

References

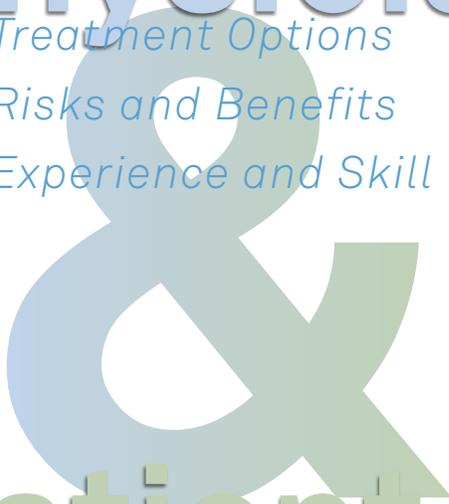
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Physician

Treatment Options

Risks and Benefits

Experience and Skill



Patient

Personal Preferences

Values and Concerns

Lifestyle Choices

COLECTOMY



Shared Decision Making

A process of open communication. The physician offers the patient personalized information about treatment options and their associated risks and benefits. The patient then communicates to the physician his or her values, preferences and concerns regarding these variables. The goal is to arrive at a joint decision regarding the best nonemergency surgical procedure.

Both parties benefit. Physicians are better able to manage patient expectations and develop higher patient trust. Patients are better informed, more likely to comply with the treatment plan and more likely to be satisfied with their outcome.

When the Physician and the Patient use this guide together, they will make

A Mutually Acceptable Decision.

THIS GUIDE will walk the **physician** and the **patient** through a colectomy discussion once the decision to have surgery has been made. The guide outlines questions and points for the **physician to discuss with the patient** and provides **information for the patient to review at home.**

*Together,
the physician
and the patient
will make a
mutually
acceptable
decision.*

For the **PHYSICIAN**

- Put your patient's mind at ease
- Explain the diagnosis
- Describe the procedure
- Potential benefits of laparoscopic colectomy
- Address possible complications
- Discuss quality-of-life implications
- Prepare your patient for surgery and recovery
- Refer your patient to a qualified surgeon

For the **PATIENT**

- Feel good about your decision
- Understand your surgery
- What surgical approach should you consider
- Know the complications
- Recovery after surgery
- Healthcare costs

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Physician and Patient Conversation Checklist

The checklist provided on the following two pages will help guide your discussion with patients about the risks and the potential health benefits of colectomy surgery.

□ Put your patient's mind at ease

- Reduce your patient's stress, especially if the diagnosis involves cancer
- Dispel myths and discuss the reality of a possible colostomy
- Provide patient education information

□ Explain the diagnosis

- Make sure your patient understands his or her diagnosis and prognosis:
 - ▶ Explain the cause of symptoms and why a colectomy is needed
 - ▶ Review the patient's history of treatment to date
 - ▶ Agree with your patient that all nonsurgical options have been exhausted and that a colectomy is the best treatment moving forward

□ Describe the procedure

- Describe the anatomy involved and explain how the colectomy will affect it
- Describe the surgical approaches — open and laparoscopic (minimally invasive) — and the reasons for your recommended approach

Explain the risks and success rates for each approach and why your patient may or may not be a good candidate for either approach

- ▶ Benign Disease: **Laparoscopic colectomy is the procedure of choice** in benign diseases, including diverticular disease, Crohn's disease and ulcerative colitis¹⁻⁶
- ▶ Malignant Disease: **Laparoscopic colectomy is the procedure of choice** for colon cancer^{3,7-10}
- ▶ Potential contraindications for a laparoscopic colectomy include adhesions from prior abdominal surgery, variations in anatomy or pathology or other underlying medical conditions
- ▶ Obese and elderly patients are acceptable candidates for laparoscopic colectomy, although the rate of conversion to open surgery may be higher than among non-obese patients^{11,12}
- Explain that sometimes minimally invasive procedures have to be converted to open surgery due to these potential contraindications or other factors, such as inability to visualize organs adequately or bleeding problems (conversion rates average around 10%)³

□ Potential benefits of laparoscopic colectomy

- If your patient is a candidate for laparoscopic colectomy, review its potential benefits:
 - ▶ Less bleeding^{4,5,7,13}
 - ▶ Less pain^{6-8,10}
 - ▶ Fewer intraoperative infections¹⁴
 - ▶ Fewer complications^{1,2,4,5,7,9,14-16}
 - ▶ Shorter hospital stay (may reduce length of stay by .4 to 7.1 days)^{1,2,4,7-10,14,16}
 - ▶ Faster recovery⁴⁻¹⁰
 - Return to normal activities may be reduced by a range of 28 to 44 days¹⁷
 - Return to work may be reduced by a range of 5 to 26 days¹⁷



- ▶ Less scarring^{1,10,15}
- ▶ Improved patient satisfaction^{1,6,7,15}
- ▶ Lower healthcare expenditures (savings between \$438 and \$8,286 in hospital costs)^{1,14,16,17}

□ Address possible complications

- Communicate all potential complications during surgery:
 - ▶ Adverse reactions to medications, problems with anesthesia, problems breathing, excessive bleeding, blood clots, inadvertent injury to nearby organs, blood vessels and nerves, infection, even death
- Prioritize complications based on your patient's medical condition
- Outline possible postoperative complications:
 - ▶ Adhesions, anastomotic leak, bowel obstruction, chance of recurrence and need for subsequent surgeries

□ Discuss quality-of-life implications

- Ask about your patient's lifestyle, occupation, normal activities, family, medical coverage and any other nonmedical factors that may influence the decision
- Ask about personal concerns regarding the colectomy procedure: feelings about recovery time, cosmesis, return to work and caring for family and other obligations

□ Prepare your patient for surgery and recovery

- Detail expectations, including:
 - ▶ Surgery duration
 - ▶ Length of hospital stay
 - ▶ Recovery time
 - ▶ Pain
 - ▶ Limitations on activity
 - ▶ Resumption of normal activities, including daily eating habits, bowel habits, work and lifestyle

□ Refer your patient to a qualified surgeon

- Identify surgeons in the area who perform laparoscopic colectomy
- Explain that the surgeon will provide a more in-depth conversation
- Provide instructions for your patient's next steps

*In the case of laparoscopic colectomy, data show a **5.93% complication rate** compared to a **8.56% complication rate** for a traditional “open” colectomy, and there is a lower risk of postoperative infections with a laparoscopic colectomy.¹⁴*

Talk to your patient about options, concerns and expectations. An informed patient is a better patient.

Feel good about your decision

Each year, 60 to 70 million Americans are affected by digestive diseases and about 15 percent of in-patient hospital procedures are attributed to the treatment of those diseases.¹⁸ The best approach is to learn as much as you can and discuss your questions and concerns with your physician. You should feel confident that you and your physician have explored all your options, that you understand everything fully and that together you are making the decision that is best for you.

Understand your surgery

Be sure you understand the nature of your condition and how a colectomy would treat it. A colectomy is the surgical removal of a portion of the large intestine or colon. It is performed to remove diseased or damaged tissue that may be caused by benign diseases such as diverticular disease, ulcerative colitis and Crohn's disease or by colon cancer. After the affected portion of the colon is removed, the two open ends of the intestine are reconnected.

Sometimes a period of healing is needed before the reconnection can take place, and in this case the surgeon will make a new opening (stoma) to the outside of the abdomen. The intestine is then connected to the opening, where a bag is attached to collect body waste. This is called a colostomy. In most cases, a colostomy is only temporary and will be surgically closed after 6 to 8 weeks. Sometimes the two ends may not be able to be put back together, which may necessitate a permanent ostomy.

What surgical approach should you consider

Historically, a colectomy involved an incision up to 12 inches long from the upper to lower abdomen. With this type of open abdominal surgery, the hospital stay is generally 1 week, and recovery time ranges from 6 to 8 weeks.

Today, minimally invasive surgical (laparoscopic) techniques and tools provide an alternative to open

surgery. During a minimally invasive colectomy, the surgeon makes several small abdominal incisions, each from ¼ inch to 4 inches long. A small video camera is placed in one of the incisions, allowing the surgeon to work inside and remove the diseased portions of the colon.

Minimally invasive colon surgery has been shown to be just as effective as open surgery, while also offering other potential benefits:^{1, 2, 4-8, 10, 13-16}

- ▶ Less pain^{6-8, 10}
- ▶ Lower risk of complications^{1, 2, 4, 5, 7, 9, 14-16}
- ▶ Shorter hospital stay^{1, 2, 4, 8, 9, 10, 13, 14}
- ▶ Faster return to normal diet and bowel function^{4, 5, 8, 10}
- ▶ Less scarring^{1, 10, 15}

A more comprehensive list of benefits can be found in the Physician section.

Know the complications

All surgical procedures have risks, but the risk for serious complications depends on the type of surgery, your medical condition and age, as well as the surgeon's and anesthesiologist's experience and skill.

Complications during colon surgery can include:

- ▶ Adverse reactions to medications
- ▶ Problems with anesthesia
- ▶ Breathing problems
- ▶ Excessive bleeding
- ▶ Infection (deep or at skin level)
- ▶ Inadvertent injury to nearby organs such as the spleen, liver, kidneys, stomach, intestines, bladder or reproductive organs
- ▶ Unexpected difficulties resulting in a temporary or permanent colostomy

In the postoperative period, a colectomy carries a risk of bowel blockages, infection, the formation of internal scar tissue (adhesions), anastomotic leak (intestinal contents leaking from the reconnection of the two bowel ends), abdominal wall breakdown and hernias through the incision.

Sometimes a procedure can start out as minimally invasive, but may have to be converted to conventional surgery based on factors such as obesity, a history of prior abdominal surgery causing dense scar tissue, inability to visualize organs, bleeding problems during the operation and other underlying medical conditions. This decision is made by the surgeon and is based on what is best for you.

Recovery after surgery

Your recovery will depend on your medical condition and the type of colectomy you have. Regardless of the type of surgery you have, your physician will want to follow you for several months to ensure that you are free from postoperative complications. In some cases, another operation may be needed to correct a complication or to reclose the colon and stoma. For cancer patients, long-term surveillance will be suggested to guard against recurrence. The vast majority of patients will experience normal healing and a better quality of life that continues to improve with time.

| | Open Abdominal | Minimally Invasive |
|--|----------------|--------------------|
| Days in the hospital ¹⁹ | 8.8 | 5.5 |
| Days on pain medication ¹⁹ | 4 | 3 |
| Incision length ¹⁹ | 7" | 2.5" |
| Return to normal diet (days) ¹⁹ | 6.2 | 3.6 |

Healthcare costs

Various studies have shown that healthcare costs have been found to be lower with laparoscopic colectomy.^{1, 14, 16, 17} The range of hospital cost reduction found in 10 U.S. studies was \$438 to \$8,286 for a laparoscopic colectomy.¹⁷ This decreased cost may have an impact on your payment. Check your benefit plan to understand your deductible and coinsurance rates. Coinsurance is most often calculated using a percentage of the total amount and is separate from the deductible. It is advisable for you to place a call to your insurance company and/or the hospital to confirm the amount you will be required to pay.

When colon surgery is performed laparoscopically, many of the risks of complications have been found to be lower (e.g., excessive bleeding and infection).^{1, 4, 7, 10, 14, 15, 19-21}

Talk to your Physician and Surgeon. Become an active partner to develop the surgical plan that's right for you.

Informational websites:

www.fascrs.org

www.nlm.nih.gov/medlineplus/colonicdiseases.html

www.sages.org

www.smarterpatient.com/colonsurgery



The **AMERICAN SOCIETY** of **COLON** and **RECTAL SURGEONS (ASCRS)**

The **SOCIETY** of **AMERICAN** **GASTROINTESTINAL** **ENDOSCOPIC SURGEONS (SAGES)**

The American Society of Colon and Rectal Surgeons (ASCRS) issued the following regarding laparoscopic colectomy, with a co-endorsement from the Society of American Gastrointestinal Endoscopic Surgeons (SAGES). “Laparoscopic colectomy for curable cancer results in equivalent cancer-related survival compared to open colectomy when performed by experienced surgeons...prerequisite experience should include at least 20 laparoscopic colorectal resections with anastomosis for benign disease or metastatic colon cancer before using the technique to treat curable cancer.”²²

CLINICS in **COLON** & **RECTAL SURGERY**

“Laparoscopic colectomy, in experienced hands, with select patients, is similar to open colectomy in terms of safety as measured by operative and perioperative morbidity and mortality; it has advantages over open colectomy in terms of patient-related benefits, such as amount of pain medication used and length of hospital stay; and based on the equivalent cancer outcomes, it is safe to proceed with laparoscopic colectomy in patients with colon cancer.”²³

COCHRANE DATABASE **SYSTEMATIC** *Review*

“Under traditional perioperative treatment, laparoscopic colonic resections show clinically relevant advantages in selected patients...the laparoscopic approach should be preferred in patients suitable for this approach to colectomy.”⁷



COLECTOMY

Take this page with you to your appointment with the surgeon. This will ensure you receive helpful information to make an informed decision.

Ask your surgeon questions

Never be afraid to ask questions if there is something you don't understand. In addition to the topics covered here, you should know that minimally invasive surgery requires special training and expertise.

You should feel free to ask your surgeon:

- ▶ Have you received advanced training in minimally invasive surgical techniques?
- ▶ How many minimally invasive colectomies have you performed?
- ▶ Who assists you with a minimally invasive colectomy (residents, surgical physician assistants, surgeons)?
- ▶ What have you seen in terms of patient outcomes with this procedure?
- ▶ How long do you expect my hospital stay to be?
- ▶ How long do you expect my recovery to be?

Use the opposite side to write down any additional questions or concerns you want to discuss with your surgeon.

