Dr Matley & Partners: Patient Information

BRIEF DESCRIPTION
A bowel fistula is an abnormal communication between the small or large bowel or both and the skin. Its causes are multiple and your surgeon will discuss this with you. The principle of the operation is to remove the fistula and a segment of bowel and anastomose (join) the ends of the bowel together. Occasionally it may be necessary to carry out a temporary stoma (bag) which is closed at a second operation. These operations are invariably more complex than one expects.

WHY IS THIS OPERATION NECESSARY?
Fistulae do close spontaneously and surgery is used as a last resort.

ARE THERE ALTERNATIVE TREATMENTS AVAILABLE?
By the time a decision is made to operate all alternative have been unsuccessful.

IS IT SAFE TO HAVE THIS OPERATION?
Before you agree to the operation, you should consider the risks that may be involved. Your surgery will be performed by a team of highly qualified and skilled professionals who will take all steps necessary to ensure a safe procedure and a successful result. However there are risks involved with all surgery even if these risks may be small.

WHAT ARE THE GENERAL RISKS INVOLVED?
There are risks for developing complications which are general and which may occur with any surgical procedure. These complications include the risk of infection, bleeding, pain, wound breakdown, deep vein thrombosis, or complications affecting the heart, lungs or kidneys.

WHAT ARE THE SPECIFIC RISKS INVOLVED?
The main surgical complication is an anastomotic (suture site) leak. This occurs in less than 5% of patients. This can be life threatening and may require urgent repeat surgery. Other risks include bowel or splenic injury, bleeding, pancreatitis, delayed return of bowel function, wound infection, deep vein thrombosis, pulmonary emboli, atelectasis, pneumonia. Late complications may occur such as a suture granuloma or a hernia at the site of the wound.

WHAT ARE THE ANAESTHETIC RISKS INVOLVED?
You can discuss the type of anaesthetic you will have with your anaesthetist and also the possible complications that may occur.

WHAT SHOULD I DO BEFORE THE OPERATION?
You should not eat or drink anything for at least eight hours before your operation. However, you should take all your regular medication as usual on the day. Your surgeon may want you to stop certain medication such as disprin, warfarin, or other blood thinning medicines (including homeopathic) before the operation.

WHAT HAPPENS BEFORE THE OPERATION?
Please report to the hospital reception on time for your admission. Please bring along all the documents that may be required such as your medical aid card, ID and contact details. If you are not a member of a medical aid you will be required to pay a deposit or to sign an indemnity form. As far as possible we will try to advise you about
HOW LONG WILL I STAY IN THE HOSPITAL?
Usually 7 – 10 days

WHAT HAPPENS WHEN I AM DISCHARGED FROM THE WARD?
Your surgeon will determine when you are ready to go home. You will be given some medication for pain and possibly injections for deep vein thrombosis prophylaxis.
You will be given instructions on the dressings and how to care for the wound. You will also get an appointment for your follow-up visit in the surgeon’s rooms. You should ask for a sick certificate if you need this for your employer.

WHAT SHOULD I BE AWARE OF WHEN I GET HOME?
You will be able to do your own day to day care ie, having a bath, walking without any aid/support.
Your appetite will be returning but will not be back to normal, you may have intermittent nausea. Eat small, regular light meals. You will have some degree of difficulty in swallowing and this improves with time.
Bowel patterns tend to be irregular and may take a few weeks to return to normal.
Try and mobilise as much as you can, avoid excessive sleeping or sitting and build in regular gentle walks.
An operation of this magnitude is both physically and emotionally stressful. You fell tired and vulnerable and some people report that it takes 3 to 6 months to feel completely back to their normal selves.

HOW SOON CAN I START EXERCISE?
Mild exercise like walking or climbing stairs would be possible on discharge but anything more takes at least four weeks. Discuss this with your surgeon as there is a lot of individual variations.

HOW SOON CAN I DRIVE A CAR?
3 – 4 weeks

HOW LONG WILL I BE OFF WORK?
Usually between 3 – 4 weeks

WHAT ABOUT PAYMENT?
The procedure and its associated costs will have been discussed with you, and a quote provided. Where procedures need to be unexpectedly altered during the course of the procedure, the fee may change. Similarly, emergency procedures may incur an additional cost.
Surgeons are highly trained, highly skilled professionals and throughout your care a member of the practice is available to attend to you 24 hours a day. In return we expect prompt payment of your account.

We do not submit accounts to medical aids.