



**Colon Surgery Is the topic of this review in Surgery**

Patients are referred to me for colon surgery usually because of Diverticular disease or malignant disease of the colon.

Patients with Diverticular disease require surgery due to bleeding, obstruction, perforation or most commonly chronic recurrent disease. Those with malignant disease are referred following colonoscopy usually performed during routine screening or evaluation of bleeding and anemia. Patients are seen and evaluated in the office pre operatively. All patients undergo a simple half day bowel prep and are given prophylactic antibiotics prior to surgery.

During the last several years we have learned to use less invasive techniques for colon resection. The laparoscope is used to view the peritoneal cavity thereby assisting in staging. Laparoscopic instruments are then used to mobilize the colon from its retroperitoneal attachments so as to provide the length necessary to restore continuity of the colon following resection. This allows us to mobilize the hepatic or splenic flexures if needed without extending the incision. Once mobilization of the colon has been accomplished using the laparoscope we make a small incision, usually 6 to 8 cm in length through which the colonic segment requiring resection is delivered and removed. Operating on a patient in which there is no acute inflammation and a good pre operative bowel prep allows us to reestablished continuity by performing an anastomosis of the two ends of the colon.

Patients usually stay in the hospital for 4 to 6 days following the procedure. We usually do not have to use a nasogastric tube unless the patient develops a significant ileus. Pain is well controlled using our PCA (patient controlled anesthesia) pain pump technique through a peripheral I.V. About 1% of patients fail to heal an anastomosis and require reoperation and diversion. Attention to colon blood supply, infection, anastomotic tension and careful technique helps to keep this problem to a minimum. Early ambulation is encouraged.

As always patients with malignant disease no matter the stage are scheduled for a consultation with an oncologist.

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*Topics in General Surgery – Charles Livingston MD FACS*

Colon Surgery today remains a significant operation but recent advances in surgical technique have made the procedure a little easier on our patients.

I hope this has been informative, please don't hesitate to call me with any questions regarding surgical disease and care.

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