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Wolters Kluwer

Patient education: Colectomy (The Basics)

Written by the doctors and editors at UpToDate

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What is a colectomy?

A colectomy is surgery in which your doctor removes part or all of your large intestine. The large intestine is also called the colon ([figure 1](#)).

Doctors might do a colectomy to treat problems such as:

- Colon cancer
- Digestive tract disorders, such as severe diverticulitis or inflammatory bowel disease
- A blockage in the colon
- An injury to the colon

How do I prepare for a colectomy?

Your doctor will tell you how to prepare for your colectomy, and how long before the surgery you should stop eating and drinking.

Your doctor will tell you if you need to change or stop any of your medicines before the surgery. They might also give you medicine to take beforehand. For example, you will probably get antibiotics to prevent infection, plus a medicine to empty your intestines (this is called "bowel prep").

What happens during a colectomy?

Before the surgery starts, you will get medicines (through a thin tube that goes into a vein, called an "IV") to make you sleep. You will not be awake for the surgery.

There are 2 main ways doctors can do a colectomy:

- Open surgery – During open surgery, your doctor will make a cut in your belly. They will remove some or all of your colon ([figure 2](#)). How much your doctor removes depends on the reason for your surgery and how severe your condition is.
- Minimally invasive surgery – During minimally invasive surgery, your doctor will make a few small cuts in your belly. Then they will insert long, thin tools through the cuts and into your belly. One of the tools has a camera (called a "laparoscope") on the end, which sends pictures to a TV screen. Your doctor can look at the screen to know where to cut and what to remove. Then they use the long tools to do the surgery through the small cuts. Sometimes they use a special robot to help move the tools.

After your doctor removes your colon, they will make sure there is a way for bowel movements to exit your body. To do this, your doctor will either:

- Reconnect your intestine – If your doctor can reconnect your intestine, you should be able to have bowel movements normally.
- Do a procedure called a "colostomy" or "ileostomy" – For either of these procedures, your doctor will make a small hole in your belly. Then they will connect your intestine to this opening. If your doctor connects your large intestine to the hole, it's called a "colostomy." If your doctor connects your small intestine to the hole, it's called an "ileostomy." Your bowel movements will come out through the hole into a bag that is attached to your skin ([figure 3](#)).

What happens after surgery?

After surgery, most people stay in the hospital for 2 to 4 days.

Most people can drink liquids within 1 to 2 days after surgery and eat solid foods soon after that. If your intestines take longer than a week to heal, your doctor might need to give you extra nutrition through a vein in your arm until you can eat again.

What problems can happen after a colectomy?

Although uncommon, there are problems that can happen after a colectomy. They include:

- Bleeding in the belly

- Infection in the belly or other parts of the body
- Blockage of the remaining part of the colon, or of the small intestine
- Leakage at the place where the intestine is reconnected
- Injury to the ureter (the tube that connects the kidney to the bladder), which is near the colon

How will I manage my colostomy or ileostomy?

A special nurse (called an ostomy nurse) will teach you how to manage your colostomy or ileostomy. They will teach you when and how to change the bag that collects your bowel movements.

Will I have my colostomy for the rest of my life?

Many people have a colostomy for a short time while their body heals after a colectomy. This is often the case if the colectomy was done for an emergency. Most people do not need to have a colostomy for the rest of their life, but some do.

If you need a colostomy for only a short time, your doctor will do another surgery later to reconnect your colon. Then you can have bowel movements normally again.

More on this topic

[Patient education: Colon and rectal cancer \(The Basics\)](#)

[Patient education: Ulcerative colitis in adults \(The Basics\)](#)

[Patient education: Crohn disease in adults \(The Basics\)](#)

[Patient education: Colostomy care \(The Basics\)](#)

[Patient education: Ileostomy care \(The Basics\)](#)

[Patient education: Colon and rectal cancer \(Beyond the Basics\)](#)

[Patient education: Ulcerative colitis \(Beyond the Basics\)](#)

[Patient education: Crohn disease \(Beyond the Basics\)](#)

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This topic retrieved from UpToDate on: Jan 22, 2023.

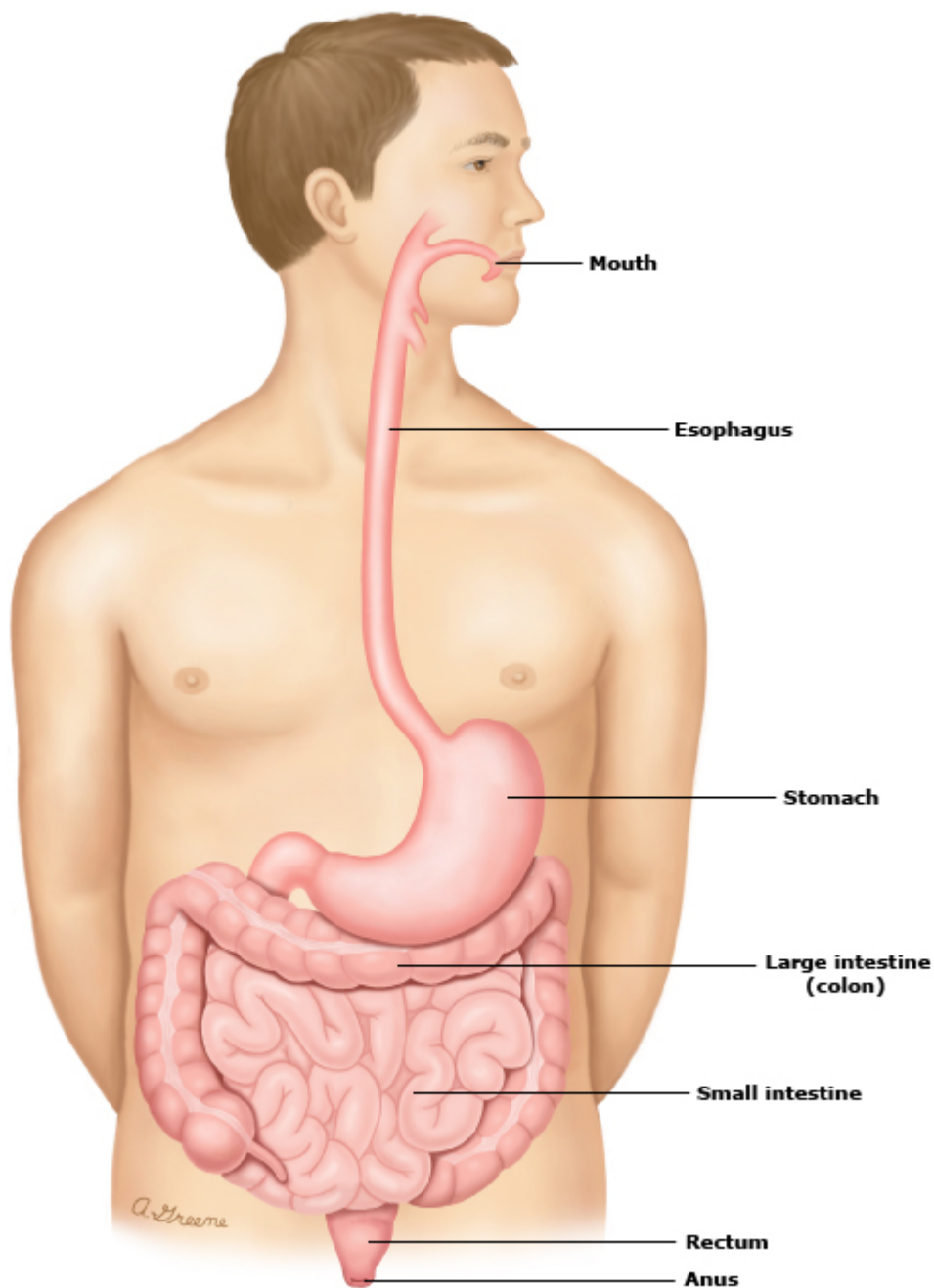
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Topic 16724 Version 9.0

GRAPHICS

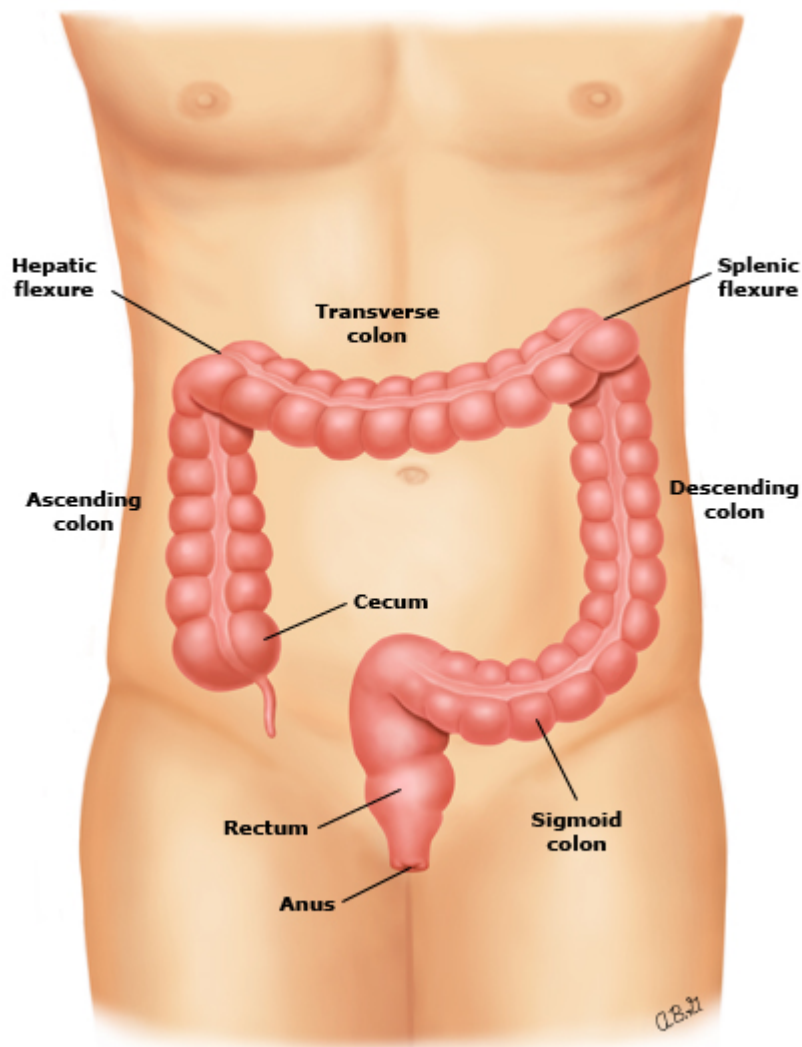
Digestive system



This drawing shows the organs in the body that process food. Together, these organs are called the "digestive system" or "digestive tract." As food travels through this system, the body absorbs nutrients and water.

Graphic 66110 Version 5.0

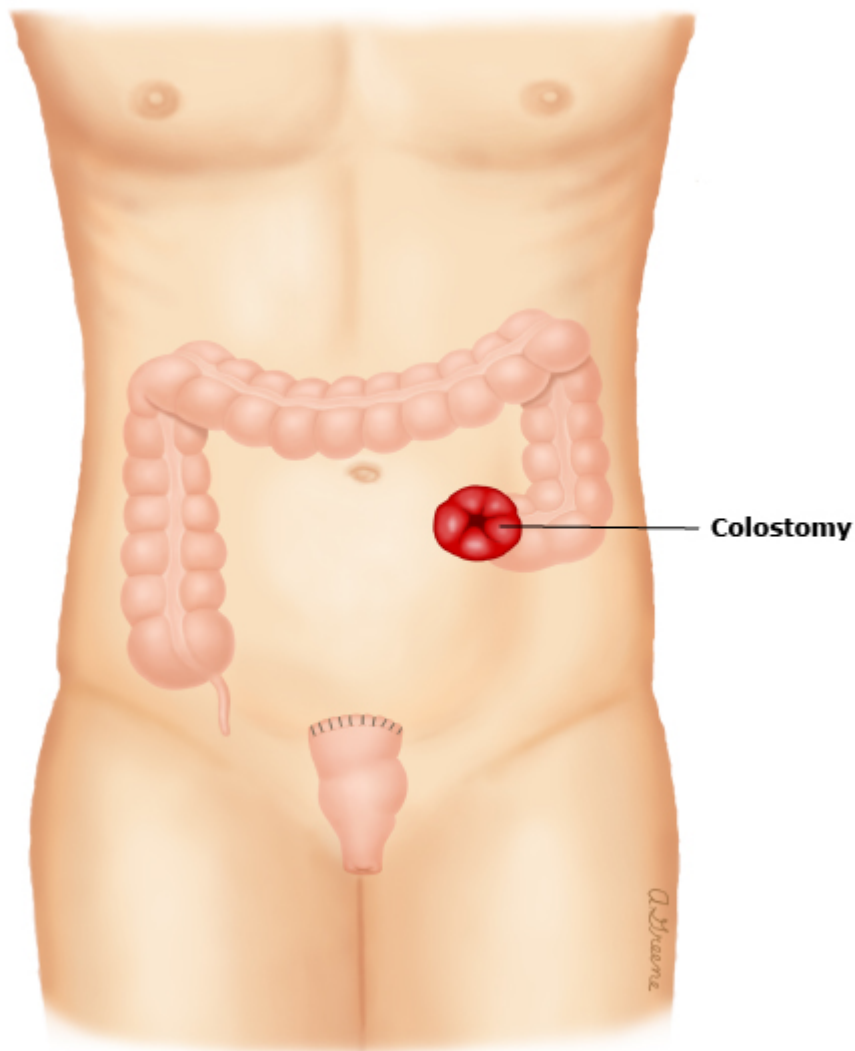
Diagram of the colon and rectum



This figure shows the different parts of the colon (also known as the large intestine), the rectum, and the anus.

Graphic 58531 Version 7.0

Colostomy



This picture shows a colostomy, which is necessary in some people with severe diverticulitis or Crohn disease, or who are being treated for colon cancer. In some people, the colostomy is temporary. In other people, the colostomy is permanent.

Graphic 57774 Version 6.0

