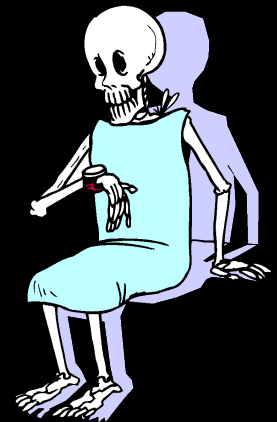
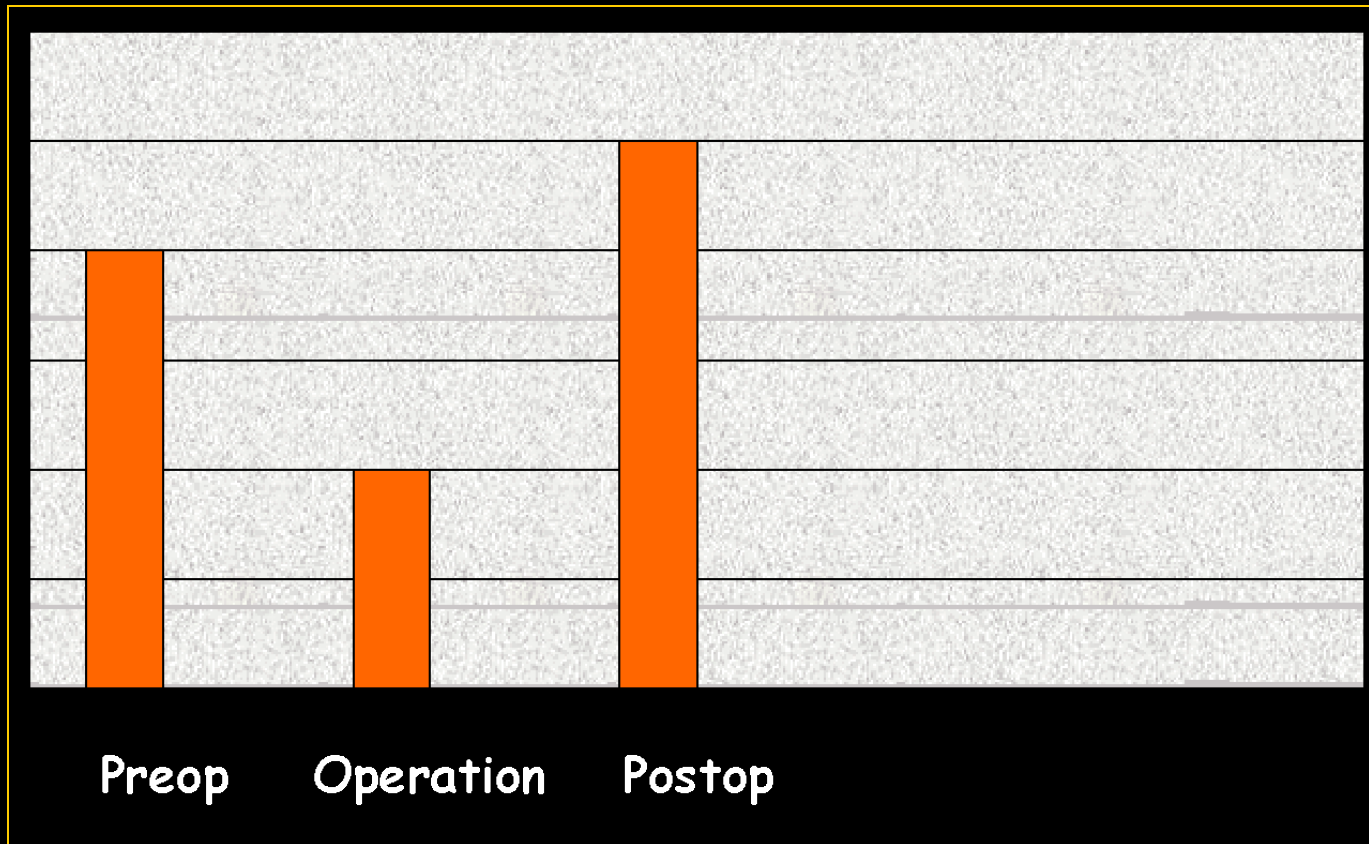


Postop care of colorectal patients

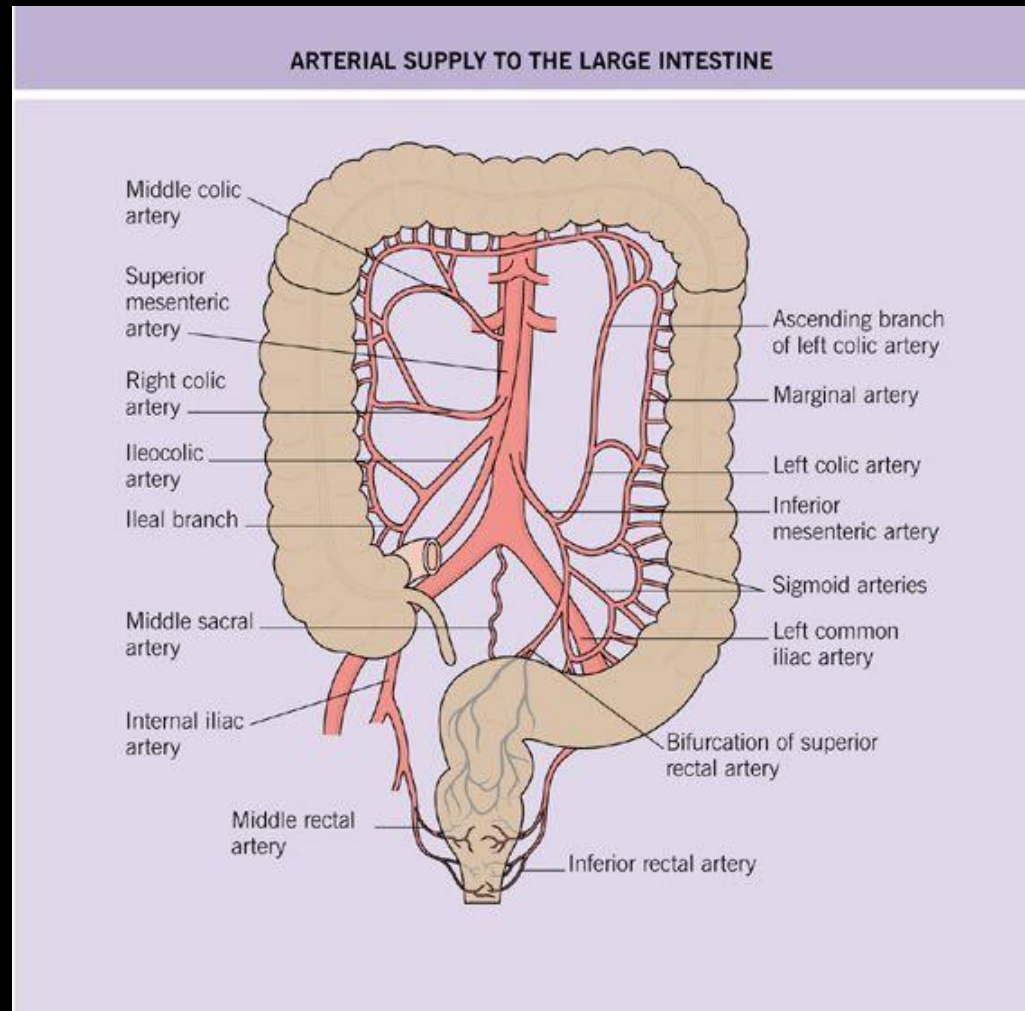
R Sim, FRCS
26 Nov 2002



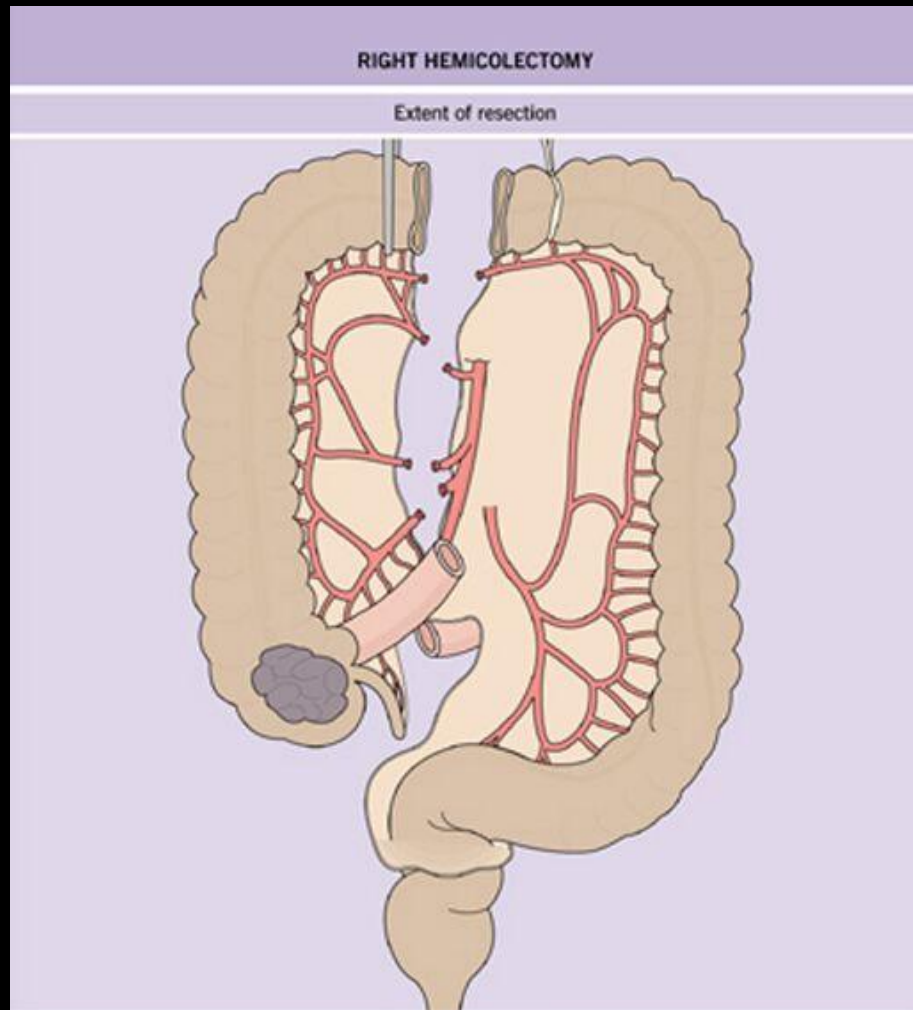
Postop care



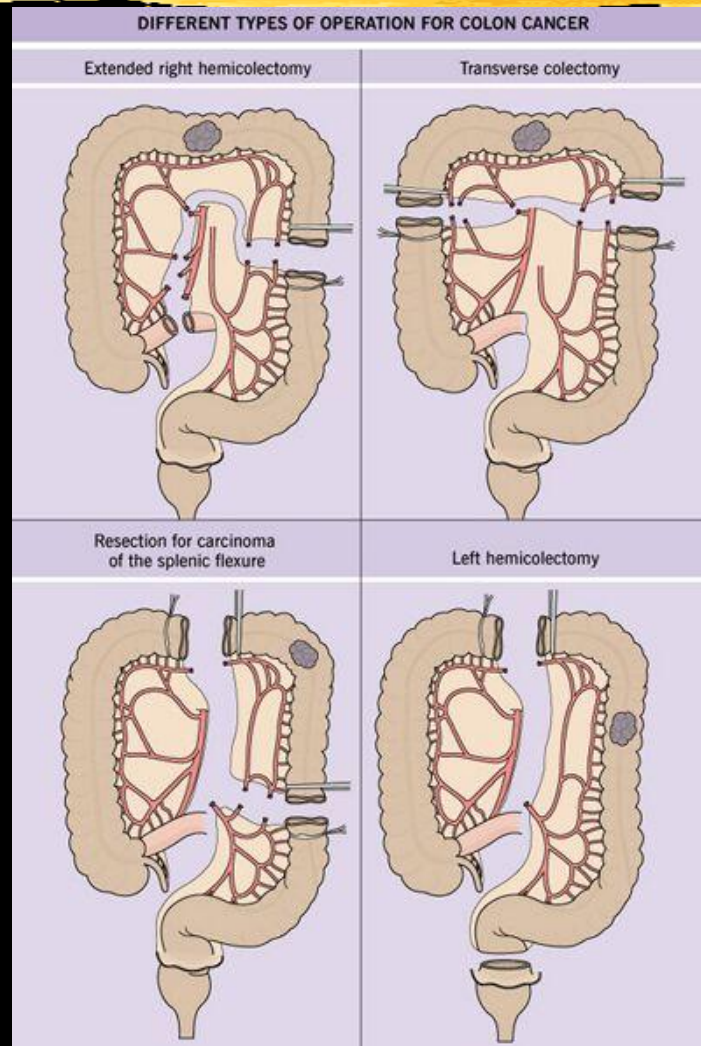
Types of colorectal resections



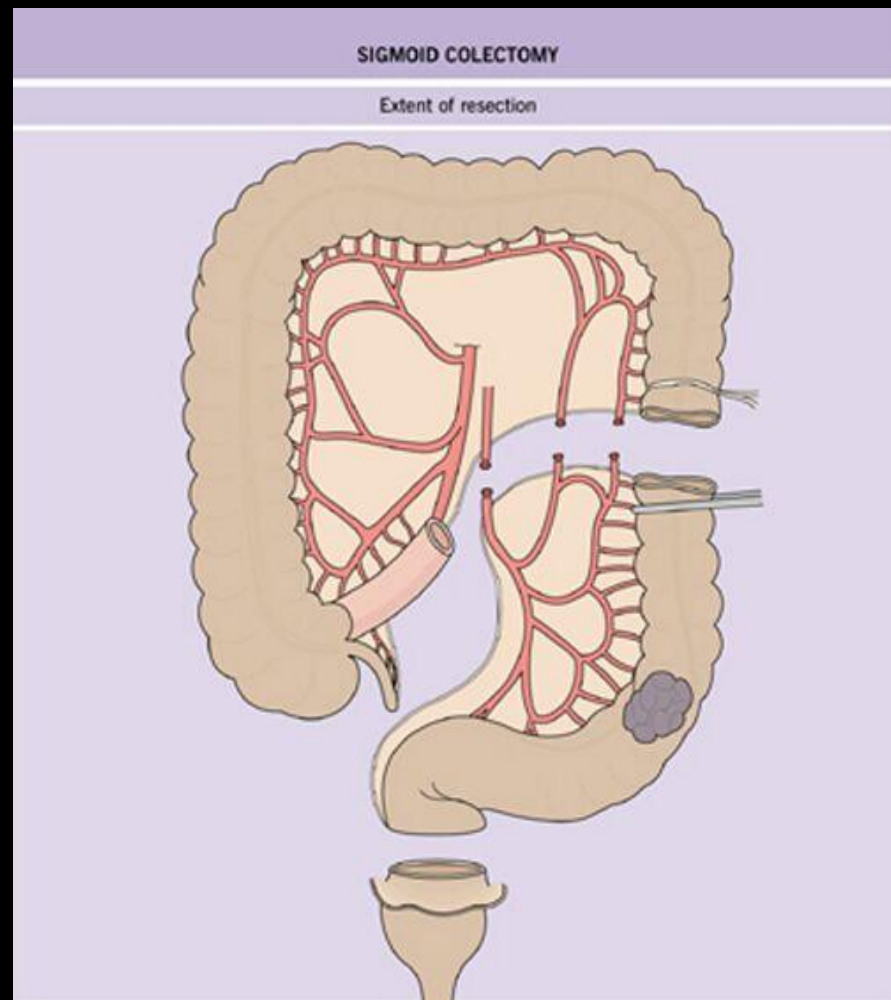
Types of colorectal resections



Types of colorectal resections



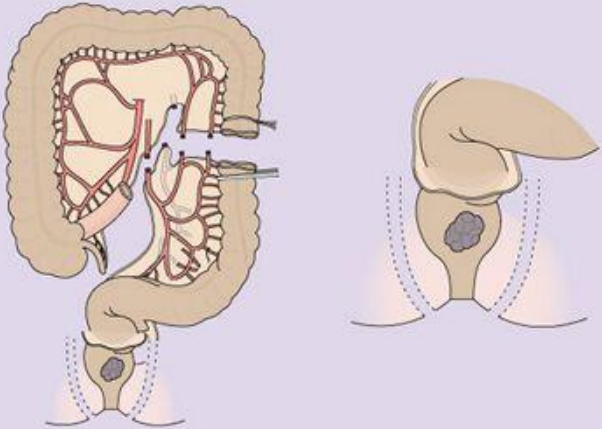
Types of colorectal resections



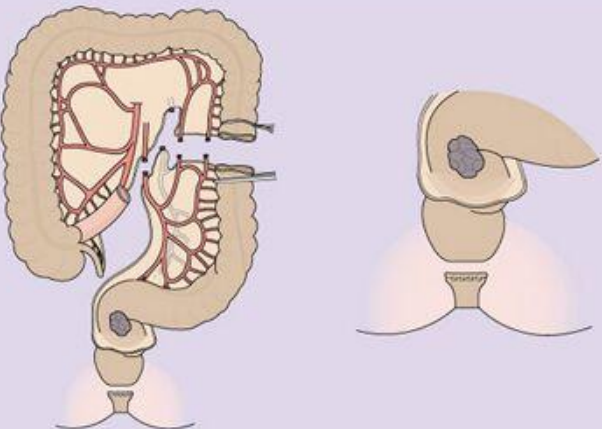
Types of colorectal resections

RESECTION FOR CARCINOMA OF THE RECTUM

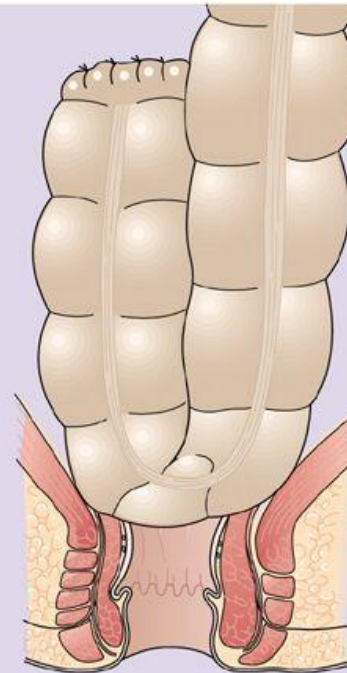
Abdominoperineal resection



Low anterior resection

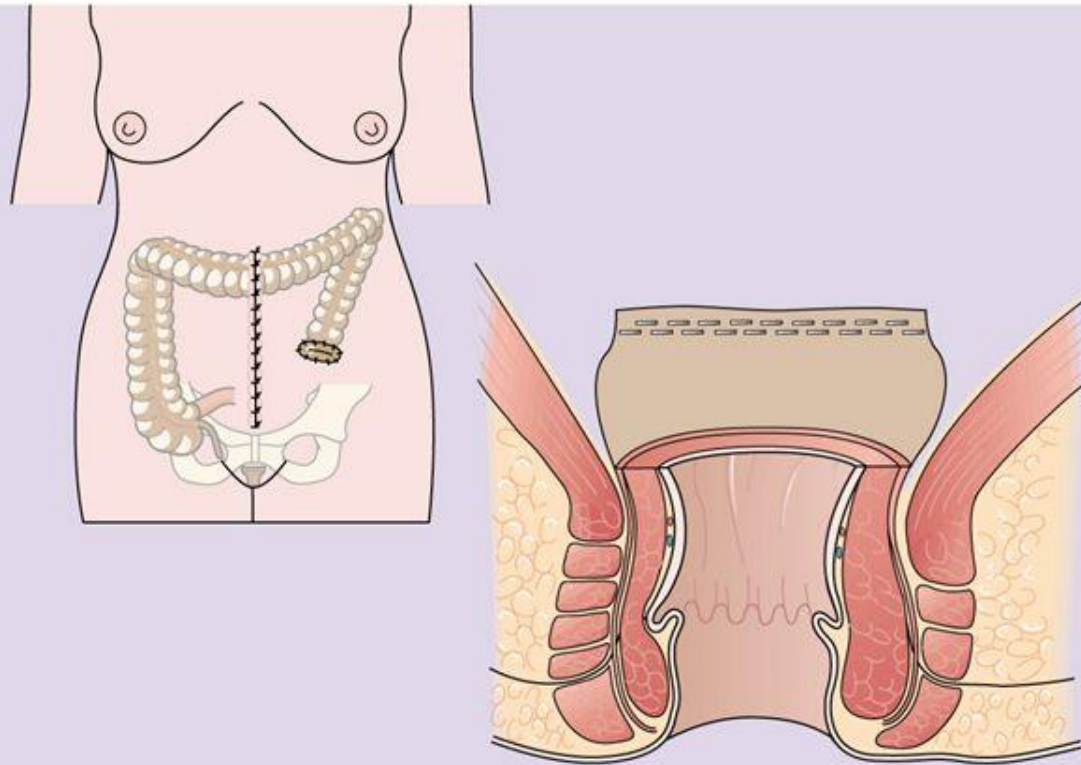


COLONIC J-POUCH RESERVOIR



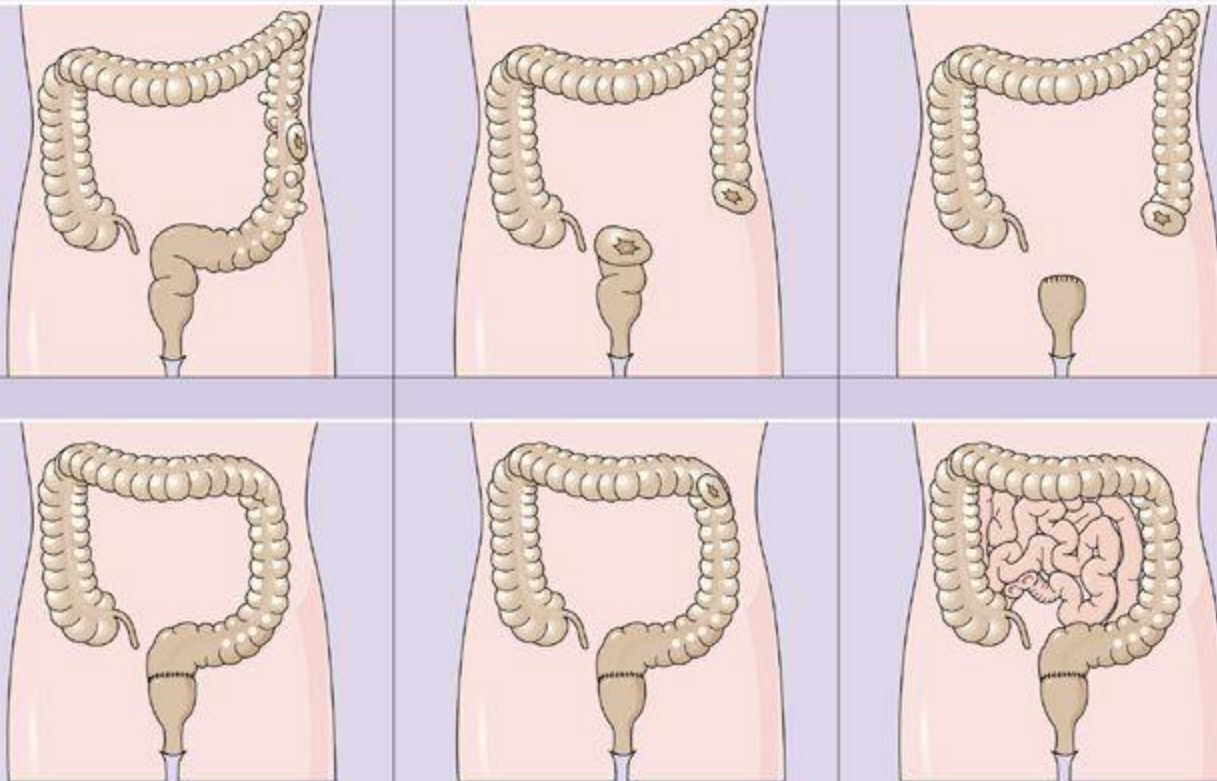
Types of colorectal resections

EXTENDED HARTMANN'S OPERATION

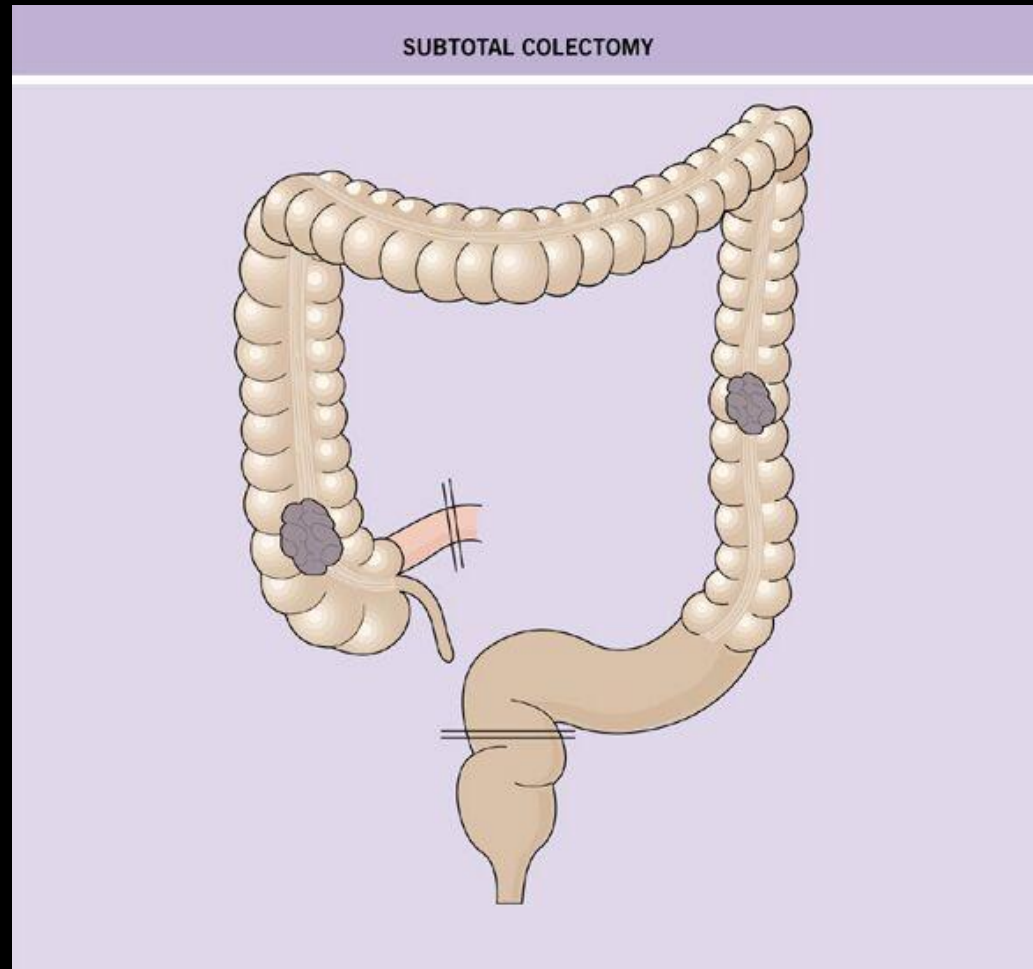


Types of colorectal resections

OPERATIVE TREATMENT FOR DIVERTICULITIS

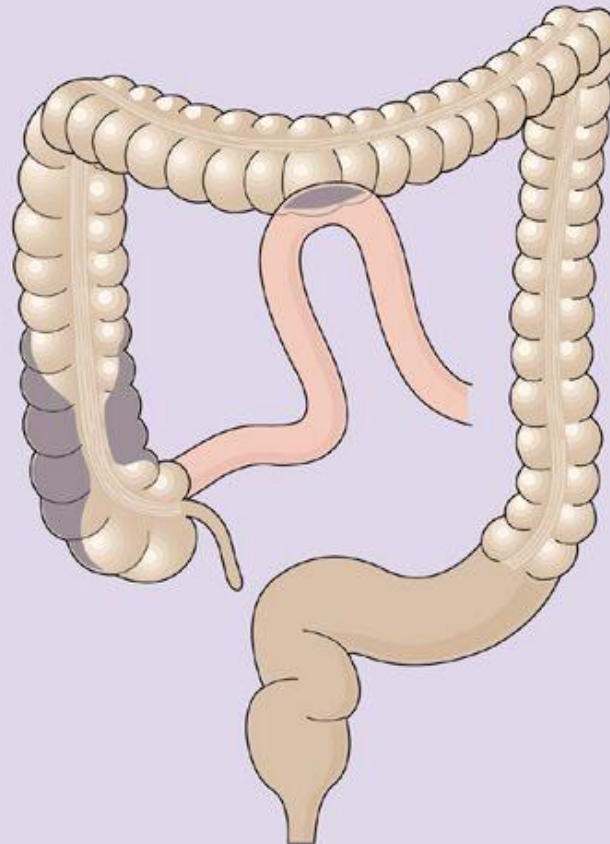


Types of colorectal resections



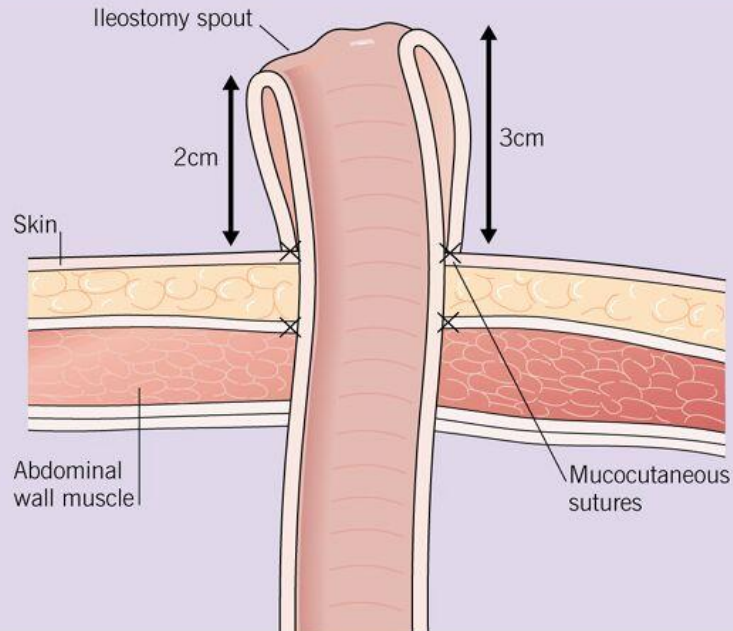
Types of colorectal resections

BYPASS OF UNRESECTABLE COLON CARCINOMA

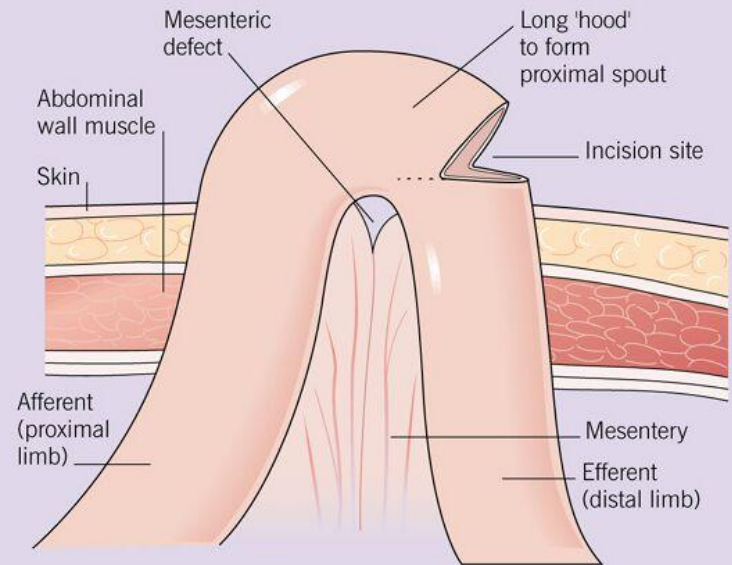


Types of colorectal resections

END ILEOSTOMY TECHNIQUE



LOOP ILEOSTOMY TECHNIQUE



Analgesia



Multimodal

Epidural

PCA morphine

NSAIDs

Nerve blocks

Others/Suppositories

Nasogastric tubes

Routine or Selective

| | | |
|-------------|-----|-----|
| Distension | 16% | 28% |
| Vomiting | 11% | 19% |
| Nausea | 17% | 27% |
| Reinsertion | 5% | 13% |

Nutrition

- Early postop. feeding

20% vomit

10% nasogastric tube reinsertion

- Postop. ileus 3-4 days

- TPN

Drains

Routine drainage is not necessary

Indications

- APR
- LAR
- Pelvic abscess

Urinary catheter

Ambulation/Activity



Early enforced ambulation

Physiotherapy

Antibiotics



Single dose of suitable antibiotic

Redose if blood loss > 2L, op > 3h

24-72h for high risk, obstruction, spillage

DVT prophylaxis



Mechanical

Pharmacological

Ulcer prophylaxis



Septic

Intestinal obstruction

Ventilated

Head injury

Wound/Stoma



- Randomly assigned 500 patients undergoing colorectal resection to receive 30 percent or 80 percent inspired oxygen during the operation and for two hours afterward. The perioperative administration of supplemental oxygen is a practical method of reducing the incidence of surgical-wound infections. (N Engl J Med 2000;342:161-7.)
- **Leave exposed after 24-48h**

Team system

Of course you would be a great surgeon,
if **ONLY** you had better assistants

