Procedure Information Guide

Laparoscopic reversal of Hartmann's procedure

Brought to you in association with EIDO Healthcare and endorsed by the Royal College of Surgeons England.

Discovery has made every effort to ensure that we obtained the information in this brochure from a reputable source. We have adapted the content to reflect the South African market or healthcare environment.

You should not only depend on the information we have provided when you make any decisions about your treatment. The information is meant to act only as a guide to the treatment you are considering having. Please discuss any questions you may have about your treatment with your treating healthcare professional.
What is Hartmann’s procedure?
Hartmann’s procedure involves removing a piece of large intestine (colon). It is usually performed as an emergency. The two ends of bowel were not joined together because your surgeon decided the risks were too high. Your surgeon made a colostomy (your large intestine opening onto your skin). The other end was closed as a rectal stump (see figure 1). Your surgeon has decided it is safe to join the two ends of your bowel back together.

What are the benefits of surgery?
You should be able to open your bowels in the normal way and you should no longer have a stoma bag (colostomy).

What will happen if I decide not to have the operation?
You can continue to have the colostomy. Your bowel will continue to open onto your skin and you will need to carry on using a stoma bag.

What does the operation involve?
The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.
The operation is performed under a general anaesthetic and usually takes about 90 minutes to two hours. You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection.
Your surgeon will use laparoscopic (keyhole) surgery as this is associated with less pain, less scarring and a faster return to normal activities. Your surgeon will make a small cut on or near your umbilicus (belly button) so they can insert an instrument in your abdominal cavity to inflate it with gas (carbon dioxide). They will make several small cuts on your abdomen so they can insert tubes (ports) into your abdomen. Your surgeon will insert surgical instruments through the ports along with a telescope so they can see inside your abdomen and perform the operation (see figure 2).

About this document
We understand this can be a stressful time as you deal with different emotions and sometimes have questions after seeing your surgeon. This document will give you a basic understanding about your operation. We tell you about the things you can do to help make the operation a success. It is also important to remember to tell your surgeon about any medicine you are on so he or she can manage this, if necessary. It will also tell you about what to expect after the operation – while in hospital and in the long term. Your surgeon remains the best person to speak to about any questions or concerns you may have about the operation.

Figure 1
A Hartmann’s procedure

Your surgeon has recommended a reversal of Hartmann’s procedure. However, it is your decision to go ahead with the operation or not.

Figure 2
Laparoscopic surgery
Your surgeon will free up the end of your bowel inside your abdomen and the end used to make the colostomy. Your surgeon will join the two ends back together and place your bowel inside your abdominal cavity (see figure 3).

Your surgeon will remove the instruments and close the cuts. They will place a drip (small tube) in a vein in your arm. They will also place a catheter (tube) in your bladder to help you to pass urine. They may also insert a drain (tube) in your abdomen to drain away fluid that can sometimes collect.

What should I do about my medicine?
Let your doctor know about all the medicine you take and follow their advice. This includes all blood-thinning medicine as well as herbal and complementary remedies, dietary supplements, and medicine you can buy over the counter.

What can I do to help make the operation a success?
If you smoke, stopping smoking several weeks or more before the operation may reduce your risk of developing complications and will improve your long-term health.
Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.
You can reduce your risk of infection in a surgical wound.
• In the week before the operation, do not shave or wax the area where a cut is likely to be made.
• Try to have a bath or shower either the day before or on the day of the operation.
• Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

What complications can happen?
The healthcare team will try to make the operation as safe as possible but complications can happen. Some of these can be serious.
Using keyhole surgery means it is more difficult for your surgeon to notice some complications that may happen during the operation. When you are recovering, you need to be aware of the symptoms that may show that you have a serious complication.
You should ask your doctor if there is anything you do not understand.
Your doctor may be able to tell you what the risk of a complication for you is.

1 Complications of anaesthesia
Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

2 General complications of any operation
• Pain. The healthcare team will give you medicine to control the pain and it is important that you take it as you are told so you can make a good recovery.
  • Bleeding during or after the operation. You may need a blood transfusion.
  • Infection of the surgical site (wound) (risk: less than 1 in 10). It is usually safe to shower after two days but you should check with the healthcare team. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need another operation.
  • Chest infection. Deep breathing and physiotherapy will help to prevent a chest infection.
• Unsightly scarring of your skin. Although wounds on your abdomen usually heal neatly, the circular cut around the colostomy will be closed as a straight line.
• Developing a hernia in the scar, if you have open surgery, caused by the deep muscle layers failing to heal. This appears as a bulge or rupture called an incisional hernia. If this causes problems, you may need another operation.
• Blood clot in your leg (deep-vein thrombosis – DVT) (risk: 1 in 100). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medicine, or special stockings to wear. Let the healthcare team know straightaway if you think you might have a DVT.
• Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs (risk: 1 in 150). Let the healthcare team know straightaway if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest casualty unit.

3 Specific complications of this operation
a Keyhole surgery complications
• Damage to structures such as your bowel, bladder or blood vessels when inserting instruments into your abdomen (risk: 1 in 1 000). The risk is higher if you have had previous surgery to your abdomen. If an injury does happen, you may need open surgery. About one in three of these injuries is not obvious until after the operation.
• Developing a hernia near one of the cuts used to insert the ports (risk: 1 in 100). Your surgeon will try to reduce this risk by using small ports (just over a centimetre in diameter) where possible or, if they need to use larger ports, using deeper stitching to close the cuts.
• Surgical emphysema (crackling sensation in your skin caused by trapped carbon dioxide gas), which settles quickly and is not serious.

b Reversal of Hartmann’s procedure complications
• Anastomotic leak (risk: less than 4 in 100). This is a serious complication that may happen if the join (anastomosis) between the ends of your bowel fails to heal, leaving a hole. Bowel contents leak into your abdomen, leading to pain and serious illness. You will probably need another operation. Your surgeon may need to make another colostomy.
• Continued bowel paralysis (ileus), where your bowel stops working for more than a few days, causing you to become bloated and to be sick (risk: 2 in 100). You may need a tube (nasogastric or NG tube) placed in your nostrils and down into your bowel until your bowel starts to work again.
• Diarrhoea is common but should gradually improve with time. The healthcare team may give you medicine to reduce this problem.
• Death sometimes happens with a reversal of Hartmann’s procedure (risk: less than 7 in 100). The risk is less the fitter you are.

How soon will I recover?

• In hospital
After the operation you will be transferred to the recovery area and then to the ward.
It is usual for your bowel to stop working for a few days. The healthcare team will restrict the amount of fluid you drink to prevent you from being sick.
As your bowel starts to work again, the healthcare team will give you more fluid to drink and you will be allowed to eat.
The drip, catheter and drain (if you have one) will be removed when you no longer need them. You should be able to go home after 3 to 11 days. However, your doctor may recommend that you stay a little longer.
You need to be aware of the following symptoms as they may show that you have a serious complication.
• Pain that gets worse over time or is severe when you move, breathe or cough.
• A high temperature or fever.
• Dizziness, feeling faint or shortness of breath.
• Feeling sick or not having any appetite (and this gets worse after the first one to two days).
• Not having any bowel movements and not passing wind.
• Swelling of your abdomen.
• Difficulty passing urine.
If you do not continue to improve over the first few days, or if you have any of these symptoms, let the healthcare team know straightaway. If you are at home, contact your surgeon or GP. In an emergency, call an ambulance or go immediately to your nearest casualty unit.

- **Returning to normal activities**
  To reduce the risk of a blood clot, make sure you follow carefully the instructions of the healthcare team if you have been given medicine or need to wear special stockings.
  You should be able to do a little bit more each week. It can take up to three months to return to normal activities. You may find that you need to empty your bowels more often but this usually settles with time.
  Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.
  Do not drive until your doctor tells you that you can.

- **The future**
  Most people make a good recovery.

**Summary**

Reversal of Hartmann’s procedure will allow you to open your bowels in the normal way. You will no longer need a stoma bag.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

**Keep this information leaflet. Use it to help you if you need to talk to the healthcare team.**

**Acknowledgements**

Author: Mr Jonathan Lund DM FRCS (Gen. Surg.)
Illustrations: Medical Illustration Copyright © Medical-Artist.com

This document is intended for information purposes only and should not replace advice that your relevant healthcare professional would give you.

You can access references online at www.aboutmyhealth.org. Use reference CR17.