Abdominoperineal Resection of the Bowel (APR) with End Colostomy

Cancer of the anus or lower rectum may require a surgery called abdominoperineal resection of the bowel (APR). Occasionally this procedure is completed for other indications, such as IBD (inflammatory bowel disease).

This surgery removes the anus and rectum and creates a new way for your body to get rid of stool. The surgery has two parts.

First, the surgeon loosens the colon and rectum in the abdomen. The colon is cut, and the upper part is pulled through an opening on your belly wall. This opening is a colostomy.

Next, the lower end of the colon, including the rectum, anus, and lymph nodes are removed. The anus is closed with stitches.

Getting Ready for Surgery
You will need to drink a bowel prep to clean out your colon before surgery. We will prescribe you medicine. We will give you a handout and review it with you. Be sure to review this before your surgery.

Risks
Your doctor will talk to you about the risks of surgery at your clinic visit. Risks include:

- Bleeding that requires a blood transfusion.
- Bowel obstruction.
- Hernia at the incision site.
- Infections of the wounds (either belly or anal wound).
- Kidney infection.
- Trouble passing urine.
- Long healing time.
- Sexual problems:
  - Problems with erections or ejaculation of semen.
  - Pain with sex.

After Surgery
You will have a colostomy to allow stool to drain. Stool collects in an ostomy pouch attached to the abdomen which is changed when needed.

Your nurse and an ostomy nurse will teach you how to care for your colostomy. You can also choose to have a home health nurse visit you at home. Ostomy care may seem hard to do at first, but it will get easier with time.

Going Home

Discharge
You will be able to go home after 5-7 days in the hospital.

Wound Care

- You can shower 2-3 days after surgery.
- Wash your wounds with the soap provided to you by your surgical team or mild soap and water.
- You may need to wear a bandage on your wound. If you do, we will show you how to change it.
- **Do not** use ointments, powders, or lotions on your wounds unless your doctor tells you to.
- **Do not** soak in a hot tub, bathtub, or swim until your doctor says it is okay.
- **Do not** sit directly on the wound for extended periods of time.

Stoma Care
The place that the bowel comes through your belly wall is called a **stoma**. A healthy stoma is red or pink and shiny, like the inside of your mouth. It is important to keep the skin around the stoma healthy. Avoid having stool sit on the skin. Your nurses will teach you how to care for your stoma and pouch system.

Pain
Expect to have some pain after surgery. We suggest taking acetaminophen (Tylenol®) and ibuprofen on a schedule to keep pain at a lower level throughout the day. Talk to your nurse about the best way to control your pain. Not all pain needs to be treated with medicine. Walking and changing positions can help reduce pain. Other things like relaxation, deep breathing, music, and heat also work well. The goal is to increase your comfort and make it easier to complete daily tasks.

Rectal Healing
Healing of the anal wound may take months. You may have drainage from this wound. You will need to wear a pad to keep the area clean and dry.

Avoid putting pressure on the incision as much as you can for the first 2 weeks. Sitting too long can decrease the blood supply, delay healing or cause the incision to open. Try standing or lying on your side. Limit sitting to 15 minutes. If you start to feel pain while sitting, change your position.

Try to lie as flat as you can when in a recliner. You tend to slide down in the seat when sitting in recliners and this could cause the anal tissue to tear open.

Diet
After surgery you will be on a lower residue diet. Start slowly until you start to pass gas through your stoma. As your bowel heals and you can eat more fiber, the stool from your colostomy will become more formed like a normal bowel movement. Drink plenty of fluids (eight 8-ounce glasses a day) to help your body heal. We will discuss diet with you at the post-op visit.

Bowel Movements
After surgery, stool will start collecting in the pouch. The system is airtight. It will not allow any air, fluid, or smells to leak to the outside. Change the pouches often and clean the skin around the stoma. At home, expect for your bowel movements to be a pudding like consistency.

Preventing Constipation
Even with a stoma, patients may experience constipation. To prevent constipation:

- Drink 8-10, eight-ounce glasses of fluid (without caffeine) each day.
- Exercise helps, even walking.
- Take stool softeners or a laxative like docusate, senna or MiraLAX® if directed by your doctor.

Activity

- You will need to be off work for 6-8 weeks.
- Rest as needed.
- Walk every day.
    - Start slowly, walking once, or twice a day.
    - Increase to 4 times a day.
    - Increase your walking time as you become stronger.
- **No lifting** more than 10 pounds for 4-6 weeks.
- **No** sex until okayed by your doctor.

When to Call

- Shortness of breath or chest pain, **call 911**.
- Pain, tenderness, swelling, or redness in feet, legs, or arms.
- Trouble passing urine.
- Painful bloating or cramping.
- Bulge at wound site.
- Unable to pass gas or stool in a 24-hour period.
- Any ostomy concerns such as color change of your stoma.
- Pain not controlled by pain pills.
- Signs of infection:
    - Increased redness or warmth at the wound.
    - Fever over 100.4° F.
    - Bleeding or pus from wound.

Who to Call

Digestive Health Center
(608) 242-2800 or **(855) 342-9900**.

After hours, weekends or holidays this number will be answered by the paging operator. Leave your name and phone number with area code. The doctor will call you back.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 8/2025 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#6148