

Sigmoid Colectomy/Anterior Resection

I. Consent

- Understanding of common complications – bleeding, infection, anastomotic leak, need for stoma
- Expected recovery times
- Expectation of awaiting histology +/- further treatment if surgery for cancer

II. Pre operation planning

- Clear documentation and review in MDT if treatment for cancer
- Need to mark stoma site if required
- Inserts catheter
- 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 exposure
- Positioning of patient regarding need for lithotomy +/- sigmoidoscopy in operating theatre
- Mark stoma position on skin
- Imaging available for review in operating theatre
- WHO Safety check and team time out
- Consideration of DVT prophylaxis and antibiotic prophylaxis
- Ensures specialised equipment available as required
- Prepares and drapes appropriately

IV. Exposure and closure

- N/A

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

- Midline laparotomy wound, appropriate length
- Careful entry into peritoneal cavity
- Appropriate tilting of patient
- Appropriate retraction and packing
- Careful handling of tissues
- Appropriate mobilisation of colon
- Identification and protection of left ureter
- Appropriate division of proximal and distal bowel based on oncological principles and preservation of blood supply
- Tension free anastomosis (stapled or open)
- Understanding of need for drains
- Understanding the need for stoma
- Appropriate closure

VI. Post operative management

- Clear operative notes and clear post operative instructions

FOR REFERENCE PURPOSES ONLY