

Patient information

Abdomino Perineal Excision of Rectum (APER)

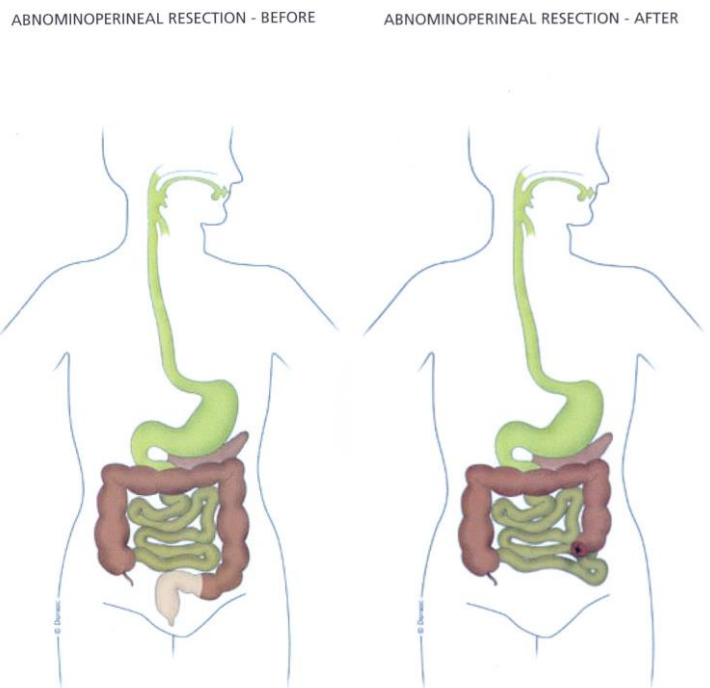
Introduction/procedure

This leaflet tells you about the procedure known as abdomino perineal excision/resection (APER) of the rectum.

What is an abdomino perineal resection/excision of rectum?

An APER is the surgical removal of part of the large intestine (the lower part of the bowel). It will involve removal of both your back passage and the muscles that control your bowels. It is not possible to remove the affected part and join the bowel together again. This means that you will need a permanent colostomy.

A colostomy is when part of your bowel is brought onto the abdomen; the waste matter (faeces) from your body will pass through this and you will need to wear a bag over the colostomy. The part of the bowel that comes out onto the abdomen is referred to as a stoma.



What are the benefits of this procedure?

The operation is to remove the diseased bowel. In most cases this will give you the best chance of a cure or significant improvement in your bowel problems. Your surgeon will discuss this with you in more detail.

What are the risks of this procedure?

Removing part of the bowel is a major operation. As with any surgery there are risks with the operation. Risks associated with an APER include:

- **Ileus (paralysis of the bowel) and small bowel obstruction:** Sometimes the bowel is slow to start working after surgery (ileus) or can be obstructed. If this happens the bowel may need to be rested and a drip (a tube into a vein in your arm) is used to replace fluids (instead of drinking). In addition, you may need a nasogastric tube (tube in your nose which passes into your stomach) which in most cases will prevent vomiting. These will remain in place until the bowel recovers. Sometimes if the bowel is obstructed an operation may be required.
- **Stoma (colostomy) complications:** Rarely there may be problems with the stoma. Your surgeon and colorectal/stoma nurse will review your stoma regularly.

After any major operation there is a risk of:

- **Chest infection:** You can help by practising deep breathing exercises and following the instructions of the physiotherapist. **If you smoke, we strongly advise you to stop.**
- **Wound infection:** The risk of this is increased with bowel surgery. Antibiotics will usually be given through a drip to help reduce the risk of this happening.
- **Thrombosis (blood clot in the leg):** Major surgery carries a risk of clot formation in the leg. A small dose of a blood thinning medication will be injected once or twice daily until you go home. You can help by moving around as much as you are able and, in particular, regularly exercising your legs. You will be supplied with some support stockings for the duration of your stay in hospital.
- **Pulmonary Embolism (blood clot in the lungs):** Rarely a blood clot from the leg can break off, and become lodged in the lungs.
- **Bleeding:** A blood transfusion may be needed. Very rarely, further surgery may be required.
- **Sexual Function:** Occasionally, operations on the anus or rectum can cause damage to nerves connected to the sexual organs. If there is any damage, men may not be able to maintain an erection and may have problems with

ejaculation. Some women may also suffer problems, such as pain when having sex. If you do have problems, talk to your doctor or specialist nurse.

- **Risk of Life:** Surgery for bowel cancer is classified as major surgery. It can carry a risk of your life. Your surgeon will discuss this risk with you. Most people will not experience any serious complications from their surgery. However, risks do increase with age and for those who already have heart, chest or other medical conditions such as diabetes or if you are overweight or smoke.

What are the alternatives?

Doing nothing is very likely to lead to further worsening of your health. Depending upon what is wrong, you may develop a blockage of the bowel, leakage from the bowel into the abdomen or an abscess, all of which can be life threatening. If you have cancer, the longer it remains, it is more likely to spread and become incurable.

For most of the conditions where this surgery is advised the only alternative is medical treatment with drugs. Where there is a cancer of the bowel, drug treatment alone will not cure the disease. For other conditions surgery is usually advised when medical treatment has failed to control the symptoms. Your surgeon will discuss any queries you may have.

Treatment/surgery

Before the operation

While you are waiting for your operation, it is important you try to prepare yourself physically. If you are able, try and eat a well-balanced diet including: meat, fruit and vegetables. Take gentle exercise such as walking and get plenty of fresh air. If you smoke, we strongly advise you to stop.

When you come into Hospital

In preparation for the operation you will be given information specific to the bowel preparation required by your consultant.

You will be given fluids only during this time. It is important that you drink plenty to reduce the risk of dehydration.

You will not be allowed **anything** to eat for 6 hours before surgery. You will be advised when to stop drinking water (2 to 6 hours before surgery). This is to allow

the stomach to empty to prevent vomiting during the operation. However, any important medication will be given with a small amount of water.

Pain relief will be discussed with you by your anaesthetist. You may be given analgesia (painkillers) through an epidural (tube in your back) or through a drip in your arm in the form of a PCA (patient controlled analgesia) hand held pump. This means you control the amount of painkiller you require. If you would like to talk about this further, or require information in another language, please ask the ward staff to contact one of the pain management nurses.

A nurse will take you to theatre. Your operation will usually take between 2 and 4 hours.

Recovering from your operation

After your operation you will be encouraged to start moving about as soon as possible – usually you will be sitting up the following day. This is an important part of your recovery. It is important to maintain regular leg movements and deep breathing exercises. It is also important that you wear the special stockings that have been provided for you, to help reduce the possible risk of blood clots.

An intravenous infusion (drip) will replace your body fluids until you are able to eat and drink again. Sometimes, a nasogastric tube (a fine tube that passes down your nose into your stomach) may be in place. This allows any fluid to be drained to help reduce sickness. It is usually removed within 48 hours.

A catheter, which is a small soft tube, is usually put into your bladder and urine is drained into a collecting bag to accurately monitor your urine and save you from having to get up to pass urine. This is usually removed within a week. It may sometimes be necessary to have a drainage tube near to your wound.

Bowel movements

Due to your bowel being handled during your operation it may be slow to start working again. You are likely to be told to start taking fluids slowly as tolerated. This will gradually increase until you are able to eat a light diet.

You should then be able to eat and drink normally.

Your stoma will usually start to make sounds after 2 or 3 days and you may have a bowel movement after 4 to 5 days.

However, if this does not happen you should not be too worried. Bowel movements are different from one person to another.

Pain control

Pain control will have been discussed with you before your operation. There are different types of pain-relieving drugs that are very effective. If you still suffer from pain, it is important to let a doctor or nurse looking after you know as soon as possible so that they can review your medication. After some types of bowel surgery, it may be uncomfortable to sit down for a long time, but this should ease gradually as your wound begins to heal. Your specialist team will do everything they can to make your recovery as pain-free as possible.

Results

A piece of your bowel will have been removed during your operation and sent to the laboratory for testing. The results of these tests should be available before you leave hospital – usually within 7 – 10 days of your operation. A member of your specialist team will talk to you about your results and any other treatment that you may need.

Wound

There will be a dressing over your incision on return to the ward. You will also have a dressing over your rectal wound. You will be advised when/if your stitches need to be removed (usually 10 days after the operation).

Colostomy

There will be a large bag over your new stoma which may contain some blood stained fluid. This is quite normal and the nursing staff will be able to observe your stoma through the bag.

How long will I be in hospital

You are likely to be in hospital for approximately 7 days but this will depend on the speed of your recovery and your home circumstances. It is important that you are able to manage the care of your stoma before you go home.

What should I do when I go home?

You will be given painkillers to take home from hospital. It will also help if you support your wound when coughing.

With regards to your wound, it is safe to have a bath/shower when you go home and it is important to keep your rectal wound clean.

The specialist nurses will give you detailed information about how to care for your stoma and will be able to advise you on diet and assessing further supplies of bags, etc.

You are advised not to drive for 6 weeks and then you may drive when you can safely perform an emergency stop and turn round and reverse safely with your seat belt on.

You should avoid any activity which involves heavy lifting for about 6 weeks.

Normal sexual relations can be resumed whenever you feel comfortable.

You will receive an outpatient appointment to see the surgeon in 10 - 12 weeks.

More information

We have listed the main support associations, together with other useful sources of information. Remember that, although the Internet carries a lot of material, not all of it is particularly helpful. For the correct information, you should speak to your specialist nurse, who could also give you information about local support groups.

Useful addresses

Digestive Disorders Foundation (CORE)

3 St Andrew's Place, London NW1 4LB (please send SAE)

Website: www.digestivedisorders.org.uk

Colostomy Association

P O Box 8017, Reading, RG6 9DF

Phone: 0800 587 6744

E-mail: cass@colostomyassociation.org.uk

Website: www.colostomyassociation.org.uk

National Association for Colitis and Crohn's Disease (NACC)

4 Beaumont House, Sutton Road, St Albans, Herts, AL1 5HH

Phone: 0845 130 2233/01727 844296

Fax: 01727 862550

E-mail: nacc@nacc.org.uk

Website: www.nacc.org.uk

Macmillan Cancer Relief

89 Albert Embankment, London SE1 7UQ

Cancerline: 0808 808 2020

Website: www.macmillan.org.uk

Cancerbackup

3 Bath Place, Rivington Street, London EC2A 3JR

Phone: 0808 800 1234

Fax: 020 7696 9002

Website: www.cancerbackup.org.uk

Cancerbackup have produced the following booklets which you may find useful:

- Large bowel (colon and rectum)
- Chemotherapy
- Radiotherapy
- Sexuality
- Diet

Bowel Cancer UK

7 Rickett Street, London SW6 1RU

Phone: 08708 506050

E-mail: advisory@bowelcanceruk.org.uk

Website: www.bowelcanceruk.org.uk

Beating Bowel Cancer

39 Crown Road, St Margarets, Twickenham, TW1 3EJ

Phone: 020 8892 5256

E-mail: info@beatingbowelcancer.org

Questions you would like to ask

Please use this page to make any notes that you think will help you when you speak to your specialist team. You may also want to keep a note book for when you think of any extra questions.

For further information please contact:

Senior Colorectal Nurse Specialist
Colorectal/Stoma Nurse Specialist
Colorectal/Stoma Nurse Specialist

Telephone: 01284 712697

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