Colostomy UK

dear nurse

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Removal of the Rectum and Anus: MAJOR SURGERY

There are several reasons why it might be necessary for a patient to have their rectum and anal area removed. The primary cause is usually cancer, however some patients with inflammatory bowel conditions may also have the surgery. At the hospital where I have an honorary contract, we see the operation 'ELAPE' which stands for Extra Levator Abdominal Perineal Excision of rectum, performed for colorectal cancer. In this operation the rectum and anus are removed, and the area is sutured up by the plastics surgeons.

This type of surgery is now offered more and more as it can help improve prognosis following treatment for certain types of colorectal cancer. It may also be offered to resolve issues with discharge from the rectum following stoma surgery. The patient's stoma then becomes permanent (end colostomy or ileostomy).

Some people refer to the surgery as having a 'Barbie Butt' or 'Ken Butt', perhaps because it makes it easier for them to talk about it or explain to others the surgery they have had. Calling it this might give the impression that it is cosmetic or minimal surgery. This is not the case. It is major surgery. There are several people with profile on social media who have undergone this surgery and posted their thoughts/ experiences online.

Prior to undertaking this type of surgery, the surgeons should have explained the following to the patient during the consent process:

- What the operation entails and its risks.
- Scars – these will be extensive over the buttocks.
- Recovery period.
- Pain relief.
- Length of stay in hospital – which may be two weeks depending on when drains are removed, mobility of the patient and their wound healing.
- Affect on ability to work for a period post-operatively.
- Sexual function post-operatively and what to expect.

There will be more than one specialist looking after the person. Depending on where the cancer or area involved is, the team could include a: colorectal surgeon, plastics surgeon, gynaecology consultant, consultant urologist.

Post operatively the patient can expect:

- Drains from what was the anal area, as well as from the abdominal area.

- To be nursed side to side for first four days before they are allowed to stand and even then, they will initially only be able to sit for a max of 20 minutes per day on a special cushion. This is to ensure that the blood supply to the sutures following surgery is not affected, which could delay healing. At most hospitals the special cushions are provided by the Occupational Therapy Departments.
- The person is discharged from hospital to home possibly in an ambulance to prevent the patient sitting on the wound for too long and causing an issue with blood supply. This will also impact on the ability to travel to appointments for stoma care and follow up from the surgery following discharge from hospital.
- The need to shower the area to keep it clean.
- Recovery can take months after the surgery and sitting down can still be uncomfortable for weeks after surgery.

Immediately post-op the person may find stoma care and learning stoma care difficult because they are lying on their side. It is better when they can stand or sit up to view their tummy better. Standing can have its challenges as the person may have a low blood pressure initially and feel faint. The first time they can stand is four days post-op, the physios are present and just help balance the person at the side of the bed.

The stoma, whether it is an ileostomy or colostomy, is permanent. For those with a colostomy, if their surgeon agrees that irrigation via the stoma is an option, then teaching can begin three months after surgery and the patient may only need to use a stoma cap.

Depending on the cancer and its extent, the patient may need to have a urostomy as well if the bladder is affected. For females the vagina may be involved, and all or part of the vagina may need to be removed. The surgeon should inform the patient in the pre-operative period regarding this possibility. Vaginal bleeding may occur for females some time post-operatively.

For both males and females, the surgery may affect nerves relating to sexual function and a referral to a specialist should be sought. Some surgeons may be able to offer females surgery to create a new vagina if this is removed at the time of surgery.

Generally sexual function and all types of sexual preferences should be discussed pre-operatively. Anal sex will no longer be possible. The stoma cannot be used for sexual purposes.

If you are about to have the surgery, then speak to your stoma care nurse for further information.