

Right Hemicolectomy

I. Consent

- Informed consent to patient and/or family regarding appropriate indications
- Informed consent regarding complications – bleeding, infection, iatrogenic injury (ureter), return to theatre, anastomotic leak, stoma
- Recovery time (time off work if applicable)
- Comment regarding role of other adjuvant treatment

II. Pre operation planning

- Discussion of case in MDT forum
- Review of imaging and appropriate histology
- Stoma marking if appropriate
- Aware of clinical indications
- Aware of significant co-morbidities - obesity, renal disease etc
- Knows relevant results
- Has reviewed relevant imaging

III. Pre operative preparation

- Appropriate positioning
- Imaging in operating theatre available for review
- Catheter, diathermy pad, antibiotic, DVT prophylaxis
- WHO Safety check and team time out
- Consideration of DVT prophylaxis and antibiotic prophylaxis
- Ensures specialised equipment available as require
- Prepares and drapes appropriately

IV. Exposure and closure

- Appropriate closure technique

V. Intra operative technique: global (G) and task-specific items (T)

- Appropriate skin incision (midline, transverse, or port sites)
- Safe entry into peritoneal cavity and establishment of pneumoperitoneum (if applicable)
- Tilting patient to optimise exposure
- Appropriate retraction/packing as required
- Right colonic mobilisation with awareness of right ureter/duodenum
- Determining resection extent based on blood supply/oncological margins
- Preservation of blood supply at proximal and distal bowel ends
- Tension free anastomosis with staple/suture
- Appropriate management of mesenteric defect
- Appropriate fascial and skin closure

VI. Post operative management

- Clear operating notes and post operative plan documentation
- Post operative review of histology and discussion of case in MDT

FOR REFERENCE PURPOSES ONLY