



Patient education: Colectomy (The Basics)

Written by the doctors and editors at UpToDate

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What is a colectomy?

A colectomy is surgery in which a doctor removes part or all of the large intestine. A colectomy is sometimes called a "colon resection" because the large intestine is also called the colon ([figure 1](#)).

Doctors might do a colectomy to treat problems such as:

- Colon cancer
- Digestive tract disorders, such as severe diverticulitis or inflammatory bowel disease
- A leak (hole) in the colon
- A blockage in the colon
- An injury to the colon

This surgery can be done in 2 ways:

- **Open surgery** – During an open surgery, the doctor makes a cut, or "incision," in the belly to remove some or all of the colon.
 - **Minimally invasive surgery** – "Minimally invasive" surgery allows the doctor to make smaller cuts in the belly. They insert long, thin tools through the cuts. One of the tools has a camera (called a "laparoscope") on the end, which sends pictures to a TV screen. The doctor can look at the screen to see inside the belly. Then, they use the long tools to do the surgery. They can control the tools directly, or with the help of a robot (this is called "robot-assisted" surgery).
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How do I prepare for surgery?

The doctor or nurse will tell you if you need to do anything special to prepare. They might also give you medicine to take beforehand.

Before your procedure, your doctor will do an exam. They might order tests, such as:

- Blood tests
- CT scan – This is an imaging test. It creates pictures of the inside of the body.
- Colonoscopy – During a colonoscopy, the doctor inserts a tube and a tiny camera into the anus and up to the colon.

Your doctor will also ask you about your "health history." This involves asking you questions about any health problems or surgeries you have or had in the past, and any medicines you take. Tell them about:

- Any medicines you are taking – This includes any prescription or over-the-counter medicines you use, plus any herbal supplements you take. It helps to write down and bring a list of any medicines you take, or bring a bag with all of your medicines with you.
- Any allergies you have
- Any bleeding problems you have – Certain medicines, including some herbs and supplements, can increase the risk of bleeding. Some health conditions also increase this risk.

You will also get information about:

- When to stop eating or drinking before your procedure – For example, you might only be able to have liquids the day before surgery.
- Washing your hair and body with a special soap before you come to the hospital
- Medicines to take before surgery – You will also get medicine to empty your intestines (this is called "bowel prep"). You might also need to take antibiotics the night before surgery to prevent infection. Follow your doctor's instructions on when and how to take these medicines.

Ask the doctor or nurse if you have questions or if there is anything you do not understand.

What happens during surgery?

During your procedure:

- You will get an "IV," which is a thin tube that goes into a vein. This can be used to give you fluids and medicines.

- For a colectomy, you will have general anesthesia. This type of anesthesia makes you unconscious so you can't feel, see, or hear anything during the procedure. If you have general anesthesia, you might get a breathing tube to help you breathe.
 - The doctor will put a small tube in your mouth or nose during the surgery. This tube goes down to your stomach to drain out any food or fluid. In most cases, this is taken out at the end of the surgery.
 - The doctor might put a thin, flexible tube called a "catheter" into your bladder. This is to drain urine during the procedure. In most cases, it is left in the bladder overnight and removed the morning after surgery.
 - The doctors and nurses will continually check your breathing, blood pressure, and heart rate during the procedure.
 - The doctor will remove some or all of your colon. How much they remove depends on the reason for your surgery and how severe your condition is.
 - After your doctor removes some or all of your colon, they will make sure that there is a way for bowel movements to exit your body. To do this, your doctor will either:
 - Reconnect your intestine – If your doctor can reconnect your intestine, you should be able to have bowel movements normally.
 - Do a procedure called a "colostomy" or "ileostomy" – For either of these procedures, your doctor will make a small hole in your belly. Then, they will connect your intestine to this opening. If your doctor connects your large intestine to the hole, it's called a "colostomy." If your doctor connects your small intestine to the hole, it's called an "ileostomy." Your bowel movements will come out through the hole into a bag that is attached to your skin ([figure 2](#)).
 - The doctor will close your incisions and cover them with clean bandages.
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What happens after surgery?

After your procedure, you will be taken to a recovery room. The staff will watch you closely as your anesthesia wears off. Most people stay in the hospital for 2 to 4 days.

As you recover:

- After general anesthesia, you might feel groggy or confused for a short time. You might also feel nauseous or vomit. The doctor or nurse can give you medicine to help with this.
 - You might have a sore throat from the breathing tube. This usually gets better quickly.
 - The staff will help you get out of bed and start moving around when you are ready.
 - You will get pain medicine.
 - Most people can drink liquids within 1 to 2 days after surgery and eat solid foods soon after that. If you are still not able to eat or drink after a week, your doctor might need to give you nutrition through a vein in your arm until you can eat again.
 - If the doctor performed minimally invasive surgery, you might develop shoulder pain the day after surgery. This is from the gas that the doctor put into your belly.
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What are the risks of colectomy?

Although uncommon, there are problems that can happen after a colectomy. They include:

- Bleeding in the colon or belly
 - Infection of the wound, in the belly, or somewhere else in the body
 - Blockage of the remaining part of the colon or of the small intestine
 - Leakage at the place where the intestine is reconnected
 - Injury to the ureter (the tube that connects the kidney to the bladder), which is near the colon
 - Blood clot in the leg or lung
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How will I manage my colostomy or ileostomy?

A special nurse (called an ostomy nurse) will teach you how to manage your colostomy or ileostomy. They will teach you when and how to change the bag that collects your bowel movements.

Many people have a colostomy for a short time while their body heals after a colectomy. This is often the case if the colectomy was done for an emergency. Most people do not need to have a colostomy for the rest of their life, but some do.

If you need a colostomy for only a short time, your doctor will do another surgery later to reconnect your colon. Then, you can have bowel movements normally again.

What else should I know?

Before you go home from the hospital, make sure that you know what problems to look out for and when you should call the doctor. Make sure that you understand your doctor or nurse's instructions. Ask questions about anything you do not understand.

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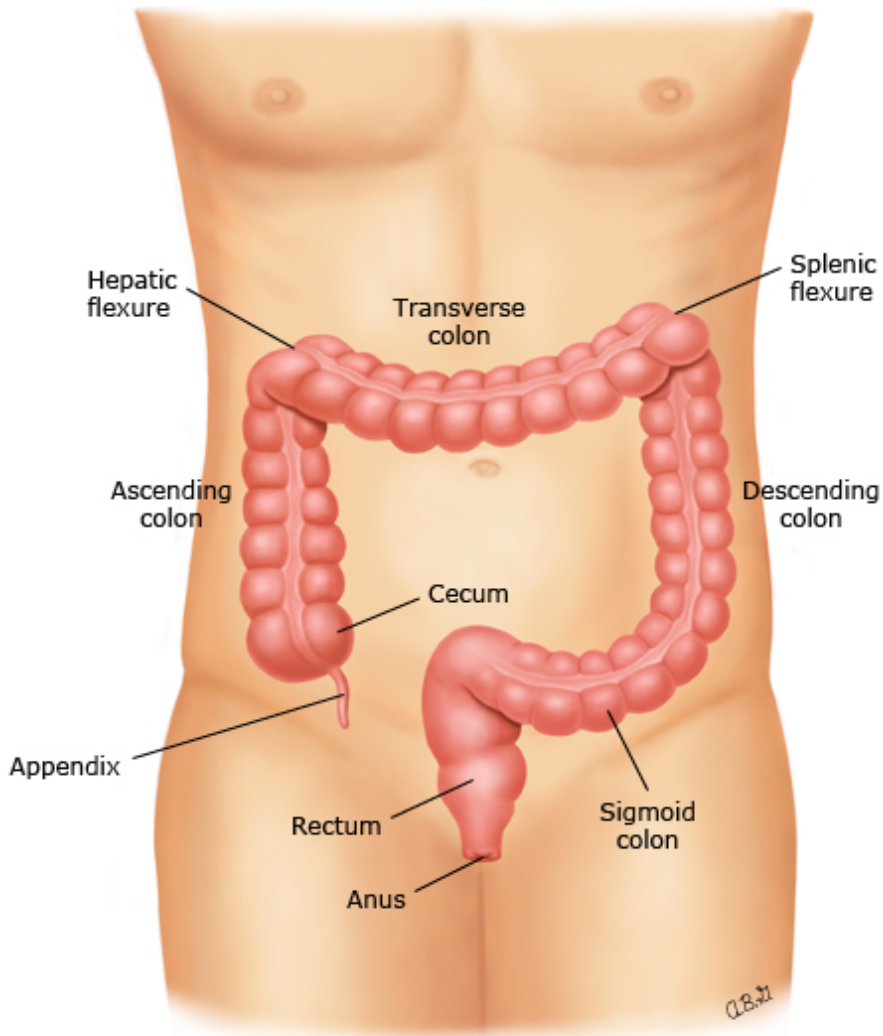
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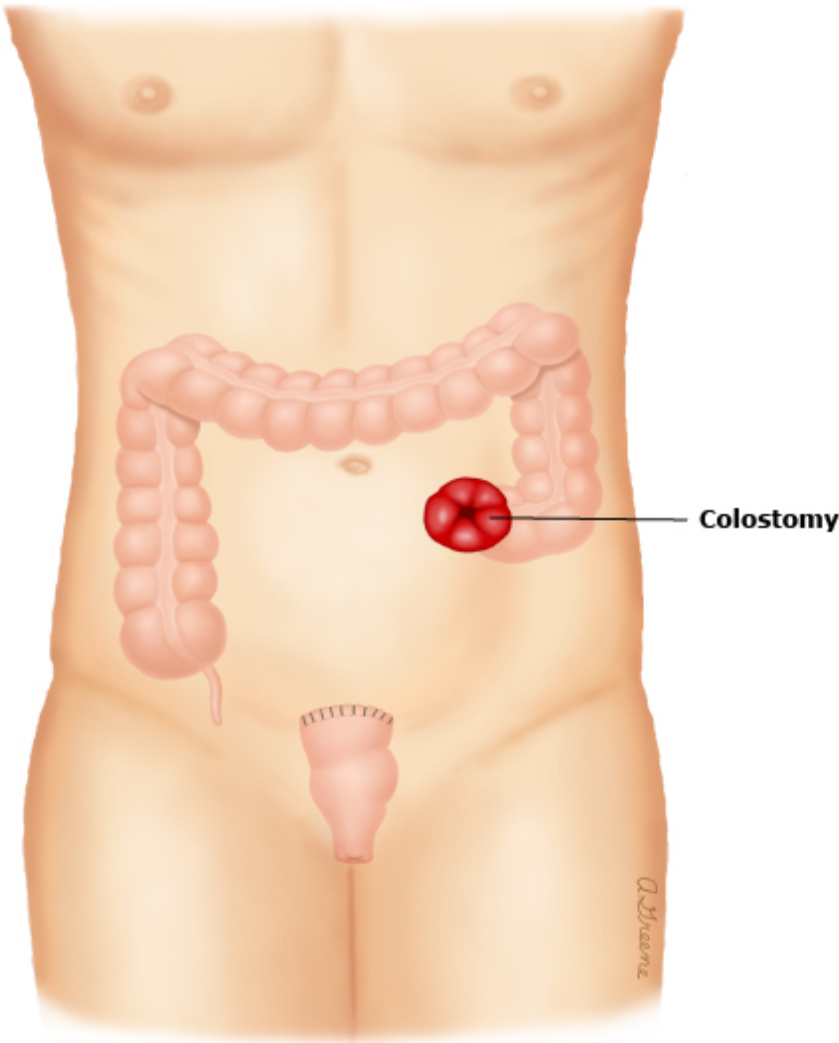
GRAPHICS

Figure 1: Colon and rectum



This figure shows the the colon (also known as the large intestine), the rectum, and the anus. Doctors use different names for different parts of the colon.

Figure 2: Colostomy



This picture shows a colostomy, which is necessary in some people with severe diverticulitis or Crohn disease, or who are being treated for colon cancer. In some people, the colostomy is temporary. In other people, the colostomy is permanent.

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