BOWEL FISTULA REPAIR

BRIEF DESCRIPTION

A bowel fistula is an abnormal communication between the small or large bowel or both and the skin. Its causes are multiple and your surgeon will discuss this with you. The principle of the operation is to remove the fistula and a segment of bowel and anastomose (join) the ends of the bowel together. Occasionally it may be necessary to carry out a temporary stoma (bag) which is closed at a second operation.
These operations are invariably more complex than one expects.

WHY IS THIS OPERATION NECESSARY?

Fistulae do close spontaneously and surgery is used as a last resort.

ARE THERE ALTERNATIVE TREATMENTS AVAILABLE?

By the time a decision is made to operate all alternatives have been unsuccessful .

IS IT SAFE TO HAVE THIS OPERATION?

Before you agree to the operation, you should consider the risks that may be involved. Your surgery will be performed by a team of highly qualified and skilled professionals who will take all steps necessary to ensure a safe procedure and a successful result. However there are risks involved with all surgery even if these risks may be small.

WHAT ARE THE GENERAL RISKS INVOLVED?

These are risks which may occur with any surgical proce-dure. These complications include the risk of infection, bleeding, pain, wound breakdown, deep vein thrombosis, or complications affecting the heart, lungs or kidneys.

WHAT ARE THE SPECIFIC RISKS INVOLVED?

The main surgical complication is an anastomotic (a leak at the new bowel join which results in poo leaking inside the abdomen) leak. This occurs in less than 5% of patients. This can be life threatening and may require urgent repeat surgery.

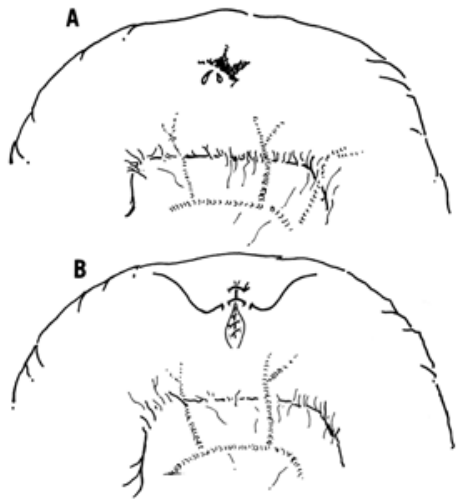
Other risks include bleeding from either bowel or the spleen (this may require reoperation), pancreatitis, (inflammation of you pancreas and can make you very sick, this does not usually require reoperation), delayed return of bowel function or ileus, wound infection, blood clots in your legs or lungs which will require treatment with blood thinning medication, collapse of the lung or infection in the lung like pneumonia, may occur such as a suture granuloma or a hernia at the site of the wound.

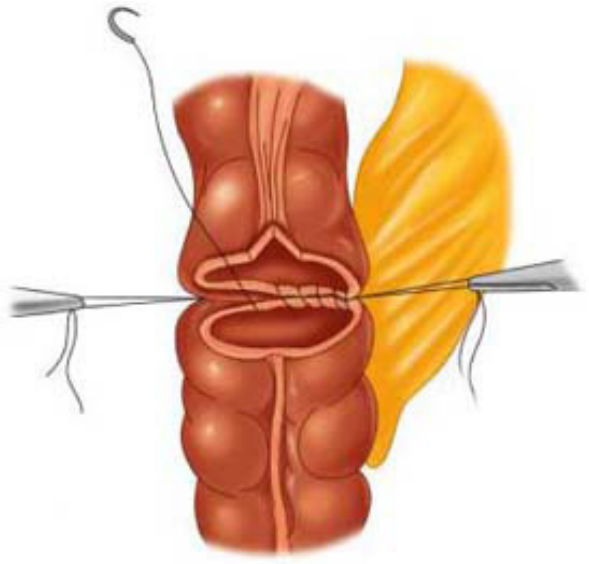
WHAT ARE THE ANAESTHETIC RISKS INVOLVED?

You can discuss the type of anaesthetic you will have with your anaesthetist and also the possible complications that may occur.

WHAT SHOULD I DO BEFORE THE OPERATION?

You should not eat anything for at least six hours before your operation. However, you should take all your regular medication as usual on the day. Your surgeon may want you to stop certain medication such as disprin, warfarin, or other blood thinning medicines (including homeopathic) before the operation.





These notes give an overall guide to your procedure. You may see some differences in the details of your treatment, since it is tailored to suit your own condition.

WHAT HAPPENS BEFORE THE OPERATION?

Please report to the hospital reception on time for your admission. Please bring along all the documents that may be required such as your medical aid card, ID and contact details. If you are not a member of a medical aid you will be required to pay a deposit or to sign an indemnity form. As far as possible we will try to advise you about hospital costs before your admission. It may be best to complete some of the documentation beforehand at the hospital pre-admission clinic to save time on the day of your admission.

When you arrive in the ward, you will be welcomed by the nurses or the receptionist and will have your details checked. Some basic tests will be done such as pulse, temperature, blood pressure and urine examination. You will be asked to hand in any medicines or drugs you may be taking, so that your drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings. The surgeon will have explained the operation and you will be asked to sign your consent for the operation. If you are not clear about any part of the operation, ask for more details from the surgeon or from the nurses.

In an adult the operation area may need to be shaved to remove excess hair. You may be issued with compression stockings that will help prevent blood clots in your legs. If you are having a general anaesthetic, the anaesthet-ist who will be giving your anaesthetic will interview and examine you and he may put up a drip or prescribe some medication to help you relax.

You will be taken on a trolley to the operating suite by the staff. You will be wearing a cotton gown. Wedding rings will be fastened with tape and removable dentures will be left on the ward. There will be several checks on your details on the way to the operating theatre where your anaesthetic will begin.

HOW LONG DOES THE OPERATION TAKE?

Two – four hours

WHAT HAPPENS WHEN I WAKE UP?

After the operation is completed you will be transferred back to ICU or HCU ward Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed on the ward.

You will have many tubes, lines and monitors – this is the routine, don't be alarmed You will have an oxygen mask, an ECG, a sats monitor (to measure your oxygenation) and a catheter in your bladder, a stomach tube, possibly a drain, a feeding tube and an epidural. You will also be fitted with stocking and may have foot pumps to reduce the risk of clotting in your legs. .You will have an oxygen mask and a drip (intravenous) line.

WILL I HAVE PAIN?

Some pain may be present, but this should be controlled to a level of mild discomfort with the painkillers that are prescribed. Ask the nursing staff for medication if you have pain.

HOW SOON AFTER THE OPERATION CAN I EAT?

You will be allowed small amounts of fluid initially and gradually building up to being able to drink as much as you like and thereafter start eating – usually around day five after the operation.

HOW SOON AFTER THE OPERATION CAN I GET OUT OF BED?

We will usually assist you into a chair the following day and on occasion the same day. You will be encouraged to mobilise as early as possible. The physiotherapist and nursing staff will assist you.

HOW LONG WILL I STAY IN THE HOSPITAL?

Usually 7 – 10 days

WHAT HAPPENS WHEN I AM DISCHARGED FROM THE WARD?

Your surgeon will determine when you are ready to go home. You will be given some medication for pain and possibly injections for deep vein thrombosis prophylaxis

You will be given instructions on the dressings and how to care for the wound. You will also get an appointment for your follow-up visit in the surgeon's rooms. You should ask for a sick certificate if you need this for your employer.

WHAT SHOULD I BE AWARE OF WHEN I GET HOME?

You will be able to do your own day to day care ie, having a bath, walking without any aid/support

Your appetite will be returning but will not be back to normal, you may have intermittent nausea. Eat small, regular light meals. You will have some degree of difficulty in swallowing and this improves with time.

Bowel patterns tend to be irregular and may take a few weeks to return to normal.

Try and mobilise as much as you can, avoid excessive sleeping or sitting and build in regular gentle walks.

An operation of this magnitude is both physically and emotionally stressful. You fell tired and vulnerable and some people report that it takes 3 to 6 months to feel completely back to their normal selves.

HOW SOON CAN I START EXERCISE?

Mild exercise like walking or climbing stairs would be possible on discharge but anything more takes at least four weeks. Discuss this with your surgeon an there is a lot of individual variations

HOW SOON CAN I DRIVE A CAR?

3 – 4 weeks

HOW LONG WILL I BE OFF WORK?

Usually between 3 – 4 weeks