Abdominal Perineal Resection (APR) with Colostomy

Information for patients and families

Read this information to learn:

• what an APR with colostomy is
• how to care for yourself when you get home
• what problems to look out for
• who to call if you have any questions

What is an APR with colostomy?

During an APR, your surgeon removes the lower part of your large bowel, your rectum and anus through cuts made in your abdomen and perineum (skin between your anus and genitals).

A colostomy is an opening made during surgery. Your surgeon brings out a loop of your large intestine onto the surface of your skin. This is called a stoma. The waste and gas from your intestine passes out of the opening (stoma). Your stool and gas will be collected in a pouch that sticks to your skin around the stoma.
How can my family be involved in my care?

We encourage your family to be involved in your care. Things they can do include:

- sharing information
- helping you make decisions
- coming with you for tests
- helping with your care

It’s very important that your family also take care of themselves. Your family may become very tired while you are in hospital. The nurse may ask your family to take a break. This may mean they go home for a rest.

We have a visitor’s lounge for you and your family. The visiting hours at the hospital are flexible. There is a rest period in the step down unit from 2:00 to 3:00 pm daily. Only 2 people may visit at a time.

Please check with your nurse or dietitian before anyone brings food in for you.
How do I care for myself once I return home?

**Activity**

For the first week or so, you will feel tired and weak when you get home. It’s important to rest, but don’t stay in bed all the time. Get up and do mild exercises like walking around the house or taking short walks outside.

Your health care team will let you know if there are movements you shouldn’t do for a while. These may include kneeling or bending down. As you get better, you will be able to start your regular daily activities.

**Lifting**

Don’t do any heavy lifting, carrying, pushing or pulling for at least 6 weeks. These activities include things like vacuuming, carrying heavy groceries or shoveling snow. You may lift up to 10 pounds (about 5 kilograms).

Lifting more than this may put stress on your incision and cause a hernia to develop around your stoma. Wearing underwear made with elastic material that rises above your stoma can help support that area. Your surgeon will tell you when you can begin regular activities.

**Incisions (cuts)**

Your incisions shouldn’t need any special care. Take a look at your incisions each day and check for signs of infection. Call your doctor if your incision:

- becomes more swollen or red
- becomes more painful
- is warmer to the touch
- has pus (yellowish or white liquid) coming out of it
You can get more information about signs of infection in your *Going Home after Surgery* booklet.

### Showering or bathing

You can shower or bathe with your pouch on or off. Use a natural soap without a lot of oil or other things that could irritate your skin. Let the water run over your incisions. Pat your incision and pouch dry with a clean towel. Don’t rub.

### Pain

You will have some pain from your incisions. Use your pain medicine as you need it. It will take away most of your pain so you can rest and take part in your care. As you heal, you will need less. You will receive a prescription for pain medicine before you go home from the hospital.

Your stoma or the skin under your pouch should not be painful.

### Medicines

During your hospital stay, your medicines may change. We will give you prescriptions for your medicines before you leave the hospital. Please review these with your nurse, surgeon or pharmacist before you leave. You can talk to your family doctor if you have any questions.

### Colostomy

The enterostomal nurse will meet with you to talk about how to manage and care for your colostomy. They will also answer your questions and give you supplies before you go home. You can get more information about managing your colostomy in your *Life After Your Colostomy* booklet.
Food and Nutrition

You don’t need to follow a special diet unless your doctor or dietician recommends one. But, good nutrition is important for building your strength. It will help your wounds heal and prevent infection.

Over time, you will notice that some food produces more gas. You can find more information in your *Life After Your Colostomy* booklet.

Constipation or diarrhea

If you become constipated, try eating more foods with fibre (for example, vegetables, fruits and bran) and drinking more water. Talk to your doctor if this doesn’t help or the problem gets worse.

You may also have diarrhea if you become ill with a stomach virus. Treat this the same way you would before your surgery. You can find more information about this in your *Life After Your Colostomy* booklet.

Driving

Don’t drive until you are no longer taking pain medicine. This can take about 2 to 3 weeks. The pain medicine may make you drowsy.

Returning to work

At your follow-up appointment, you and your surgeon can talk about returning to work. Together, you can decide what is best for you.

Travel

You don’t have to avoid travel because of a colostomy. Remember to pack all of your colostomy supplies for any trip you take. If you are travelling by airplane, pack extra colostomy supplies in both your carry-on and checked bags.
**Sex**

Having a colostomy doesn’t mean you can’t take part in sex. You can start to have sex again when it’s comfortable for you. Talk to your surgeon and/or Enterostomal Therapy nurse about how the surgery may affect your sexual activity.

**When will I have my follow-up appointment?**

You will have a follow-up appointment with your surgeon about 3 to 6 weeks after surgery. If you don’t have an appointment for a follow-up before leaving the hospital, call your surgeon’s office. Call to arrange the appointment during the first week you are home.

Call your enterostomal therapy (ET) nurse to schedule an appointment within the first 6 weeks you are home. During this appointment, your ET nurse will check your stoma and make sure everything is ok.

Call your ET nurse if you have any problems with your pouch leaking or the skin around your stoma is irritated.

Please bring your health card (OHIP) to your follow-up appointment.
What problems should I look out for?

Please call the nurse navigator if:

- you have a fever higher than 38 °C or 101 °F
- you have severe nausea or vomiting  
  (you can’t keep anything down, even liquids)
- you are unable to pass stool or gas from your stoma (opening in your body) for 48 hours
- there is an unusual change in the size, shape or colour of your stoma
- you have redness, swelling, odour, pus or increasing pain around your incision
- bright red blood doesn’t stop passing from your stoma
- you have pain or trouble urinating
- you have stomach pain and it doesn’t get better after taking pain medicine

Please call if you have any other concerns. You can also see your family doctor. After hours or in case of an emergency, go to the nearest emergency department.

What numbers can I call if I have any questions?

Nurse Navigators ☎️416 262 1991
General Surgery Clinic ☎️416 340 4800, extension 8060
9ES General Surgery Unit ☎️416 340 3522
Toronto General Hospital ☎️416 340 4800
Clinical Nurse Specialist, Enterostomal Therapy Nurse:

Toronto General Hospital
Nancy Parslow
☎ Phone: 416 340 4800 extension 4399

Toronto Western Hospital
Debra Johnston
☎ Phone: 416 340 4800 extension 7209

Community Care Access Center ☎ 310 2222 (this is a free call - no area code)
(ask for your local CCAC office)
Website: ☐️ http://healthcareathome.ca/