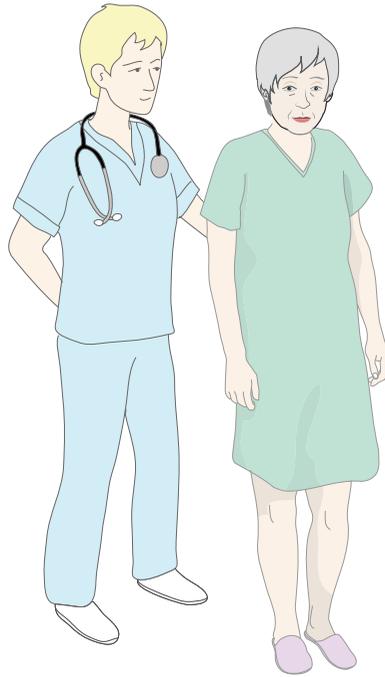
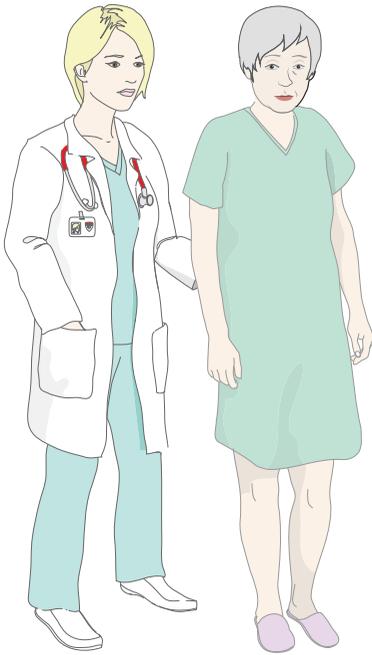


# A Guide to Bowel Surgery



If you would like to know more about bowel surgery, the following links might be useful:

<http://www.fascrs.org>

<http://www.SurgeryGroupofLA.com>



### **Important: Please Read**

Information provided by this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional healthcare practitioner, or to substitute medical care. Contact a qualified healthcare practitioner if you have any questions concerning your care.

# Table of Contents

Introduction	
What is a care pathway?	4
What is the bowel?	5
What is a bowel surgery?	6
What is an ostomy?	7
Before your surgery	
Preparing for surgery	8
Pre-operative visit	10
Phone call from Admitting	11
Cancelling	12
Washing	13
Bowel Prep	14
Eating and drinking	14
Things to bring to the hospital	16
Day of surgery	
At the hospital	17
After your surgery	
In the PACU	19
Pain control	21
Exercises	22
In your room: Evening of surgery	24
Goals for Day 1	25
Goals for Day 2	26
Goals for Day 3: Going home	27
At home	
Pain	28
Incision	29
Diet	30
Activity	31
When to call your doctor	32
Resources	
Pain diary	33
Suggestions to help you stop smoking	34

# What is a care pathway?

When you are admitted to the hospital for bowel surgery, you will be part of a fast recovery program called a Clinical Care Pathway. The goal of this program is to help you recover quickly and safely. Your health care team worked together to create this pathway.

This booklet will:

- Help you understand and prepare for your surgery
- Explain how you can play an active part in your recovery
- Give you daily goals to achieve

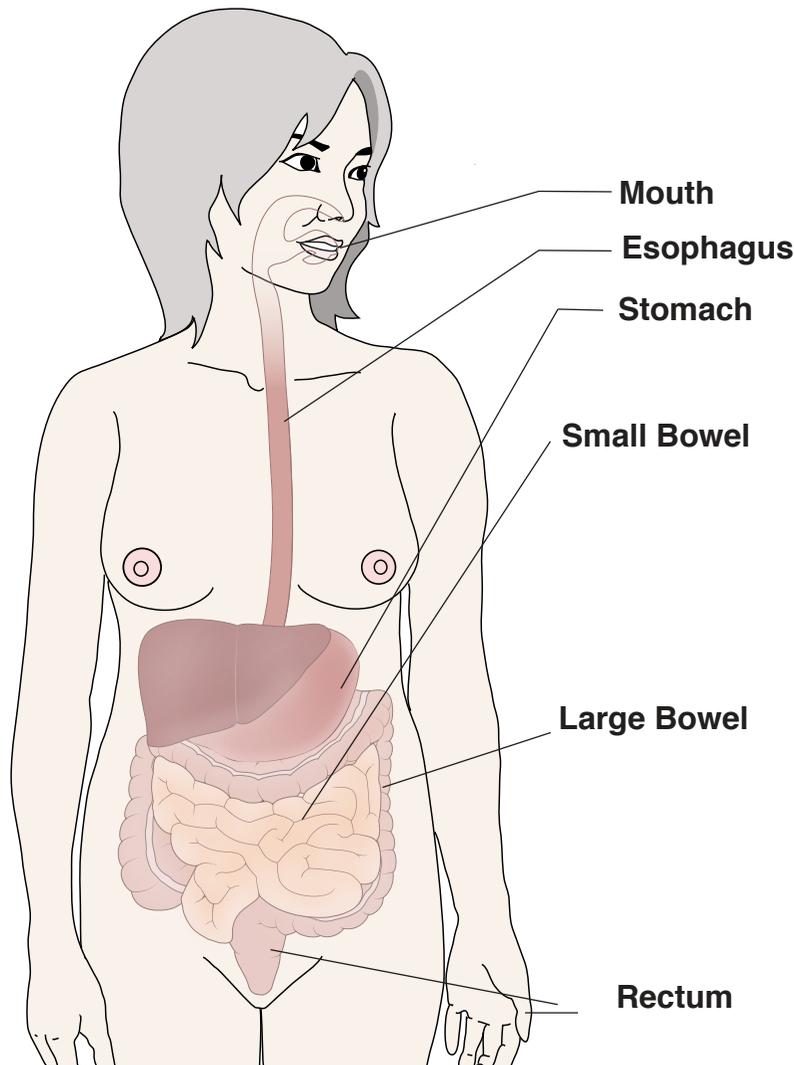
Research shows that you will recover faster if you do the things explained in this booklet. There are instructions about eating and drinking, physical activity, and controlling your pain. These things will help you to feel better faster and go home sooner.

Please bring this booklet with you on the day of surgery. Use it as a guide during your hospital stay. Hospital staff may refer to it as you recover, and review it with you when you go home.

Having surgery can be stressful for patients and their families. The good news is that you are not alone. We will support you each step of the way. Please ask us if you have questions about your care.

# What is the Bowel?

When you eat, food passes from your mouth, through your esophagus, into your stomach. From there, it passes into the small bowel. This is where nutrients are absorbed. What is left of the food goes to the large bowel, which is about 6 feet long. This is where fluid is absorbed from the food. The stool (waste that is left over) is stored in the rectum, until it is passed out of the body through the anus.



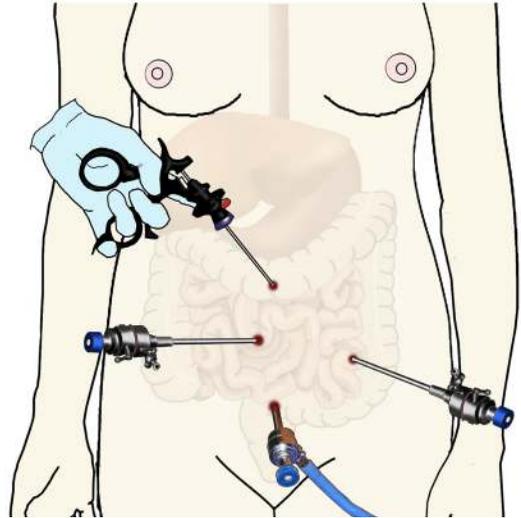
# What is bowel surgery?

Bowel surgery, also called colorectal surgery, is removal of a diseased part of the bowel.

The surgery may be done 2 ways. Your surgeon will talk with you about the kind of surgery you need.

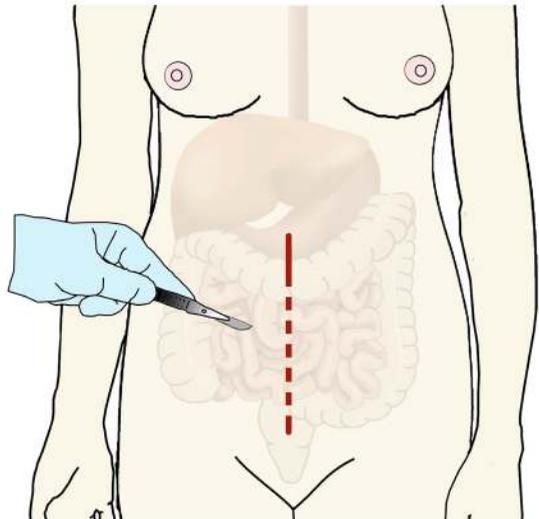
## 1. Laparoscopic/Robotic

The surgeon works through 4 to 6 small cuts in your belly, using a camera and instruments. One of the cuts is used to remove the diseased part of the bowel.



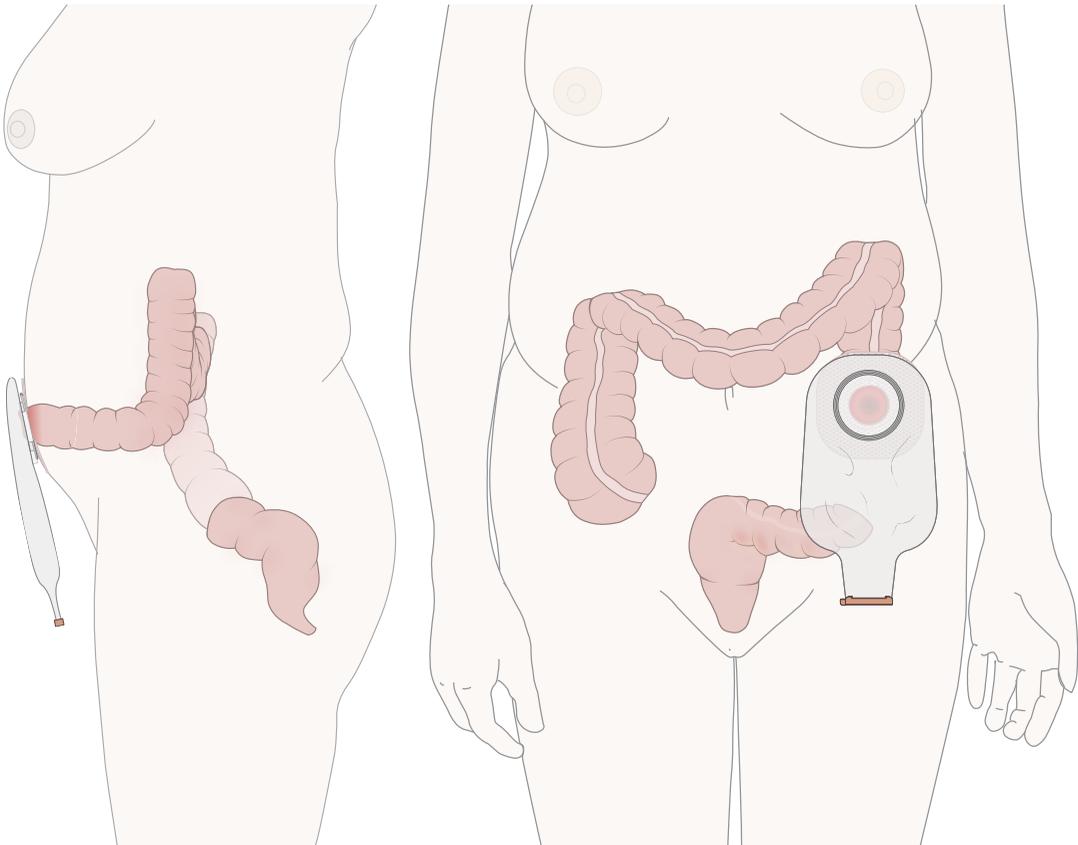
## 2. Open

The surgeon works through a 10-20 cm cut in your belly to remove the diseased part of the bowel.



# What is an ostomy?

Some people, but not everyone, need an ostomy as part of their bowel surgery. An ostomy is an opening in your belly where stool and waste pass out into a bag. It may be temporary or permanent. If you need an ostomy, your surgeon will talk with you about it before your surgery. You will also meet with an Enterostomal Therapy (ET) Nurse who will help you learn how to take care of your ostomy.



# Preparing for surgery

## Be active:

Exercise will help your body to be as fit as possible and keep your weight under control. If you are already active, keep up the good work. If you are not, start adding activity into your day. Exercise does not need to be strenuous to make a difference. A 15-minute walk is better than no exercise at all.



## Stop smoking:

If you smoke, try to stop before your surgery to reduce your risk for lung problems. Your doctor can help you stop smoking by prescribing medication. See page 34 to learn more.



## Restrict alcohol:

Do not drink alcohol for 24 hours before your surgery. Alcohol can interact with the medicine you will receive in the hospital. Please tell us if you need help decreasing your alcohol use before surgery.

# Preparing for surgery

## Plan ahead

You may need help with meals, laundry, bathing or cleaning, when you go home from the hospital. Stock your fridge and freezer with food that is easy to reheat. Make plans with your family and friends so you will have the help you need.



## Arrange transportation:

The day of surgery is called Day 0. You may go home from the hospital on Day 3 after your surgery. Tell your nurse if you have concerns about going home. Remember to arrange a ride.



# Pre-operative visit

When you visit the Pre-op Clinic, you will:

- Have blood tests
- Have an ECG (electrocardiogram), if you are over the age of 50
- Meet with a nurse who will explain how to get ready for surgery and what to expect while you are in the hospital
- Meet with a doctor who will review your medication and ask you questions about your health. If you have medical problems, you may be referred to another doctor (a specialist) before surgery.

You may need to stop taking some medicines and herbal products before surgery. The Pre-op Clinic doctor will explain which medicines you should stop and which ones you should keep taking.



# Phone call from Admitting

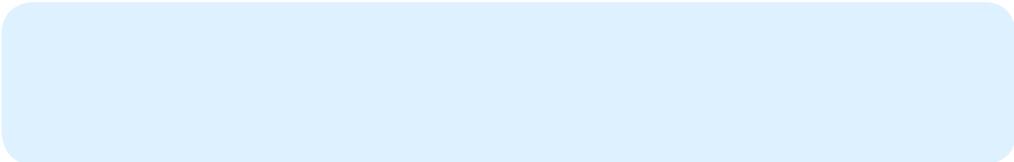
The day before your surgery, the Admitting Department will phone you, to tell you when to come to the hospital. They will ask you to arrive 2 to 3 hours before your planned surgery time. The time of surgery is not exact. It may happen earlier or later than planned.



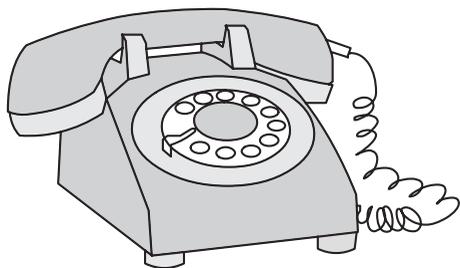
Date of surgery: .....



Time of arrival at the hospital: .....



# Cancelling



**(310)289-1518**

# Washing

The night before surgery:

- Take a shower or bath using one of the sponges you were given
- Wash your body from the neck down, including your belly button
- Use regular soap and shampoo for your face and hair
- Wear clean clothes to bed



The morning of surgery:

- Take a shower or bath using the second sponge
- Put on clean clothes
- Do not wear lotion, perfume, makeup, nail polish, jewelry or piercings
- Do not shave the area where the operation will be done



# Bowel Prep

Some people need to have a bowel prep (laxative) the day before their surgery, some need enemas a few hours before their surgery and some patients need nothing. Your surgeon will decide what you should have. If you need any, the prescription will be given and explained to you by your preoperative nurse.

The nurse in the Pre-op Clinic will explain what to eat and drink before your surgery to give you the energy and nutrients you need to recover quickly.

## The day before surgery:

### If you are taking a bowel prep...

- Drink clear liquids all day (clear juice, clear broth, soft drinks, jello, coffee/tea with no milk)
- Do not have any food, dairy products, or juice with pulp
- Take your bowel prep as instructed
- Drink a carbohydrate drink (clear juice) during the evening

### If you are not taking a bowel prep...

- Eat and drink normally until midnight
- Drink a carbohydrate drink (clear juice) during the evening
- After midnight, do not have any food, dairy products, or juice with pulp

### Carbohydrate drinks: Choose only 1.

Apple juice 850 ml	Orange juice without pulp 1000 ml	Commercial iced tea 1100 ml	Cranberry cocktail 650 ml	Lemonade without pulp 1000 ml
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# Eating and drinking

## The morning of surgery:

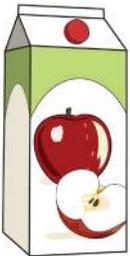
- Do not eat any food
- Drink a carbohydrate drink (clear juice), stopping 2 hours before surgery
- Do not have any dairy products or juice with pulp

A small number of people should not drink at all on the day of surgery. Your nurse will tell you if you need to stop drinking at midnight. Most people should drink clear liquids until two hours before surgery.

Stop drinking any fluids starting at your expected time of arrival at the hospital. If your expected time at the hospital is 11AM, stop drinking at 11AM.

Exception: if your expected time of arrival is between 6:00 and 6:30 in the morning you should stop drinking at 5:30 in the morning.

### Carbohydrate drinks: Choose only 1.



Apple juice  
425 ml



Orange juice  
without pulp  
500 ml



Commercial  
iced tea  
550 ml



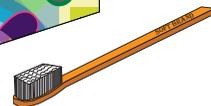
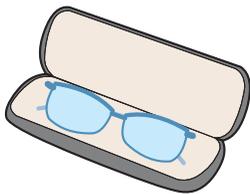
Cranberry  
cocktail  
325 ml



Lemonade  
without pulp  
500 ml

# Things to bring to the hospital

- This booklet.
- Medicare and hospital cards.
- Private insurance information, if you have any.
- Your medications in their original containers
- Two packages of your favourite gum
- Bathrobe, slippers, pajamas, loose comfortable clothing
- Toothbrush, toothpaste, mouthwash, comb, deodorant, soap, shaving supplies, tissues, and perhaps earplugs
- Glasses, contact lenses, hearing aids, dentures, and their storage containers labeled with your name
- Cane, crutches, walker, labeled with your name



Please do not bring anything of value, including credit cards and jewelry. The hospital is not responsible for lost or stolen items.

# At the hospital

## Admitting area:

Report to Surgical Admission at the time you were given. The admitting clerk will ask you to sign an admission form and ask you what kind of room you prefer. It is not always possible to have a private or semi-private room.

## Pre-operative area:

The nurse will ask you to change into a hospital gown and will complete a preoperative checklist with you. You may be asked to put on tight elastic stockings to help your circulation and prevent blood clots from forming. You should wear them until the nurse says you may take them off.



## Operating room:

An orderly will take you to the operating room. You will meet your anesthetist (the doctor who will put you to sleep) and other members of your surgical team. You will be asleep and pain-free during your surgery.

# At the hospital

**Waiting room:** Your family or friends who accompany you to the hospital will be asked to wait for you in a designated waiting room. The surgeon will be able to speak to them following the procedure if they wait in the waiting room or if they leave a phone number with the staff.



# In the PACU

After your surgery, you will wake up in the Post-Anesthesia Care Unit. This is a quiet area where patients are watched closely. You will be there for several hours.

You may have:

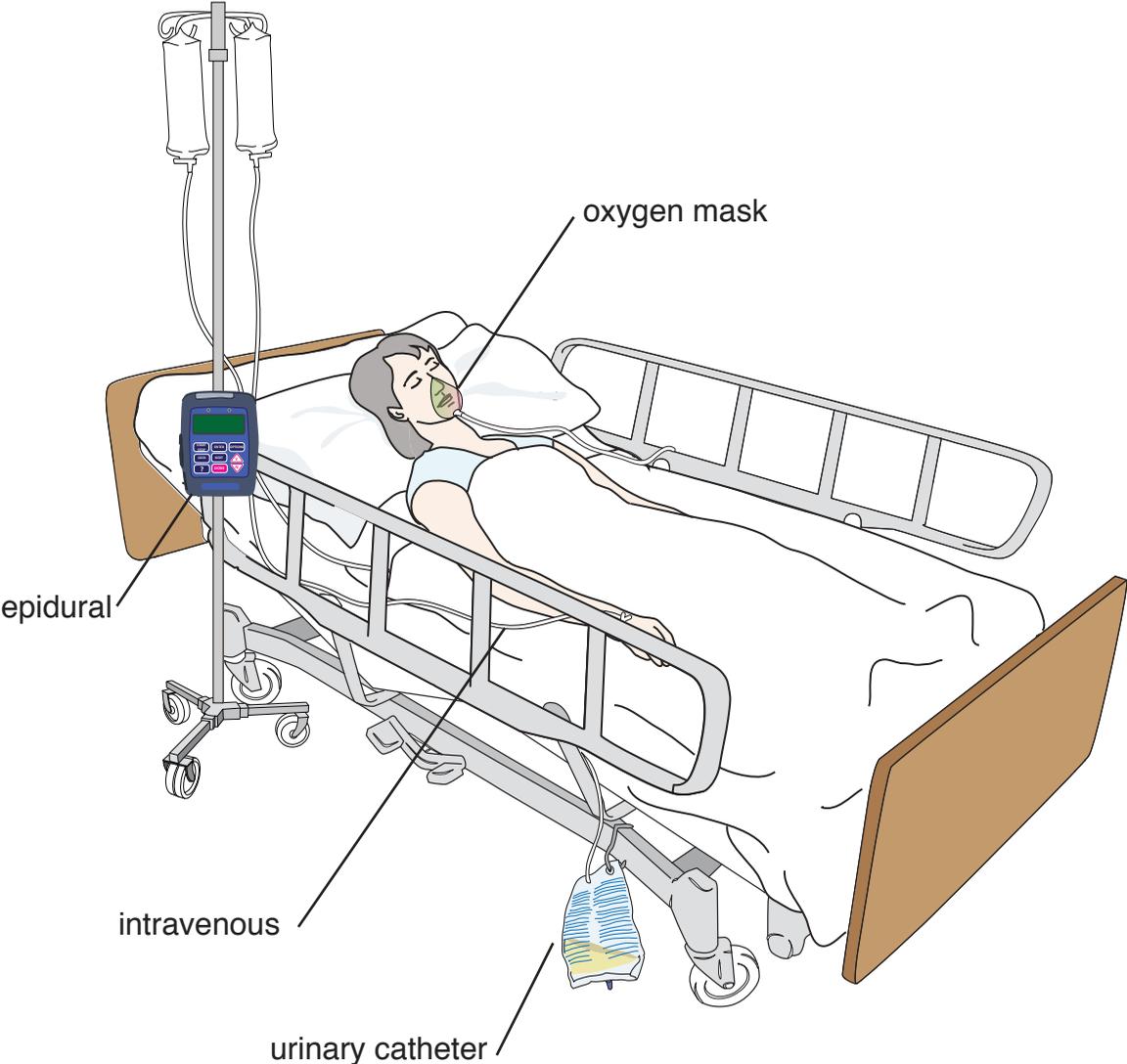
- A mask, giving you oxygen
- An intravenous (IV), giving you fluids
- A urinary catheter (tube), draining urine out of your bladder

A nurse will:

- Check your pulse and blood pressure often
- Check your bandage(s)
- Make sure you are comfortable

When you are ready, you will go to your room. There PACU may or may not allow visitors. If they cannot visit you in the PACU our family may visit you once you are in your room.

# In the PACU



# Pain control

It is important to control your pain because it will help you to:

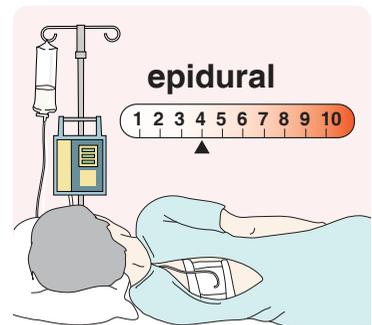
- Take deep breaths
- Sleep well
- Move more easily
- Recover faster
- Eat better
- Do things that are important to you

Your nurse may ask you to describe your pain using a number between 0 and 10. 0 means no pain and 10 is the worst pain you can imagine. We want to keep your pain below 4/10. Please tell us if you have pain. We will help you.



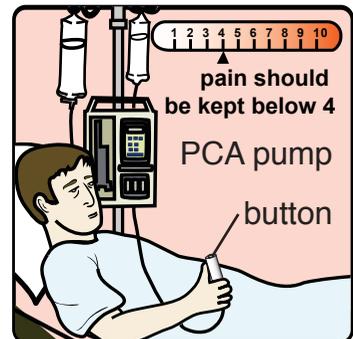
## Epidural infusion:

Your anesthetist may place a small catheter (tube) in your back to give you continuous pain medicine. This is called an epidural infusion. It is usually started in the operating room before you go to sleep. It is removed on Day 2 after surgery.



## Patient-Controlled Analgesia (PCA):

Instead of an epidural infusion, some patients have a medicine pump attached to their IV. When you push a hand-held button, the pump gives you a safe dose of pain medicine.

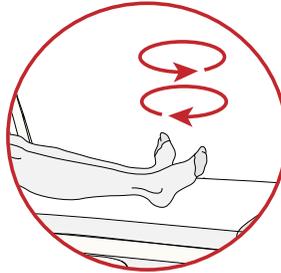


# Exercises

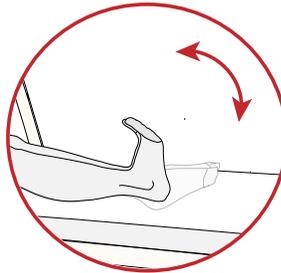
It is important to move around in bed to prevent pneumonia, blood clots, and muscle weakness. Start these exercises when you wake up and continue them while you are in the hospital.

## Leg exercises

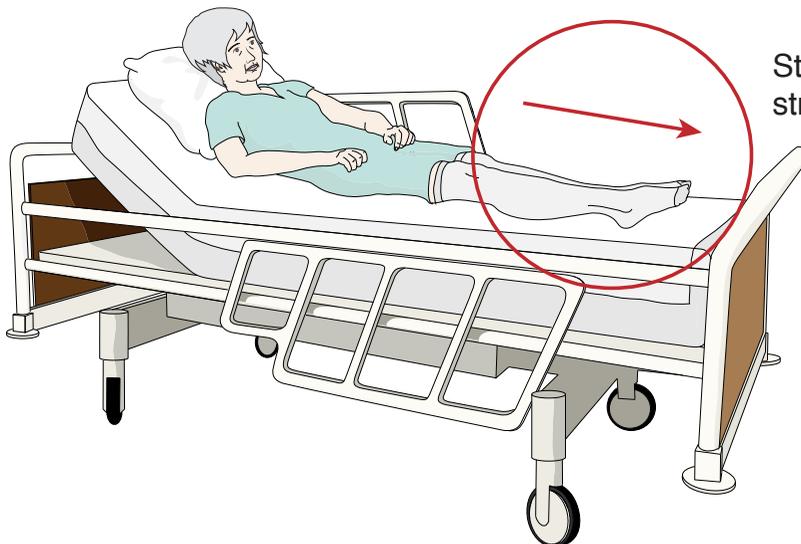
These exercises help your blood to circulate in your legs. Repeat each exercise 4 to 5 times every half hour while you are awake.



Rotate your feet to the right and left.



Wiggle your toes and bend your feet up and down.



Stretch your legs out straight.

# Exercises

## Deep breathing and coughing exercises:

An inspirimeter is a device that helps you breathe deeply to prevent pneumonia.

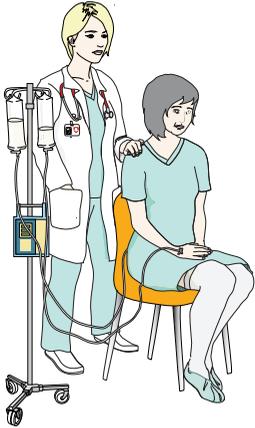


To use your inspirimeter:

- Put your lips around the mouthpiece, breathe in deeply, and try to hold the red ball up as long as you can
- Remove the mouthpiece, breathe out, and rest for a few seconds
- Repeat this exercise 10 times every hour while you are awake
- Take a deep breath and cough using a small blanket or pillow to support your incision

# In your room

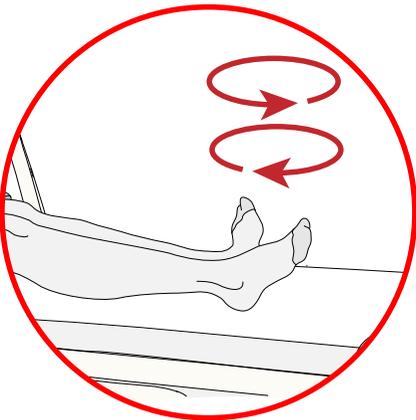
## Goals for the evening of surgery



Get up and sit in a chair with your nurse's help.



Drink liquids, as well as a protein drink like Ensure or Boost if tolerated. Chew gum for 30 minutes to help your bowels start to work.



Do your leg exercises (see page 22).



Do your breathing exercises (see page 23).

# Goals for Day 1

## Breathing

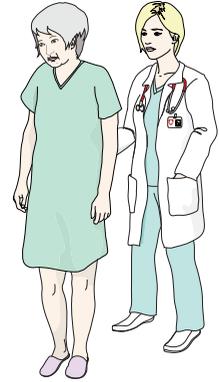
Do your breathing exercises

## Activities

Sit in a chair for meals

Walk in the hallway 3 times, with help

Be out of bed, off and on, for a total of 6 hours, as tolerated



## Pain control

Tell your nurse if your pain reaches 4/10 on the pain scale



## Eating and drinking

Drink liquids, including protein drinks like Ensure or Boost

Eat regular food, as tolerated

Chew gum for 30 minutes 3 times/day

## Tubes and lines

For most patients, your urinary catheter will be removed today. For some patients, you will keep your catheter until Day 2.

Your IV will be removed when you are drinking well



# Goals for Day 2

## Breathing

Do your breathing exercises

## Activities

Sit in a chair for meals

Walk in the hallway 3 times

Be out of bed, off and on, for a total of 6 hours

## Pain control

Tell your nurse if your pain reaches 4/10 on the pain scale

## Eating and drinking

Drink liquids, including protein drinks like Ensure or Boost

Eat regular food as tolerated

Chew gum for 30 minutes 3 times/day

## Tubes and lines

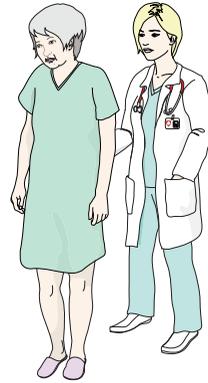
Your IV will be removed when you are drinking well.

If you have a PCA pump, it may be removed today and you will take pills to control your pain.

If you have an epidural, you will have a “stop test” today, to see if your pain can be controlled with pills.

This is how a stop test is done:

- We will turn off your epidural pump and leave the catheter in place
- You will take the first dose of pain pills
- If the pills control your pain, your epidural catheter will be removed
- Please tell your nurse if your pain is higher than 4/10



# Goals for Day 3: Going home

Plan to go home today before 11AM.



We will give you information about your follow up appointment with your surgeon before you leave the hospital.



# At home

## Pain

You may have pain for a few weeks after surgery. Take acetaminophen (Tylenol®) and your anti-inflammatory to relieve your pain.

If your pain is not controlled by acetaminophen (Tylenol®) and the anti-inflammatory, add the narcotic that your doctor ordered.

If the anti-inflammatory or other pain medicine cause burning or pain in your stomach, stop taking them and call your surgeon.

If you have severe pain that is not relieved with medicine, call your surgeon or go to the emergency room.

Please keep track of your pain at home using the Pain Diary found on page 33.

Pain medicine may cause constipation. To help your bowels stay regular:

- Drink more liquids
- Eat more whole grains, fruits and vegetables
- Get regular exercise (a 15-minute walk is a good start)
- Take stool softeners if your doctor tells you to



# Incision

Your incision(s) may be slightly red and uncomfortable for 1-2 weeks after surgery.

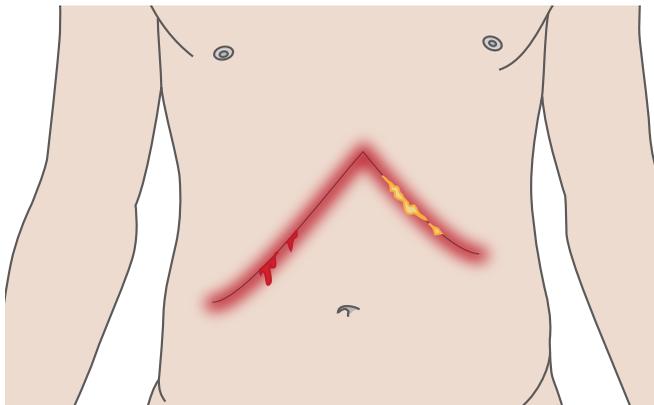
You may take a shower:

- 3 days after laparoscopic or robotic
- 5 days after open surgery

Let the water run softly over your incision(s) and wash the area gently. Do not scrub. Do not take a tub bath for two weeks.



Tell your surgeon if your incision becomes warm, red, and hard, or if you see pus or drainage coming from it.



# Diet

You may eat anything you want, unless your doctor, nurse, or nutritionist, tell you not to.

Your bowel habits may change after part of your bowel is removed. You may have loose stools, become constipated, or have more frequent bowel movements. This should settle into a normal pattern over time.

Some foods may upset your stomach, or cause loose bowel movements, at first. If this happens, stop eating them for a few weeks and start them one at a time when you feel better.

Eat foods that contain protein to help your body heal. Meat, fish, poultry and dairy products are good sources of protein.

If you find it hard to eat enough calories, try eating smaller amounts at each meal. Add nutritious snacks between meals. Try high protein, high calorie shakes, or commercial supplements like Ensure or Boost.



**If you cannot drink fluids or keep them down, call your surgeon.**

# Activity

After you go home:

- Continue to walk several times each day. Gradually increase the distance until you reach your usual level of activity.
- Do not lift more than 5 pounds for 4-6 weeks after your surgery.
- Do not drive while you are taking narcotic pain medication.
- Ask your surgeon when you may return to work. It will depend on your recovery and your type of work.
- When you are pain free, you may resume most activities, including sexual activities.



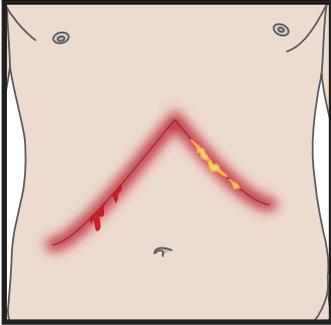
Ask your family and friends for help with:

- Transportation
- Meal preparation
- Laundry
- Grocery shopping
- House cleaning

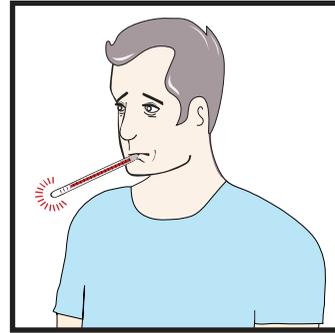


# When to call your doctor

Call your surgeon if:



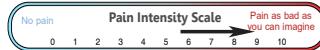
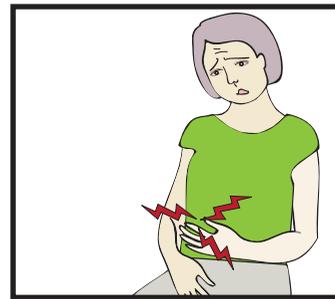
Your incision(s) becomes warm, red, or you see drainage coming from the incision



You have a fever (greater than 38°C/100.4°F)



You cannot drink fluids or keep them down



You have pain that your pain medicine does not help

If you cannot reach your doctor, go to the nearest Emergency Department.

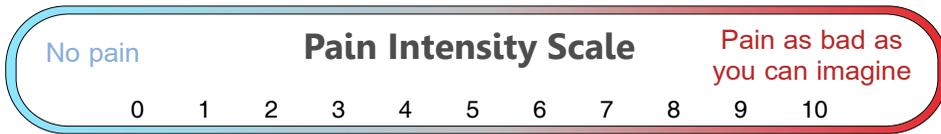
Contact information - 24 hours a day and on weekends

(310)289-1518



# Pain Diary

Using the Pain Intensity Scale and table below, enter the level of pain you feel during the day.



For example:

Days After Surgery	 Morning	 Noon	 Evening	 Night
1	<u>4</u> / 10	<u>4</u> / 10	<u>3</u> / 10	<u>3</u> / 10

Days After Surgery	 Morning	 Noon	 Evening	 Night
1	__ / 10	__ / 10	__ / 10	__ / 10
2				
3				
4				
5				

# Suggestions to help you stop smoking

## Phases of quitting:

1. Preparing to quit
2. Choosing a quit date
3. Coping with withdrawal
4. Fighting relapses



## Strategies to help you quit:

- Stop smoking now and you will already be on your way to quitting.
- Take it one day at a time. Think of yourself as a non-smoker. Be proud of what you have already done.
- Ask your family and friends not to smoke around you.
- Ask a family member, or a friend, to stop smoking at the same time.
- Join a stop-smoking group and kick the habit with other people.
- Speak with your doctor about aids to help you quit, such as the nicotine patch.

## Get more information from:

[www.surgerygroupofla.com](http://www.surgerygroupofla.com)

or call us at:

(310)289-1518