

Enhancing the Inferior Complexity of Colectomy in High Incidence Medical Therapies

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DESCRIPTION

The colon, commonly referred to as the big intestine, is removed entirely or partially during a colectomy. Diverticular disease, inflammatory bowel disease (Crohn's disease or ulcerative colitis), big polyps (growths that appear on the lining of the colon), colon or rectal cancer, uncontrollable intestinal bleeding, diverticular illness, and diverticular disease are just a few of the conditions that can be treated with a colectomy. The amount of the colon that must be removed depends on the patients' health condition. A part of the colon and occasionally the rectum are targeted during the treatment. A colectomy is also referred to as a big bowel resection since the rectum and colon are both referred to as the large bowel. An individual person should anticipate having 4 to 6 bowel movements per day following this operation. If any patient has Crohn's disease and it spreads to their rectum, they might require additional surgery and an ileostomy.

Most patients who undergo this operation fully recover. Most of the things they were doing before their surgery they can still continue to do after surgery. This encompasses the majority of sports, excursions, gardening, hiking, and other outdoor pursuits, as well as the majority of jobs. However a colectomy requires several hours of operating time and can take up to six weeks to recuperate from. Additionally, a colon resection alters how food passes through a person's digestive system. The way they use the restroom in the future may change as a result of certain colectomy procedures. However, minimally invasive techniques can be used to do colectomy surgery if the circumstances are right. Laparoscopic or robotic surgery will have a quicker recovery period. Smaller incisions are used during these minimally invasive surgical procedures than during open surgery, which leads to quicker recovery and less pain all around. What kind of surgery a patient receives will depend on their health.

Specialized X-rays, blood tests, and an EKG might be a part of this procedure. During this operation, the colon and rectum will be examined. A flexible, illuminated scope and a tiny video camera are used for it. The surgeon will make a lengthy cut

(incision) on the stomach to perform an open colectomy. He or she will create a number of tiny incisions for a laparoscopic-assisted colectomy. The operation includes certain possible hazards because a colectomy is major surgery and the patient is put under general anesthesia. Make sure that every individual have gone through these safety concerns with the medical staff. While under anesthesia, the patient could have a negative reaction to the anesthetic drugs or start having respiratory issues. Affected organs may need to be repaired or undergo extra surgery if they are damaged during surgery. A blood transfusion or another surgery may be necessary to halt bleeding during or after surgery. After surgery, the intestine may take longer than anticipated to begin functioning normally (this condition is known as an ileus and can result in nausea or vomiting), therefore the doctor could postpone allowing the patient to eat solid foods. This frequently necessitates additional hospital days until the ileus resolves. The healing period and amount of pain following a laparoscopic colectomy may be shortened.

Additionally, procedure can start off as a laparoscopic colectomy but end up needing to be converted to an open colectomy due to external factors. The surgeon will reconnect digestive system so that the body can eliminate waste after the colon has been fixed or removed. Doctors may advise a low residue diet, which is a low fiber diet, during the first six weeks following surgery in order to decrease the quantity and frequency of stools and to lengthen the time needed to digest the food itself. Depending on how much of the colon is removed, a colectomy has different long-term implications. Patients may not experience much of a change in their bowel function or frequency of bowel movements after a portion of the colon is removed. The patient will be able to resume normal activities with a good quality of life even in circumstances where the entire colon needs to be removed, as is frequently the case with ulcerative colitis. It takes roughly two to three weeks to return to all regular activities. In the United States, more than 300,000 colectomies are carried out annually. After surgery, some level of pain is to be expected, but they must not experience pain. On a scale from 1 to 10, 1-2 represents an acceptable amount of pain. After surgery, excessive discomfort should be avoided because it might lead to several consequences.

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