

# Your Bowel Operation Hartmanns Procedure

## Introduction

You are having an operation called Hartmanns Procedure and this booklet aims to help you to understand your condition and this operation. The nurses and doctors looking after you will use diagrams to help explain. If you have any questions or would like them to go over any information again, please ask and they will be happy to do so.

Several other booklets are also available and the Nurse Specialists will supply these if you wish - please don't be afraid to ask.

## The Specialist Nurses

The Colorectal Nurse Specialists at Doncaster Royal Infirmary can be contacted directly on 01302 553141.

The Colorectal Nurses work as a team and any one of them will be happy to answer your questions.

If you need to contact the colorectal nurse the telephone number is **01302 553141**.

There may be answerphone; if so, leave your name and telephone number, or between 9am and 4pm, Monday to Friday, you can contact the Colorectal Nurse Specialist by telephoning the hospital on **01302 366666** and asking the switchboard to contact the Colorectal Nurse Specialist on **bleep 1420**.

There is a Glossary at the end of this booklet to help you understand the terms used.

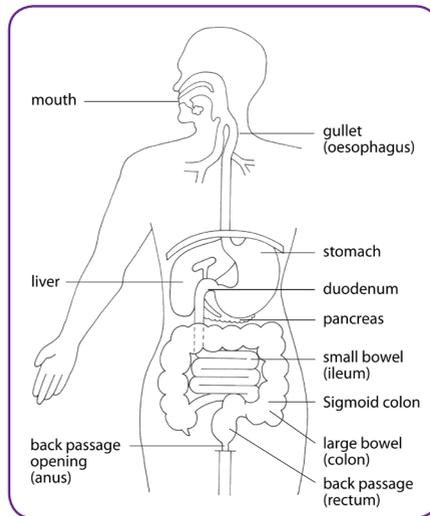


## Understanding digestion

To understand the operation you will be having, it is helpful to have some knowledge of how your body works. When food is eaten it passes from the mouth down the gullet (oesophagus) into the stomach, where it is broken down into a semi-liquid. This then continues through the small bowel, which is a coiled tube many feet long where digestion of nutrients takes place and where most of these nutrients are absorbed into the body.

Following this the waste products (faeces) pass through the large bowel (colon) into the back passage (rectum) and to the back passage opening (anus), for passing out of the body when we go to the toilet.

## The normal bowel



## Why is the operation necessary?

You were diagnosed as having a problem in your large bowel (colon).

The treatment for this has involved removing a piece of your bowel (colon). At this time it was not possible to join the two ends together, therefore you will not be able to have your bowels opened in the usual way. So the surgeon has made an opening on your tummy and stitched one end of the bowel onto it, forming a colostomy or stoma. Your stools (faeces) will come through this opening.

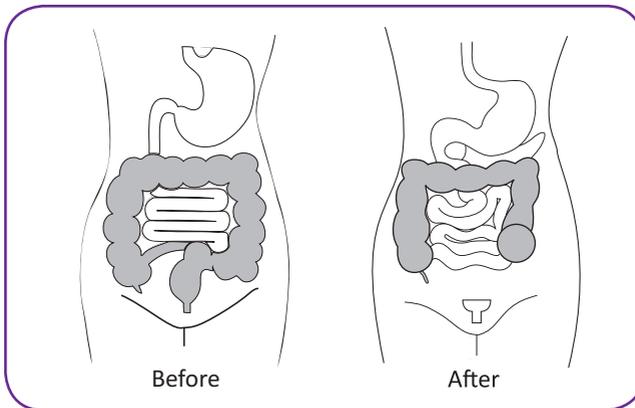
This could be temporary or may be permanent.

A bag (pouch) is worn over the stoma, to collect the stools (faeces). The colostomy is usually positioned on the left-hand side of the body. A specialist Nurse will help by teaching you to care for your stoma – ideally you will be able to change the pouch yourself before you go home.

A Hartmanns Procedure is nearly always performed as an emergency, especially when the bowel has perforated (burst). There are many illnesses which can cause the bowel to perforate, these include, diverticular disease, abscess, inflammation and cancers.

The piece of bowel removed will be examined under the microscope and in approximately 2 -3 weeks the results will be discussed with you.

Most people stay in hospital between 2 and 10 days, depending on their progress.



### **Are there any risks involved in having bowel surgery?**

Most people get through their operation with no problems. However, it is important to realise that sometimes there can be difficulties.

Hartmanns Procedure is a big operation. Occasionally problems occur and people become ill as a result of the operation - usually as a result of bleeding

(haemorrhage), or infection. The operation wound will be down the centre of your tummy, and any infection may affect the way the wound heals. Infection may also affect your chest or water works (urinary tract). Usually these can be dealt with quite easily. Some patients may experience other side effects.

In men there is a chance that the operation can affect your ability to have an erection and a proportion of men will become impotent afterwards, however, for many this will be temporary. Advice will be offered if the problem persists.

In women there may also be sexual difficulties due to the fact that the surgery is near the vagina area. This may cause discomfort or some loss of sensation during sex after the operation.

Finally there is also a small risk with both males and females that the operation may cause difficulties when passing urine. If you are worried about any of the risks listed here, please talk to your Doctor or Specialist Nurse.

## **What happens immediately after the operation?**

Immediately after the operation your food and drink will be restricted because the bowel needs time to recover sufficiently to cope with normal eating and drinking. During this time a drip (intravenous infusion) will supply the fluid you need. Sometimes during surgery a fine tube called a naso gastric (NG) tube is passed through your nose and into your stomach to rest the gut.

Other tubes, drains and a catheter will also be present for a few days and your nurse will explain why you have these. If you don't understand the purpose of these they may be frightening to you or relatives but for this type of surgery it is quite normal and doesn't indicate any problems.

Gradually as you recover the drip and drains are removed. When your stoma begins to pass wind and motions, you will be allowed to gradually increase what you eat and drink.



## What effects will the operation have?

A specialist Nurse will help by teaching you to care for your colostomy. In exceptional cases it may be necessary to make alternative arrangements, for example a relative or carer may need to be taught how to care for your stoma.

It is possible to remove part of the bowel (colon) without affecting good health in the long term, however, if the colostomy is reversed you may experience more frequent bowel actions with loose motions, either temporarily or permanently.

## Will I be able to eat normally afterwards?

Yes: because the large bowel deals mainly with waste, you will be eating normally by the time you go home from hospital, although it may be a while before your appetite returns to normal. Everyone is affected in different ways by certain foods which may affect how your stoma works and advice will be given.

## How will I feel when I get home?

You are likely to feel tired and need to rest for part of the day, but this should improve with time. Take things gently at first, but gradually increase the amount of activity you do - try to achieve plenty of rest, gentle exercise and a well balanced diet.

## Resuming normal activities

People differ, and each person will return to normal activities at their own pace. If you have any questions about this please talk to your Specialist Nurse.

## Will I have to come back to hospital?

An outpatient appointment will be arranged for you when you go home. It is usual to be followed up for some time after discharge, although how often you attend Outpatients is based on your individual needs and treatment plan.



You may see either a Doctor or a Specialist nurse when you attend and there may be routine investigations occasionally such as scans and blood tests. The possibility of reversing your stoma will be discussed during your clinic appointment.

### **Will anyone visit me at home?**

If you have a stoma the District Nurse will visit you at home after your discharge. She will assess your needs and give you appropriate care. A Stoma Nurse will also visit you at home to check on your progress.

You will be given a contact number for the ward and the number for the specialist nurses is at the beginning of the booklet. You can telephone for advice or reassurance if there are any problems or worries.

### **Financial Issues**

If you have financial concerns, speak with your specialist nurse who can advise you who to speak to about this.



## Glossary of terms

Abdomen	-	the part of the body that contains the stomach, bowel and other digestive organs
Anus	-	the outlet of the back passage
Colon	-	the large bowel or intestine. It is about 1.5 metres (5 feet) long
Colostomy	-	Surgical made opening in which the Colon is brought onto the surface of the abdomen to form a stoma. Waste is then collected in a bag attached to the skin
Faeces	-	motions, stools, waste products
Haemorrhage	-	bleeding
Histology	-	examination of cells under a microscope to determine pathology
Oesophagus	-	the part of the body that joins the mouth and stomach
Stoma	-	the part of the bowel visible on the surface of the abdomen after surgery. A bag is attached to the skin around the stoma to collect waste
Urine	-	fluid excreted by the kidneys

## Patient Advice & Liaison Service (PALS)

PALS staff are available to offer advice or information on healthcare matters. The office is in the Main Foyer (Gate 4) of Doncaster Royal Infirmary. Contact can be made either in person, by telephone or email. PALS staff can also visit inpatients on all Trust sites.

### The contact details are:

**Telephone:** 01302 553140 or 0800 028 8059

**Email:** [pals.dbh@dbh.nhs.uk](mailto:pals.dbh@dbh.nhs.uk).



