

**This factsheet is about having robotic-assisted surgery to treat bowel cancer. It explains:**

- **what robotic-assisted surgery is**
- **how you can prepare for a hospital stay**
- **what to expect after the operation**

## Types of surgery

The type of surgery you have will depend on lots of factors, including where your cancer is and whether it has spread to other parts of the body. Your healthcare team will discuss with you the different surgery options available, and which is the most suitable for you.

It's important that you understand all the information, are fully aware of any potential benefits and risks, and that you're happy that this is the right treatment for you.

## There are three ways you can have surgery:

- **Open surgery** – the surgeon makes one opening in the stomach area (abdomen) to remove the cancer.
- **Keyhole surgery** – the surgeon makes a few small openings in the stomach area to remove the cancer. The surgeon passes special instruments and a thin tube with a light and camera on the end (called a laparoscope) through the small openings to remove the tumour. This is sometimes called laparoscopic surgery.

- **Robotic-assisted surgery** – the surgeon makes a few small openings in the stomach area and uses a surgical robotic system to help with keyhole surgery.

Sometimes during keyhole or robotic assisted surgery, the surgeon may need to switch to open surgery during the operation or make a larger opening. Your surgeon will discuss this with you before your operation.

## What is robotic-assisted surgery?

Robotic-assisted surgery is when the surgeon uses a surgical robotic system to operate on the cancer. The surgeon makes a few small openings in the stomach area (abdomen) and passes instruments through them to remove the tumour.

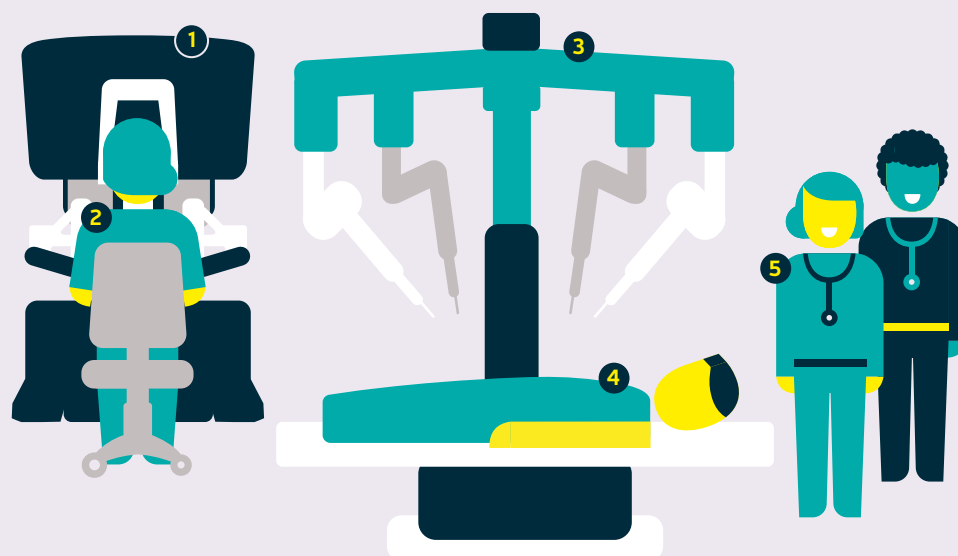
It is important to understand that the robotic system doesn't perform your procedure. Your surgeon will be carrying out the operation alongside their team and will be in control of your operation the whole time.

The robotic system has four arms that hold a camera and the surgical tools. A surgeon controls the robotic system from the surgeon console, which is in the operating theatre next to the patient. Their team helps with the operation.

# About robotic-assisted surgery

## Key

- 1 Surgeon console
- 2 Surgeon
- 3 Robotic system
- 4 Patient
- 5 Surgical team



The camera and instruments are inserted into the small openings in your tummy area (abdomen). The movements that your surgeon's hands make on the console directly results in the accurate movement of the camera and robotic instruments to remove the tumour.

The camera that the surgeon controls allows them to see the area inside the body in 3D.

## Who can have robotic-assisted surgery?

The type of surgery you have depends on lots of factors including where your cancer is and whether it has spread to other parts of the body. It can also depend on your BMI and whether you've had surgery on your abdomen before. Not everyone can have robotic-assisted surgery. Your healthcare team will discuss with you which surgery is best for you.

Robotic-assisted surgery isn't available in all hospitals in the UK yet but it's becoming more common.

## Why have robotic-assisted surgery?

You may be offered robotic-assisted surgery if you're receiving treatment at a hospital where it's available, and if your surgeon thinks it's the best option for you.

Some evidence shows that it has similar benefits and risks to keyhole surgery (laparoscopic surgery). This could mean a shorter stay in hospital and a faster recovery time compared to open surgery, but doctors are still studying the long-term outcomes.

Research is ongoing to fully understand the benefits of robotic-assisted surgery compared to open and keyhole surgery.

Your healthcare team will offer the best and safest option for you. Speak to your healthcare team if you have any questions about your surgery.

# About robotic-assisted surgery

## Preparing for your surgery

The hospital will arrange an appointment before your operation, called a pre-operative assessment clinic. This appointment may be in person, online or by telephone.

A healthcare professional will ask you about your general health to make sure you're fit and ready for surgery. They will also ask for details of any other medical conditions you have and medicines you're taking.

You may also see an anaesthetist to talk about what type of anaesthetic you will have. Having a general anaesthetic means you will be asleep and unable to feel anything during the operation. An anaesthetist is a doctor who gives anaesthesia. Anaesthesia prevents pain during and after surgery. They will stay with you during the operation to check your condition and keep you safe.

If there's a chance you may need a stoma, you will meet your stoma care nurse specialist before your operation to discuss and plan this. A stoma is where a section of bowel is brought out through an opening on your abdomen. Poo (waste) is collected in a bag attached to the skin around your stoma.

## Going into hospital

Your healthcare team will tell you when you should stop eating and drinking and whether you need to follow a special diet. This could mean eating low-fibre foods or only drinking clear fluids. This is usually a few hours before your operation.

Before your operation, your nurse may give you:

- a carbohydrate drink the night before and on the morning of your operation to help your bowel to start working more quickly after the operation
- a laxative and/or an enema to clean out the bowel properly
- antibiotics to help prevent infection

## After surgery

After your operation, you will spend a few hours in a recovery room before you move into a ward. You may spend a day or two in a high dependency unit or critical care unit if you need more support after your operation.

Your nurse or doctor will give you medicines to relieve pain. If you have a stoma, the stoma care nurse will visit you on the ward. They will show you how to look after your stoma and give you advice on what food to eat.

Your doctor or nurse will tell you when you can expect to go home. This is usually when:

- you're eating and drinking
- you can walk around the ward and you're able to go up and down stairs without help (if you need to do this at home)
- your wound is healing well and there's no sign of infection
- your bowels are working
- you're able to look after your stoma if you have one

# About robotic-assisted surgery

## Your emotions

It can be a challenging time to be told that you have cancer and need to have an operation. The physical effects of surgery and the emotional effects of a cancer diagnosis can make you feel low and tired at times. When you get home from hospital, you have more time and space to think about everything that has happened.

Talking to people you are close to about how you're feeling can help. Speak to your specialist nurse if things don't improve.

## Possible risks and side effects of surgery

All treatments come with some risks and side effects. The possible risks of surgery depend on where the cancer is and the type of operation you have. Not everyone will have the same side effects.

Your healthcare team should give you written information about the possible side effects of your treatment.

You can find out more about the side effects and ways to manage them on our website at **[bowelcanceruk.org.uk](http://bowelcanceruk.org.uk)**

## Follow up

You will have regular follow up appointments with your surgeon or specialist nurse after your operation. These may be over the phone or at the hospital.

You can use these appointments to talk about how you're recovering from treatment and to ask for any support you need.

For further support and information about robotic-assisted surgery, visit **[bowelcanceruk.org.uk](http://bowelcanceruk.org.uk)**

## More support



### Online communities

Our online communities are a welcoming place for everyone affected by bowel cancer to ask questions, read about people's experiences and support each other. Join us at [bowelcanceruk.org.uk/online-communities](https://bowelcanceruk.org.uk/online-communities)



### Publications

We produce a range of expert information to support anyone affected by bowel cancer. Order or download our free publications at [bowelcanceruk.org.uk/ourpublications](https://bowelcanceruk.org.uk/ourpublications)



### Website

Visit our website for a range of information about bowel cancer, including symptoms, risk factors, screening, diagnosis, treatment and living with and beyond the disease. Visit [bowelcanceruk.org.uk](https://bowelcanceruk.org.uk)



### Ask the nurse

If you have any questions about bowel cancer, contact our nurses at [bowelcanceruk.org.uk/nurse](https://bowelcanceruk.org.uk/nurse)



### Support groups

Connect with others affected by bowel cancer at a local peer support group near you. Visit [bowelcanceruk.org.uk/local-support-groups](https://bowelcanceruk.org.uk/local-support-groups)

## Other useful organisations

### Bladder & Bowel Community

**W** [bladderandbowel.org](https://bladderandbowel.org)

Provides support and products for people with bladder and bowel control problems.

### Colostomy UK

**W** [colostomyuk.org](https://colostomyuk.org)

**T** 0800 328 4257

Provides support, reassurance and practical information to anyone who has or is about to have a stoma.

### Disability Rights UK

**W** [disabilityrightsuk.org](https://disabilityrightsuk.org)

Buy a Radar Key to open public toilets and access regional lists of toilet locations, plus find further information.

### Macmillan Cancer Support

**W** [macmillan.org.uk](https://macmillan.org.uk)

**T** 0808 808 0000

Provides support and information on cancer, money, benefits and work.

**To donate or find out more visit**  
**[bowelcanceruk.org.uk](https://bowelcanceruk.org.uk)**



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Please contact us if you have any comments about the information in this factsheet:  
[feedback@bowelcanceruk.org.uk](mailto:feedback@bowelcanceruk.org.uk)

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