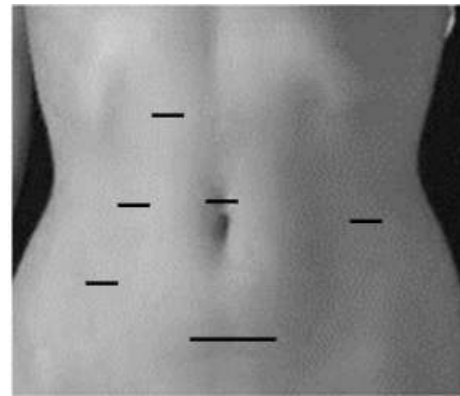
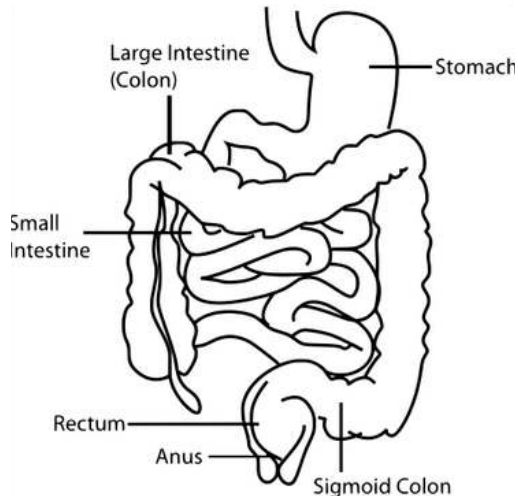


Rectal Cancer – Low Anterior Resection



Risks of surgery:

- 1% risk of dying
- Bleeding
 - 5% risk of needing a blood transfusion
- Infection
 - 10-20% risk of wound infection
 - 10-20% risk of leak from the bowel join (anastomotic leak)
- Injury to other structures
- Conversion to open surgery

Role of a temporary ileostomy/stoma:

- A leak from the bowel join can be quite consequential as it can cause severe infection
- When there is a higher risk of leak, often we will make use of a temporary ileostomy
- An ileostomy is when we bring a piece of the small intestine to the skin, and bowel movements will go into a bag allowing for healing of the join without stool in the area
- Once the area has been confirmed to have healed, a smaller operation can be done to remove the bag
- While an ileostomy is planned to be temporary, occasionally due to complications or poor function, it may become permanent

Function after surgery

- After rectal cancer surgery, there may be changes to how the bowel works
- Some people experience
 - Increased frequency
 - Increased urgency
 - Difficulties emptying
 - Difficulty holding on to bowel movements
- Small risk of changes to sexual or urinary function

Recovery:

- Goal time in hospital: _____
- Discharge home when:
 - pain is controlled on pills
 - up walking
 - eating
 - passing gas
- 4-6 weeks at home until fully recovered

For more information about surgery, go to:



<https://www.northyorkcolorectal.ca/resource/low-anterior-resection/>

For more stoma resources, go to:



<https://www.northyorkcolorectal.ca/wound-and-ostomy-resources/>