



Bowel resection

This information sheet from Great Ormond Street Hospital (GOSH) explains about bowel resection, what it involves and what to expect when your child comes to GOSH for treatment.

What is a bowel resection?

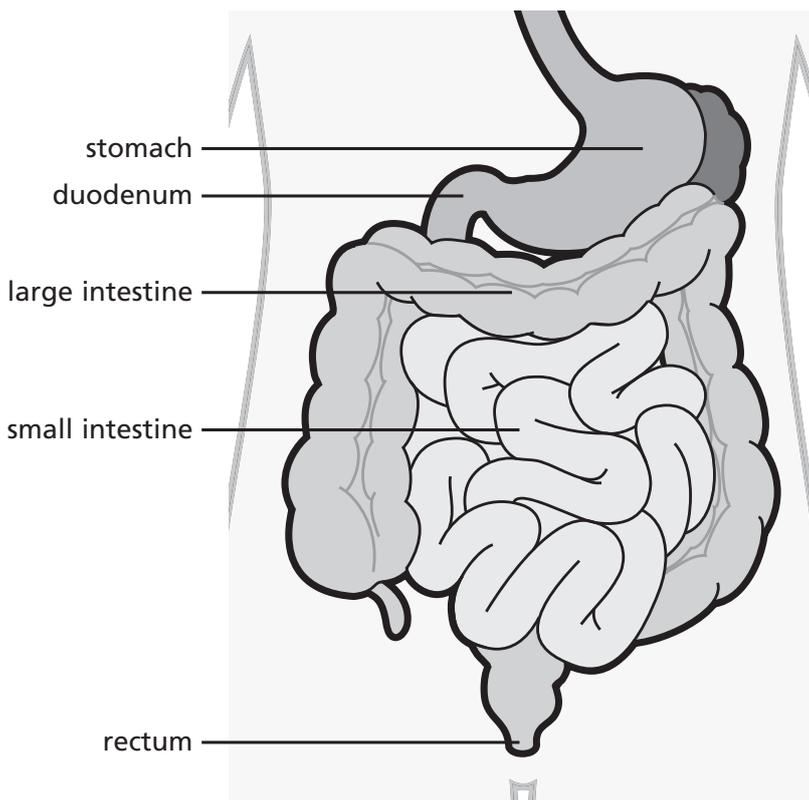
A bowel resection is an operation where the surgeon removes a damaged or diseased or blocked section of bowel (intestines). The intestines can become damaged for a number of reasons including necrotising enterocolitis (NEC), volvulus, atresias, Hirschsprung's disease or intussusception. Depending on the cause, either the large intestine or small intestine or occasionally both can be affected.

What happens before the operation?

Children with diseased or damaged bowels are sometimes transferred to GOSH as an emergency, while others may already be inpatients.

If your child is dehydrated, they will need a 'drip' of fluids for a while before the operation. Your child will also need a nasogastric tube, which is passed up the nose, down the foodpipe and into the stomach. This will drain off the stomach and bowel contents and 'vent' any air that has built up, which will make your child more comfortable.

When your child is stable, the surgeon will explain the operation in detail, discuss any worries you may have and ask your permission for the operation by asking you to sign a consent form. An anaesthetist will also visit you to explain about your child's anaesthetic in more detail and discuss options for pain relief after the operation. If your child has any medical problems, like allergies, please tell the doctors.





What does the operation involve?

The surgeon can use keyhole or open surgery depending on how well your child is at the time. If your child is still unwell, open surgery is usually preferred. The surgeon will check the bowel for any unhealthy areas where tissue has died. They will remove the damaged section and then stitch the two cut ends together to form a continuous tube again. This is called 'anastomosis'.

The amount of bowel removed can vary, but the surgeon will leave as much of the bowel as possible. If it is not possible or safe to join the ends together during this operation, they may need to bring it to the skin surface so that your child can pass faeces (poo). This is called a 'stoma' and if your child needs one, the stoma care nurse specialist will visit you to explain further.

Are there any risks?

All surgery carries a small risk of bleeding during or after the operation. During the operation, the surgeon will minimise any bleeding by sealing off the blood vessels affected. There is a very small chance that nearby structures in the abdomen could be damaged during surgery but this is a very rare occurrence.

There is a chance that the area where the two ends of bowel were joined could start to leak, allowing bowel contents to escape into the abdomen. This is usually treated with antibiotics, but a second operation may be needed to check the leaking portion.

Strictures or scar tissue can form after any type of bowel surgery but is quite common following bowel resection. This may build up over time to cause narrowed sections of bowel, which may lead to obstruction. If your child vomits green bile and has a swollen abdomen, they should be reviewed urgently by a doctor.

Every anaesthetic carries a risk of complications, but this is very small. Your child's anaesthetist is a very experienced doctor who is trained to deal with any complications.

There is a possibility that having started the procedure using laparoscopic surgery, it will not be possible to carry out the bowel resection using this method. The surgeon will then change to use open surgery during the same operation.

It can take a while after the operation for the bowel to start working properly so your child may need to be fed intravenously using total parenteral nutrition (TPN) for a while. This affects many children and is explained further in the next section.

Almost all children will develop adhesions, which are bands of scar tissue in the abdomen that can cause obstruction. This is more likely after open surgery. Adhesions can form at any point in life, even years after the original operation. If your child vomits green bile and has a swollen abdomen, they should be reviewed urgently by a doctor.



Are there any alternatives?

No. If untreated, damaged or diseased sections of bowel can quickly become life threatening as the tissue can perforate or die, allowing bowel contents to leak into the abdomen which can lead to peritonitis.

What happens afterwards?

Your child will come back to the ward to recover. They will have been given pain relief during the operation, but this will begin to wear off. For the first few days, pain relief will usually be given through a 'drip' and then, when your child is more comfortable, in the form of medicines to be swallowed.

After the operation, your child will not be allowed to eat or drink until their bowel is working again. They will get all the nutrients and fluids needed through the drip.

Once the bowel starts to work, the doctors will let you know when you can start to feed your child again, starting with small amounts, and increasing the amount as tolerated. Your child will be able to go home once they are feeding well and comfortable.

When you go home

Your child's abdomen may feel sore for a while after the operation, but wearing loose clothes can help. Your child will need to have regular pain relief for at least three days. As well as the medications, distracting your child by playing games, watching TV or reading together can also help to keep your child's mind off the pain.

The stitches used during the operation will dissolve on their own so there is no need to have them removed. If possible, keep the operation site clean and dry for two to three days to let the operation site heal properly. If your child needs to have a bath, do not soak the area until the operation site has settled down.

You may need to come back to hospital for an outpatient appointment after the operation. We will send you the appointment date in the post.

You should call the hospital if:

- **your child is in a lot of pain and pain relief does not seem to help**
- **your child is not keeping any fluids down or has signs of dehydration**
- **your child has a high temperature of 37.5°C or higher and paracetamol does not bring it down**
- **the operation site is red or inflamed, and feels hotter than the surrounding skin**
- **there is any oozing from the operation site**



What is the outlook for children who have had bowel resection?

The outlook depends on the amount of damage to the bowel. If your child had a large amount of bowel removed, they may need to stay on TPN for a longer period. As stated earlier, adhesions can form after any abdominal surgery, and can lead to obstruction. If your child vomits green bile and has a swollen abdomen, they should be reviewed urgently by a doctor.

If the last part of the small bowel (ileum) is removed, your child may have long term problems absorbing enough Vitamin B12. This may need to be checked once your child reaches school age.

**If you have any questions,
please call Squirrel Ward
on 020 7829 8818**

Notes

Compiled by the Department of General Surgery
in collaboration with the Child and Family Information Group

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