long will I be in hospital?**

We will usually want you to stay in hospital for seven to 10 days after the operation, but this can vary a lot between individuals. If you go home early we will arrange for a district nurse or the practice nurse at your GP's surgery to take out your stitches or clips.



## **Getting back to “normal”**

The time taken to get back to normal activities varies a lot for different people. Do as much as you feel comfortable doing. If you need to take painkillers these may make you drowsy, so you should avoid driving or operating machinery.

Some people find that it can take some months to adjust emotionally to the surgery. When you first go home you are likely to feel tired and unwell for a while – even feeling a little bit low. Things will get better. Some people report that it takes them from three to six months to feel completely back to their normal selves, others recover much more quickly. It is common to become frustrated that you cannot do everything that you would like to do. Be patient!

You can usually resume sexual activity as soon as this feels comfortable. Some people find that this operation changes their sexual function. For men there can be difficulty with achieving an erection (which may be temporary or permanent) because of bruising around the nerves in the pelvis. In women it is sometimes necessary at surgery to remove the back of the vagina, so it is usually wise for women to ask their surgeon when it will be advisable to resume sexual activity. Some women find that the shape of the vagina feels different and that they are dry. Experimenting with different positions for intercourse may help. Try not to feel embarrassed about discussing any problems with your doctor or stoma care nurse as sometimes there is a solution.

If lifting causes you discomfort you should avoid it. You should not drive until you feel confident that you could manage an emergency stop.

It can take several months for the cavity where the rectum has been removed to heal completely if this has been left open. At first you may need a district nurse to visit to help you with dressings. You will probably need to wear a pad to cope with any oozing from your bottom.

You should try to avoid excessive walking or sitting still until your wound has healed. It would also be unwise to go swimming until the area has completely healed.

### **How long should I stay off work?**

Most people need approximately six to eight weeks off work, but this will depend a little on what you do, and it is important for you to pay attention to your body, balancing doing as much as you feel able to with exercising enough to regain your strength and confidence.

### **Eating and drinking**

You may find that you do not have much of an appetite at first. If you feel sick medicines can help so ask your doctor. There are no hard and fast rules about what you should or should not eat. The old saying “a little of what you fancy does you good” is a good one to follow. Eat what you feel like, little and often is usually better than large heavy meals. Food with a low residue (low fibre) and easily digested is usually best at first. You may find that spicy

food and a lot of salad or fruit will upset you. It may be a case of “try and see” with certain foods. Try to keep up your energy levels by having a good calorie intake. It is quite common to lose a little weight. Try to drink at least six to eight cups of fluid per day.

### **Are there any long-term effects of the operation?**

To start with your bowel actions are very likely to be loose, frequent and unpredictable. This should settle down with time. Most stomas develop a predictable pattern of action, but this may take some weeks.

### **What should I do if I want further information?**

If you have a problem or have any questions immediately after you go home, please call the ward where you had your operation or our stoma care nurse. If a problem occurs after a few days at home, please contact your own family doctor or district nurse or your local stoma care nurse for advice.

**Contact details:**

**St Mark's Hospital, Watford Road, Harrow,  
Middlesex HA1 3UJ**

Frederick Salmon Ward South 020 8235 4022

Frederick Salmon Ward North 020 8235 4191

Robert and Lisa Sainsbury Wing 020 8869 3399

Call centre – 020 8235 4061

[www.stmarkshospital.org.uk](http://www.stmarkshospital.org.uk)

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