

# Colon Resection for Colon Cancer

CR03 Lite - Expires end of January 2026



This fact sheet is for general information about this procedure only. It is not intended to be used as medical advice or to replace advice that your relevant healthcare professional would give you. If you have a particular medical problem, please consult a healthcare professional.

© EIDO Systems International Limited. The operation and treatment information in this document is published under license from EIDO Systems International and is protected by copyright laws. Other than for your personal, non-commercial use, you may not copy, print out, download or otherwise reproduce any of the information.

[eidohealthcare.com](http://eidohealthcare.com)



## What is colon cancer?

Colon cancer is a harmful growth that starts in the wall of your colon (large bowel).

A colon resection involves removing the cancer along with part of your colon either side of it.

## What are the benefits of surgery?

The aim is to remove the cancer along with part of your colon either side of it.

## Are there any alternatives to a colon resection?

Chemotherapy or biological therapy will not lead to you being cured but can shrink the cancer.

It is possible to have procedures to ease any blockage of your bowel without treating the underlying cancer. These include forming a stoma (your bowel opening onto your skin) or inserting a stent (metal mesh tube) across the cancer to hold your colon open.

## What does the operation involve?

The operation is performed under a general anaesthetic and usually takes about 90 minutes.

Your surgeon will remove the cancer along with part of your colon either side of it. Your surgeon will remove lymph nodes (glands) close to where the cancer was to find out if there are any cancer cells in them.

Your surgeon will usually join the ends of your bowel back together inside your abdomen. Sometimes, for safety reasons, they will make a stoma.

## What complications can happen?

### General complications of any operation

- Bleeding during or after the operation
- Infection of the surgical site
- Allergic reaction to the equipment, materials or medication
- Acute kidney injury
- Developing a hernia in the scar
- Blood clot in your leg

- Blood clot in your lung
- Chest infection
- Difficulty passing urine

## Specific complications of this operation

### Keyhole surgery complications

- Damage to structures such as your bowel, bladder or blood vessels
- Developing a hernia near one of the cuts used to insert the ports
- Surgical emphysema
- Gas embolism

### Colon resection complications

- Anastomotic leak
- Continued bowel paralysis
- Damage to other structures inside your abdomen
- Tissues can join together in an abnormal way
- Compartment syndrome causing pain and damage to your legs
- Death

## Consequences of this procedure

- Pain
- Unsightly scarring of your skin

## How soon will I recover?

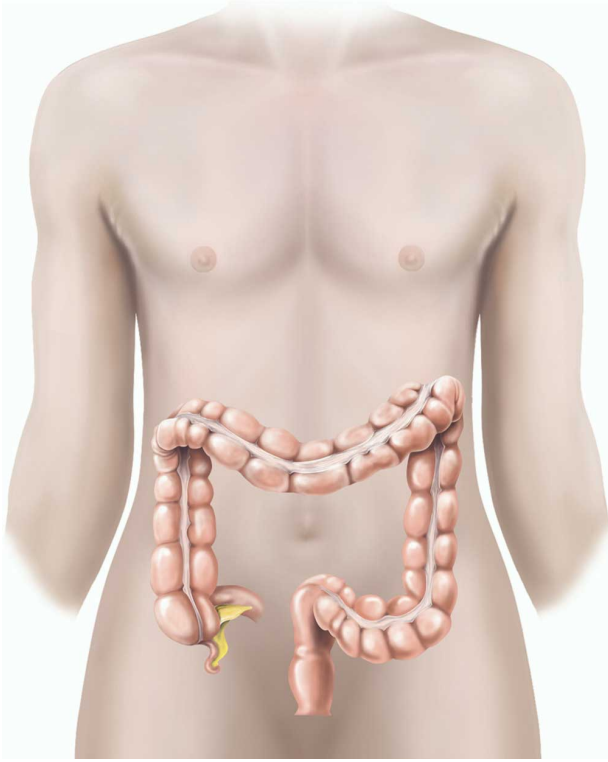
Getting out of bed and walking is an important part of your recovery. You may also be given breathing or other exercises to do.

If you have a temporary or permanent stoma, you will need to learn how to change the bag and care for your stoma.

You should be able to go home after 2 to 7 days.

It may take up to 3 months for you to recover fully.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.



Your doctor can mark where the cancer is  
The tissue and lymph nodes that your surgeon removed will usually be examined under a microscope. If cancer cells were found in some of your lymph nodes which were removed, you may need more treatment (chemotherapy).

### **Illustrator**

Medical Illustration Copyright ©  
Medical-Artist.com

## **Summary**

Removing the cancer by surgery gives you the best chance of being free of colon cancer.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

## **Acknowledgements**

### **Reviewers**

Anna Wilkes (B. Pharm, MB.BS (Hons), FRACS)

Catherine Boereboom (FRCS, PhD)