

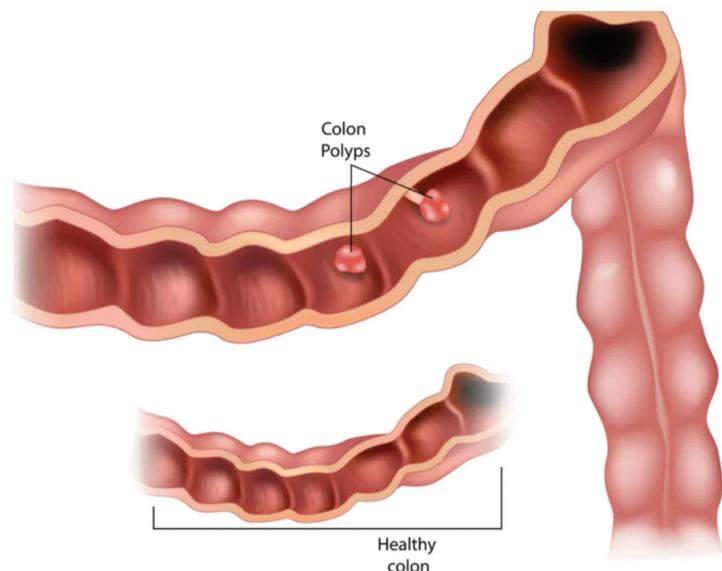
COLON [COLORECTAL] SURGERY Overview

Why colon surgery?

The two most common reasons for requiring colon surgery are operations for colon cancer or for complications related to diverticulosis/diverticulitis.

What is colon cancer?

- The lining of the colon is typically smooth and constantly replaces itself.
- Changes in these cells that are constantly replacing themselves can lead to growths called polyps.
- Small polyps are typically benign, and removal during colonoscopy can prevent these polyps from progressing to cancer.
- Over time, these polyps can grow and develop into cancer.
- Colon cancer can then spread to surrounding lymph nodes or other parts of the body.
 - Therefore, removing colon cancer early improves the chances of removing it before it can spread.



How is colon cancer diagnosed?

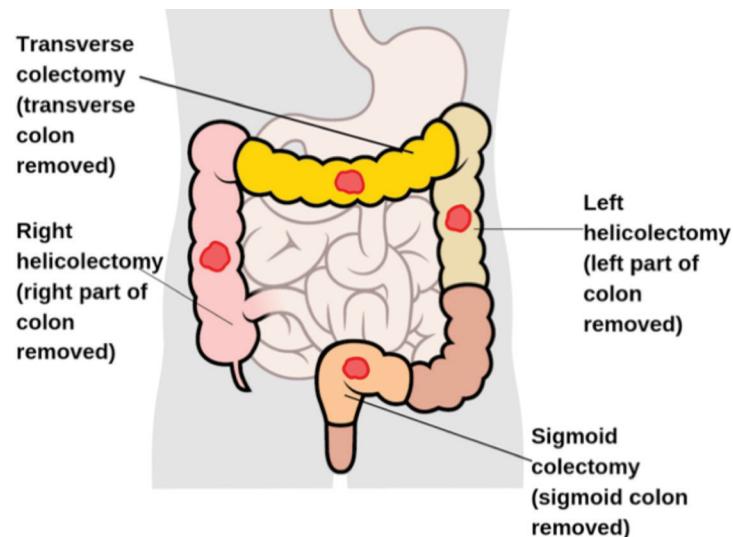
- Colon cancer is usually diagnosed during a colonoscopy.
- A biopsy of colon cancer may be performed to confirm the diagnosis.
- Cancer can also be discovered in a polyp that has been completely or partially removed.
- Sometimes a colon mass can be seen on imaging like a CT scan or barium enema.

What testing do I need when a colon cancer is found?

- After colon cancer is discovered, a CT scan of the chest, abdomen and pelvis is performed to see if the cancer has spread elsewhere (metastasis).
- Biopsy may be needed to see if colon cancer has spread to other organs.
- A CEA blood test

What surgery do I need for colon cancer?

- Surgery for colon cancer involves removing the segment of colon involved with the cancer and all lymph nodes draining the area.
- Which section of colon is removed depends on the location of the cancer.



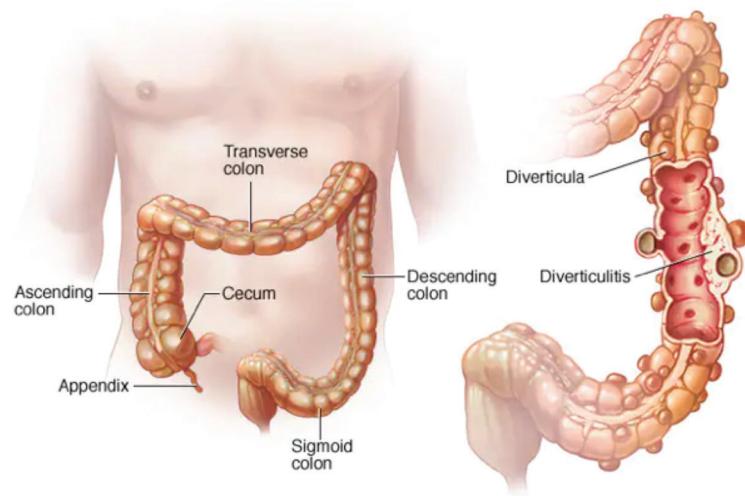
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What follow up will I have after surgery?

- Your first follow up appointment will be two weeks after surgery.
- You will also follow up with an oncologist, who may recommend additional treatment depending on your final pathology report.
- If a temporary ileostomy was created at the time of your last surgery, you will have another follow up appointment 4 weeks after your routine follow up (6 weeks after surgery).
 - An X-ray contrast study will be performed to ensure your new connection has completely healed.
 - If that study is normal, your surgery to close the ileostomy will be scheduled.
 - A colonoscopy is recommended 1 year after surgery.

What is diverticulosis?

- Diverticulosis is a condition that results from small outpouchings that result from the inner lining of the colon pushing through natural weak spots.
- The most common location for diverticula to form is the sigmoid colon, though they can occur anywhere along your colon.
- Likely result from western low fiber diets leading to chronic pressure in this area of the colon.



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What are some common problems with diverticulosis?

- Obstruction of these small outpouchings can lead to swelling and eventual rupture, which results in diverticulitis.
- Diverticulitis can range in severity, from causing abdominal pain that can be treated as an outpatient, to severe illness that requires urgent surgery.
- Diverticulosis can also cause bleeding, which will usually be painless and bright red.

When do I need surgery for diverticulosis?

- Surgery is typically recommended in the following situations.
 - Repeated episodes of diverticulitis
 - Perforated diverticulitis causing severe illness
 - Uncontrolled diverticular bleeding
 - Repeated episodes of diverticular bleeding

RISKS OF COLON SURGERY

- Bleeding
- Infection
- Leak from new colon connection
- Damage to surrounding organs (Ureter, bladder, small intestine)
- Blood Clots
- Risks of general anesthesia



PREPARING FOR SURGERY

- Prior to surgery, you will be asked to complete a bowel preparation to decrease the risk of surgical site infection.
- Preparation includes both antibiotics and mechanical preparations.
- You may consume only CLEAR LIQUIDS the day before surgery.
 - Water, Juice without pulp, sports drinks, tea, coffee, jello, popsicles, hard candy, soda, low fat soup broth.
 - Avoid anything with red coloring.
- Your antibiotics should be taken the day prior to surgery, and by the end of that day you should have no antibiotics left.
 - Take TWO NEOMYCIN 500mg tablets at 2PM, 3PM and 10PM the day before surgery.
 - Take ONE FLAGYL 500mg tablet at 2PM, 3PM and 10PM the day before surgery.
- You should take TWO BOTTLES of Magnesium citrate for your mechanical preparation, ONE BOTTLE at 7am and ONE BOTTLE at 3PM the day before surgery.
- Drink plenty of water throughout the day to stay hydrated.
- You may drink water or gatorade/powerade/vitamin water until 2 hours prior to surgery.

HOSPITALIZATION INFORMATION

- Depending on the amount or area of colon removed, you can expect to spend 2-5 days in the hospital.
- Most surgeries can be performed laparoscopically or robotically through small incisions.
- If performed through small incisions, the incisions will be covered with waterproof glue.
- You can shower normally starting the day after the operation.
- On the day of surgery, I encourage patients to be at least out of bed in a chair if not walking in the hallway.
- You will have a catheter in your bladder that will be removed the day after surgery.
- You will be started on clear liquids whenever you are awake after surgery, and your diet will be advanced to regular food prior to discharge.
- At discharge, a prescription for pain medication will be sent to your pharmacy.
- Apply ice packs to the incisions to help with discomfort.
- In addition to the prescribed pain medications, you may also take 600mg of ibuprofen every 6 hours (check with your surgeon).

If you have any questions or concerns, please call the office at **(615) 292-7708**. Someone is available to answer the phone 24 hours a day, 7 days a week.

