



Preparing for elective colorectal surgery

colorectal surgery

Why is this important?

In Australia, the majority of patients who are about to undergo elective colorectal surgery are first treated to cleanse their bowels.[1] For about 100 years, this has been considered essential in minimising the chance of postoperative complications.[2] However, there is no evidence that routine bowel preparation improves patient outcomes.[1] It may even lead to an increased rate of wound infection.[3]

Best available evidence

A recent review compared bowel preparation with no preparation in 1159 patients undergoing elective colorectal surgery.[2] The results did not show that bowel preparation reduced the rate of postoperative complications. It is therefore worth questioning its routine use. The National Health and Medical Research Council guidelines published in 1999 noted that there is no evidence of a benefit from routine bowel preparation.[1]

Current practice

According to the National Colorectal Cancer Care Survey (2000), current practice is not in line with the NHMRC guidelines.[4] This survey reported that 93 per cent of patients having elective colorectal surgery received some form of bowel preparation.

Implications

Not using bowel preparation would avoid the potential complications associated with this procedure, including:

- nausea, bloating and cramps;
- electrolyte disturbance; and
- fluid overload.[2]

It could also mean a shorter hospital stay for the patient, saving valuable health dollars.

Nine out of ten patients having elective colorectal surgery receive some form of bowel preparation, yet there is no evidence it improves patient outcomes.

References

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- 3 Platell C, Hall J (1998) What is the role of mechanical bowel preparation in patients undergoing colorectal surgery? *Dis Colon Rectum* 41: 875–882
- 4 Clinical Governance Unit (2000) The national colorectal cancer care survey. Australian clinical practice in 2000. National Cancer Control Initiative, Melbourne