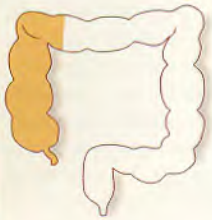
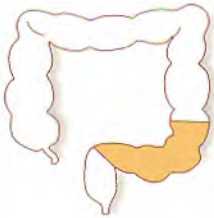
RIGHT HEMICOLECTOMY



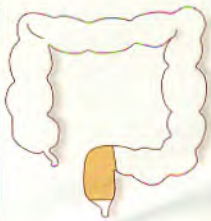
The right side of the colon is removed and the ends rejoined (anastomosis).

SIGMOID COLECTOMY



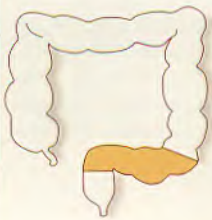
The sigmoid colon is removed and the remainder re-joined (anastomosis).

LOW ANTERIOR RESECTION OF RECTUM



The lower portion of the rectum and lower part of the sigmoid colon are excised and the ends anastomised.
A temporary loop ileostomy is formed to protect the anastomosis, and is reversed later.

HIGH ANTERIOR RESECTION or RECTO-SIGMOID RESECTION



The portion of colon at the recto-sigmoid junction is excised and anastomosis formed.
Occasionally a covering loop colostomy or loop ileostomy is necessary.

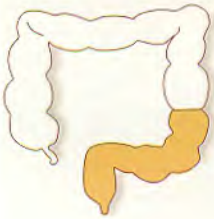
LEFT HEMICOLECTOMY

The left hand side of the colon is resected and the two ends anastomised.

HARTMANN'S PROCEDURE

The sigmoid colon and upper rectum are removed and an end colostomy formed.
Undertaken for cancer in the sigmoid colon and for complications of diverticular disease.

ABDOMINOPERINEAL RESECTION OF RECTUM



The sigmoid colon, rectum and anus are removed, resulting in an abdominal and perineal wound and formation of an end colostomy.
Commonly performed for rectal cancer.

PAN PROCTOCOLECTOMY

The colon, rectum and anus are removed and an end ileostomy formed.
Commonly undertaken for ulcerative colitis, Crohn's disease and familial polyposis.

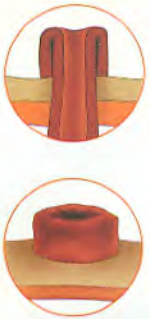
TOTAL COLECTOMY

The colon is removed but the anus and rectal stump are left in situ and an end ileostomy formed. Indications are the same as for panprocto-colectomy but it can be done more quickly in an emergency.
Ileo-rectal anastomosis, proctectomy or formation of an ileo-anal pouch may be carried out at a later date for selected patients only.

LOOP ILEOSTOMY

A loop ileostomy is usually a temporary stoma. A loop of ileum is brought through the surface of the skin, within the right iliac fossa and may be supported by a bridge or rod. The ileum is cut close to the skin and turned back to form the inactive distal stoma and the active proximal stoma which is formed into a spout. The overall shape is oval.

END OR TERMINAL ILEOSTOMY



The proximal end of the resected ileum is brought through the surface of the skin in the region of the right iliac fossa. The end is created forming a spout. There is one lumen and the shape is circular.

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Laker Pharmaceuticals Limited
Tel 00 353 1478 3180
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Original poster designed by Jane Hirst
Stoma Care Development Nurse
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Reviewed March 2011

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LOOP COLOSTOMY

A loop of colon is brou
through the surface of the
and may be supported by a
or bridge. The colon is cut
the edges sutured to the s
There are two luma, one ac
and one inactive. If create
protect a healing anastom
they will commonly be site
the transverse colon but
formed to defunction
obstructed bowel may be si
in the left iliac fossa.

END OR TERMINAL COLOSTOM

The proximal end of
resected colon is brought
the surface of the skin, wit
the left iliac fossa. They h
one lumen and are circular
shape.

ILEO-ANAL POUCH

After total colectomy it
possible to construct an il
anal pouch using a segment
healthy ileum. The ileum
folded back, forming a J sh
and is stapled together.
pouch is then attached to
anus.

A temporary loop ileostom
formed to protect the ne
formed pouch while it hea