



## An Editorial on Colon and Rectal Surgery

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Our surgeons offer advanced surgical and minimally invasive (laparoscopic) options. In fact, Hurley's colorectal surgeons are among the area's most successful providers of laparoscopic procedures. These minimally invasive options not only treat disease, they also require a smaller incision (which improves cosmetic results), help preserve normal bowel function, reduce post-operative pain and the need for analgesic medication, and speed recovery. Not all patients are candidates for laparoscopic or other minimally invasive forms of surgery. You and your surgeon will be able to determine the most appropriate treatment options for your particular condition.

### Our surgeons address the following conditions:

- Anal cancer
- Anal condyloma
- Anal Fissure
- Anal Fistula
- Anal incontinence
- Anal sphincter repair
- Anorectal disease:
- Colon cancer
- Diverticular disease
- Hemorrhoids
- Hereditary colon and rectal cancer
- Inflammatory bowel disease (IBS)
- Polyps
- Rectal cancer
- Rectal prolapse

### Colectomy

A colectomy, or, colon resection, removes all or part of the large intestine. Segmental Colectomies: Generally, a vertical incision is made in the middle of the abdomen, overlying the portion of the bowel with disease. The segment of bowel containing the disease is removed. If the excision is for cancer, an effort is made to remove a wider segment to include lymph nodes. The ends of the bowel are joined together (anastomosis) to be water-tight and permit healing.

A surgeon may remove a cancerous polyp or polyps from the colon or rectum using a colonoscope.

The colonoscope is inserted into the rectum and a wire loop is passed through the instrument to remove the polyp.

Total Colectomy and Total Proctocolectomy: A few diseases, such as familial polyposis, require removal of the entire colon with anastomosis of the end of the small bowel to the rectum. Familial polyposis or ulcerative colitis often require removal of the colon and rectum. A new pouch (neorectum) is created with the small bowel folded and stapled back on itself this pouch is joined down to the anus.

Rectopexy. A resection is a surgical procedure to remove all or part of a diseased organ or tissue.

Abdomino perineal (Rectal) Resection: This surgery is performed to treat anal and distal rectal cancer. The anus, rectum and part of the sigmoid colon are removed to include the attending vessels and lymph nodes.

Management protocol Clinical evaluation: At presentation, the site of the wound was noted, and a photograph with a digital camera was taken. After adequate debridement of all necrotic tissues if any, the surface area (SA) of each ulcer was measured using a wound-mapping chart (3M Health Care, Loughborough, UK).

### Polypectomy:

The floor of the ulcer regarding its depth, granulation tissue and sepsis; as well as the margin status with respect to edema, erythema, cellulitis and hyperpigmentation were all recorded. The wound was considered infected if a purulent discharge was present with two the presence of infection and suggestive radiological features indicated the presence of osteomyelitis. Systemic treatment: Whenever indicated, anti-infective treatment and nutritional support were started simultaneously with local wound care. Amino acids, lipids, plasma, and albumin were infused to improve the nutritional status of the patient. Effective antibiotics were chosen according to the wound status and the results of drug sensitivity tests. In patients with diabetes mellitus, blood glucose level was controlled within the normal range (fasting blood glucose).