

## Effects of colon and rectal surgery on individuals.

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### Abstract

Although colorectal surgery has long been established as a mainstay of colon cancer treatment, certain issues regarding technical fine-tuning to improve postoperative recurrence-free survival have continued to be debated in recent years. These include complete middle colectomy, therapeutic strategies for metastatic disease, the importance of hyperthermic intraperitoneal chemotherapy and surgical techniques for treating recurrent colorectal cancer. The most important complications of colorectal surgery are not only for specialists, but also for general surgeons and gastroenterologists. We also attempted to demonstrate strategies for minimizing intraoperative and postoperative complications.

**Keywords:** Colon and rectal surgery, Close rectal dissection, Irritable bowel syndrome, Haemorrhoids, Cancer.

### Introduction

Colon and rectal surgery is a branch of general surgery that evolved from proctology. Clinical treatments have shown a reduction in the number of patients requiring a colostomy, improved quality of life for patients with benign anorectal disease and improved outcomes for patients with primary and recurrent colorectal cancer [1]. Fundamental research arose from clinical questions such as the molecular biology of colorectal cancer, the use of cyclooxygenase inhibitors and polyp regression and novel cytokine antagonists in inflammatory bowel disease. Medical students will be exposed to surgeons with expertise in anorectal anatomy and physiology, mechanisms of carcinogenesis, the importance of screening to detect colorectal cancer, and advanced treatments for inflammatory bowel disease. Surgery residents benefit from having colorectal surgeons on the faculty with repeated experience in anorectal surgery, lower pelvic anastomosis, stoma creation and closure and small bowel surgery. Leading colon surgeons develop important tools for the health care of patients with bowel disease. The colorectal surgery specialization continues to have a positive impact on academic medicine by bringing expertise to the training of students and residents and producing sophisticated clinical and basic research that leads to improved patient care [2].

Many diseases, such as colon cancer, ulcerative colitis, mechanical bowel obstruction and recurrent diverticulitis, require colorectal surgery and often extensive reconstruction of the gastrointestinal tract. Injuries, ischemia, rectal prolapse and anal disorders may require resection of the colon or small bowel. The possible risks of colorectal surgery are primarily those of major abdominal surgery, usually occurring while the patient is still hospitalized. The many indications and

varying degrees of colorectal or small bowel resection result in different frequency and extent of complications [3].

Aggressive surgical strategies aimed at complete malignancy elimination are associated with improved disease-free and overall survival in most cases of primary and secondary CRC. Radical surgery must be weighed against its impact on quality of life. A multidisciplinary therapeutic approach is often recommended to achieve a curative status in combination with a high quality of life. In oncology, new technology developments, including minimally invasive surgery, are proving their worth with the aim of improving patient comfort and quality of life [4].

The use of validated and reliable health tools in colorectal surgery aims to measure efficacy in a reproducible and valid manner. Curative or palliative treatment should be offered to patients with colorectal disease after assessment by HR-QOL tools. Because the functional limitations that can occur after various surgeries vary widely, surgery-specific assessment of HR-QOL for all types of surgery becomes an essential principle for a successful healthcare system. Programs to improve postoperative recovery are safe and effective, and are warranted to increase the implementation of perioperative care in colorectal surgery. Future studies could explore the benefits of improved recovery after surgical programs in elderly patients and other gastrointestinal surgeries [5].

### Conclusion

Patient-reported outcome measures are commonly used in colorectal studies. There were various countermeasures, many of which were used only once. Although the most commonly used measurements are generally of high quality, most lack details on how to address missing data and literacy

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information. Most authors recommend that colorectal surgery without preoperative MBP is safe but may be beneficial in some circumstances. The past decade has seen tremendous progress in therapeutic strategies and technological inventions. This is mainly due to the now widely accepted laparoscopic approach. Surgeon training, hospital numbers, and learning curves are becoming increasingly important for maximizing patient safety, assessing surgeon expertise, and calculating cost effectiveness.

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