Abdominoperineal Resection of the Bowel (APR)

Cancer of the anus or lower rectum requires one surgery in two parts. First, the surgeon loosens the colon and rectum in the abdomen. The colon is cut and the upper part of the colon is pulled through an opening on your lower belly. This opening is a colostomy. Then, the lower end of the colon, including the rectum, anus, and lymph nodes are removed. The anus is closed with stitches.

Getting Ready for Surgery
You will need to drink a bowel prep to clean out your colon before surgery. You will receive a handout about this and some prescribed medicine. Be sure and read this before your surgery.

After Surgery
You will have a colostomy. Part of the colon connects to an opening in your abdomen where stool drains out. Stool collects in a pouch attached to the abdomen which is changed when needed.

Your nurse will teach you how to care for your colostomy. You will also have a home health nurse visit you at home. It may seem hard to do at first, but your skill at taking care of your colostomy will improve over time. Learning a new skill takes time, practice, and patience.

Risks of Surgery
Your doctor will talk to you about these possible risks.
- Bleeding that requires a blood transfusion
- Bowel obstruction
- Hernia at the wound site
- Infections of the wounds (either belly or anal wound)
- Kidney infection
- Sexual problems
  - Men may have semen back up into the bladder
  - Men may have problems with erections
  - Women may have pain with intercourse
- Trouble passing urine
- Wound healing that takes a long time

Going Home
Plan to be in the hospital about 7 days. When you go home you will be slowly adding foods to your diet as you can tolerate them. You will have little pain. Stool will pass through your colostomy. Walking daily will help you to feel better and help your body heal.

Wound Care
You will be able to shower in 2-3 days. You can wash your wounds with mild soap and water. You may not need to wear a bandage on your wound. If you do, we will show you how to change it. Do not use ointments, powders, or lotions on your wounds unless your doctor tells you to do so. Do not soak in a hot tub, bathtub, or swim until your doctor says it is okay.
**Stoma Care**
The bowel that comes through your belly is a stoma. A healthy stoma is pink and shiny, like the inside of your mouth. It is important to maintain the health of this skin and not allow the stoma or the skin around it to get sore and red. Your nurses will teach you how to care for your stoma and pouch system.

**Pain**
Expect to have some pain after surgery. You will have medicine to take for it. Work with your nurse to get the most relief from your pain. Remember, we want you to work to keep your pain level mild. To do this, you will need to take your medicine when you first start to feel it.

**Rectal Healing**
Healing of the anal wound may take months. There may be drainage from this wound. You will need to wear a pad. Drains put in during surgery will also help you heal. They come out through your abdomen. They are removed 3-5 days after surgery.

Stay off the incision as much as you can for the first 2 weeks you are home. You want as little pressure as possible put on the incision. Sitting too long can decrease the blood supply and delay healing. It also can cause the incision to open up. It is best to be standing or lying on your side. If you need to sit, limit it to 5-10 minutes at a time.

Be careful when sitting in a recliner. You tend to slide down in the seat and the anal tissue might sheer and open up. Try to lie as flat as you can when in a recliner.

**Diet**
A nasogastric (NG) tube is not routinely used during this surgery, but it may be needed in some cases. Once your bowel action returns, you can drink clear liquids and you can slowly advance to regular food. As your bowel heals and you are able to eat more fiber, the stool from your colostomy will become more formed like a normal bowel movement. At home, you will start with the diet you had in the hospital and then slowly add more foods to your diet. Drink plenty of fluids (eight 8-ounce glasses a day) to help your body heal.

**Bowel Movements**
After surgery, stool collects in the pouching system. The system is airtight; it does not allow any air, fluid, or smells to leak to the outside. The pouches need to be changed regularly and the skin around the stoma needs special care.

At home, expect to have at least one bowel movement a day. Because your bowel action is still sluggish when you go home, it is possible for you to get constipated. There are four factors to think about to prevent this problem.

1. Water is essential for you. Drink 8-10, eight-ounce glasses of a non-caffeine fluid each day.
2. Fiber intake is limited the first 2 weeks after surgery. At your post op visit we may have you advance your diet to include some fiber foods. The fiber foods will continue to be added to your diet as your recovery continues.
3. Exercise helps regulate bowel activity.
4. Narcotic pain pills slow bowel action. Remedy this side effect with the above actions.
At home you will be taking stool softeners (2 or more a day) to help prevent constipation. If you do not have at least one bowel movement a day, call us. We can help you get more regular.

**Activity**
- Most people are off work for 6-8 weeks for the rectal incision to completely heal.
- Rest as needed.
- Walk 4 times per day. Start slowly, once or twice per day. Progress to 4 times a day and walk longer amounts of time as you become stronger and tire less. Walking will help you feel stronger.
- No lifting more than 10 pounds for 4-6 weeks.
- No intercourse until okayed by your doctor.

**When to Call the Doctor**
- Shortness of breath or chest pain, **call 911**
- Pain, tenderness, swelling, or redness in feet, legs, or arms
- Pain in lower legs, calves, thighs, or arms
- Trouble passing urine
- Painful bloating or cramping
- Bulge at wound site
- Unable to pass gas or stool
- Any ostomy concerns
- Signs of a wound infection:
  - Increasing redness or warmth at the wound
  - Temperature over 100.4°F by mouth, for two readings taken 4 hours apart
  - Bleeding or pus from wound
  - Pain not controlled by pain pills

**Phone Numbers**

**Digestive Health Center:** (608) 890-5000.

**After hours, weekends or holidays** this number will be answered by the paging operator. Ask for the doctor on call for Dr. ______________. Leave your name and phone number with area code. The doctor will call you back.

If you live out of the area, call **(855) 342-9900**.