NHS
University Hospitals Sussex
NHS Foundation Trust

Rectal stump after colectomy

General surgery

Patient information

What is this information about?

This leaflet provides information about the rectal stump, which may remain after surgery to remove the colon (large bowel).

It explains:

- What a rectal stump is
- Why symptoms can still occur
- Possible complications
- The risk of cancer
- Monitoring and follow-up
- Treatment options.

Why have I been given this information?

You have been given this leaflet because you have had surgery to remove your colon, but your rectum has been left in place.

It is important to understand how the remaining rectum may affect you and why ongoing monitoring may be recommended.

What is a rectal stump?

After surgery for conditions such as ulcerative colitis, the colon (large bowel) may be removed while the rectum is left in place.

The remaining section of rectum is known as the rectal stump.

Although stool no longer passes through the rectal stump, it remains living tissue and can continue to produce mucus and develop changes over time.

Can I still feel the urge to open my bowels?

Yes.

It is common for people with a rectal stump to continue experiencing the sensation of needing to open their bowels.

This can happen for several reasons:

Mucus production

The lining of the rectal stump continues to produce mucus.

This mucus can collect in the rectum and create a feeling of fullness or urgency.

Normal nerve signals

The nerves that normally detect rectal fullness remain intact and can continue sending signals to the brain, even though stool is no longer passing through the rectum.

Inflammation

Inflammation of the rectal stump (sometimes called diversion proctitis) can cause:

- Urgency
- Pressure
- Discomfort
- A feeling of needing to empty the bowels.

Phantom sensations

Some people experience a sensation similar to a 'phantom' urge, similar to the phantom sensations experienced after limb amputation.

The frequency and severity of these symptoms vary from person to person.

Why can problems occur in the rectal stump?

Although the colon has been removed, the rectal stump can still develop problems, including:

- Inflammation
- Mucus production or discharge
- Narrowing of the rectum (stricture)
- Pre-cancerous changes
- Cancer (rarely).

What is a stricture?

A stricture is a narrowing of the rectum.

This can occur because of:

- Scar tissue
- Previous inflammation
- Healing after surgery.

Strictures are relatively common after colorectal surgery and are usually **benign (non-cancerous).**

However, severe narrowing can sometimes make examination of the rectum more difficult.

Is there a risk of cancer?

Yes, but the risk is low.

Over time, there is a small risk that cancer can develop in the rectal stump.

Studies suggest that the lifetime risk is approximately **1–3%.**

Because of this risk, regular monitoring is recommended even if you feel well and have no symptoms.

How is the rectal stump monitored?

Your healthcare team may recommend regular surveillance to look for signs of inflammation, narrowing, or abnormal changes.

Monitoring may include:

Endoscopy

A small camera is used to examine the inside of the rectum.

MRI scans

If the rectum is too narrow for a camera examination, an MRI scan may be used instead.

These tests help detect problems at an early stage when treatment is most effective.

What symptoms should I report?

Please contact your healthcare team if you develop:

- Bleeding from the rectum
- Increased mucus or discharge
- New or worsening pain
- Persistent discomfort
- Changes in your usual symptoms.

Any new or concerning symptoms should be reported promptly.

What are my treatment options?

Ongoing monitoring

Many patients choose regular follow-up and surveillance.

This may include:

- Clinic appointments
- Endoscopy
- MRI scans.

This approach is often suitable if symptoms are mild and the rectal stump remains stable.

Surgery to remove the rectal stump

An operation called a completion proctectomy removes the remaining rectum.

Potential benefits include:

- Removing the future risk of rectal cancer
- Eliminating problems associated with the rectal stump.

However, this is a major operation and carries its own risks and recovery considerations.

Your healthcare team will discuss whether this option is appropriate for you.

How is the decision made?

There is no single treatment approach that is right for everyone.

When considering your options, your healthcare team will discuss:

- Your symptoms
- Your overall health
- The condition of the rectal stump
- Your individual cancer risk
- Your preferences and goals.

Together, you will make a decision that is right for you.

Key points to remember

- It is common to continue feeling the urge to open your bowels after colectomy if a rectal stump remains.
- Narrowing (stricture) of the rectal stump is common and is usually not cancerous.
- There is a small long-term risk of cancer developing in the rectal stump.
- Regular monitoring is important, even if you feel well.
- Surgery to remove the rectal stump is an option but is not always necessary.

Who should I contact if I have concerns?

If you develop new symptoms or have concerns about your rectal stump, please contact your consultant, specialist nurse, or clinical team for advice.

01273 696955 Ext. 64215

Monday to Friday non urgent with answer machine.

uhsussex.stomacaredepartment@nhs.net

Today's research is tomorrow's treatments.
That's why UHSx is proud to be a research-active Trust.

Find out how you can get involved. Visit our website **www.uhsussex.nhs.uk/research-and-innovation/information-for-patients-and-public** or scan the QR code

Ref. number: 2739
Publication date: 07/2026
Review date: 07/2029

CPIG
carer and patient information group approved