

LAPAROSCOPIC COLORECTAL SURGERY

QUESTIONS & ANSWERS



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About conventional colorectal surgery...

Up to relatively recently, most colorectal operations were performed through a single incision in the abdomen. Patients undergoing this type of surgery may face a long and difficult recovery because the traditional "open" procedures are highly invasive. In most cases, surgeons are required to make a long incision. Surgery results in an average hospital stay of a week or more and usually 6 weeks of recovery.

What is laparoscopic surgery?

Laparoscopic or "minimally invasive" surgery is a specialized technique for performing surgery. In the past, this technique was commonly used for gynaecologic surgery and for gall bladder surgery. Over the last 10 years the use of this technique has expanded into intestinal surgery. In traditional "open" surgery the surgeon uses a single incision to enter into the abdomen. Laparoscopic surgery uses several 0.5-1 cm incisions. Each incision is called a "port." At each port a tubular instrument known as a trochar is inserted. Specialized instruments and a special camera known as a laparoscope are passed through the trochars during the procedure.

At the beginning of the procedure, the abdomen is inflated with carbon dioxide gas to provide a working and viewing space for the surgeon. The laparoscope transmits images from the abdominal cavity to high-resolution video monitors in the operating room. During the operation the surgeon watches detailed images of the abdomen on the monitor. This system allows the surgeon to perform the same operations as traditional surgery but with smaller incisions.

In certain situations a surgeon may choose to use a special type of port that is large enough to insert a hand. When a hand port is used the surgical technique is called "hand assisted" laparoscopy. The incision required for the hand port is larger than the other laparoscopic incisions, but is usually smaller than the incision required for traditional surgery.

What are the advantages of laparoscopic surgery?

Results may vary depending upon the type of procedure and patient's overall condition. Compared to traditional open surgery, patients often experience:

- Less postoperative pain
- May shorten hospital stay
- May result in a faster return to solid-food diet
- May result in a quicker return of bowel function
- Quicker return to normal activity
- Improved cosmetic results and less scarring
- Less wound infection and wound hernia problems

What kinds of operations can be performed using laparoscopic surgery?

Most intestinal surgeries can be performed using the laparoscopic technique. These include surgery for Crohn's disease, ulcerative colitis, diverticulitis, cancer, rectal prolapse and severe constipation.

In the past there had been concern raised about the safety of laparoscopic surgery for - cancer operations. Recently several studies involving hundreds of patients have shown that

laparoscopic surgery is safe for most colorectal cancers.

How safe is laparoscopic surgery?

Laparoscopic surgery is as safe as traditional open surgery. At the beginning of a laparoscopic operation the laparoscope is inserted through a small incision near the belly button (umbilicus). The surgeon initially inspects the abdomen to determine whether laparoscopic surgery may be safely performed. If there is a large amount of inflammation or if the surgeon encounters other factors that prevent a clear view of the structures the surgeon may need to make a larger incision in order to complete the operation safely.

Any intestinal surgery is associated with certain risks such as complications related anaesthesia and bleeding or infectious complications. The risk of any operation is determined in part by the nature of the specific operation. An individual's general health and other medical conditions are also factors that affect the risk of any operation. You should discuss with your surgeon your individual risk for any operation.

Am I a candidate for laparoscopic colon resection?

Although laparoscopic colon resection has many benefits, it may not be appropriate for some patients. Obtain a thorough medical evaluation by a surgeon qualified in laparoscopic colon resection in consultation with your primary care physician to find out if the technique is appropriate for you.

What happens if the operation cannot be performed or completed by the laparoscopic method?

In a number of patients the laparoscopic method cannot be performed. Factors that may increase the possibility of choosing or converting to the "open" procedure may include:

- Obesity
- A history of prior abdominal surgery causing dense scar tissue
- Inability to visualize organs
- Bleeding problems during the operation
- Large tumours

The decision to perform the open procedure is a judgment decision made by your surgeon either before or during the actual operation. When the surgeon feels that it is safest to convert the laparoscopic procedure to an open one, this is not a complication, but rather sound surgical judgment. The decision to convert to an open procedure is strictly based on patient safety.

Do all surgeons perform laparoscopic colorectal surgery?

Up to relatively recently, not many colorectal surgeons had trained in the specialist techniques required to perform laparoscopic colorectal surgery. However, many colorectal surgeons have now trained to perform laparoscopic colorectal surgery safely and experienced laparoscopic colorectal surgeons now perform the majority of their major operations using a laparoscopic or "keyhole" technique.

The Glasgow Colorectal Centre surgeons Richard Molloy and Graham MacKay are both very experienced laparoscopic colorectal surgeons and both are actively involved in training

younger surgeons the specialist techniques required to be able to perform this type of surgery safely and effectively in order to obtain the excellent results that patients expect.