

A Guide to Bowel Surgery: Your role in getting ready and your recovery



**Alberta Health
Services**



**Covenant
Health**

What's Inside

About Your Bowel.....	4
During Bowel Surgery.....	6
Getting Ready for Surgery	8
The Day before Surgery	12
Eating and Drinking before Surgery.....	13
The Night before Surgery	14
Enemas before Surgery	16
Surgery Day	16
At the Hospital.....	17
After Surgery	19
Exercises to Start after Surgery.....	22
Day of Surgery: Back in Your Room	24
Day 1 after Surgery.....	26
Day 2 after Surgery	27
Day 3 after Surgery: Going Home	29
At Home	30
When to See a Doctor	33
If You Smoke	34
Resources	34
Alberta Guide to Bowel Surgery Recovery.....	36

The information in this booklet will:

- help you understand and get ready for your bowel surgery (sometimes called colorectal surgery)
- tell you the goals you want to reach every day

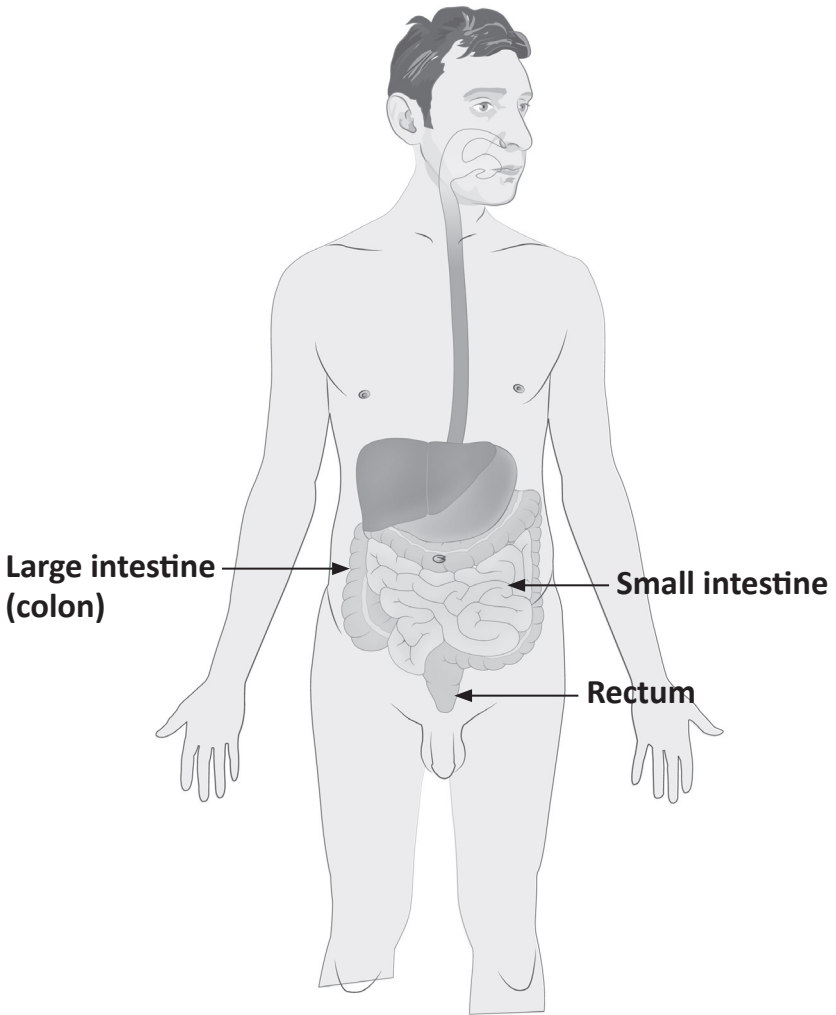
When you're admitted for surgery, you'll be part of a research-based recovery program used around the world called ERAS (Enhanced Recovery after Surgery).

About Your Bowel

The bowel (intestines) is part of your digestive system. When you swallow food, it passes down your food pipe (esophagus) and into your stomach. From there it passes into your small bowel.

Your small bowel absorbs nutrients from the food. What's left goes to the large bowel.

The large bowel is about 6 feet (2 metres) long. This is where the fluid that comes from the small bowel is absorbed. Once the fluid is absorbed, the stool goes to the rectum. When you have a bowel movement, the stool passes through the anus from the rectum.

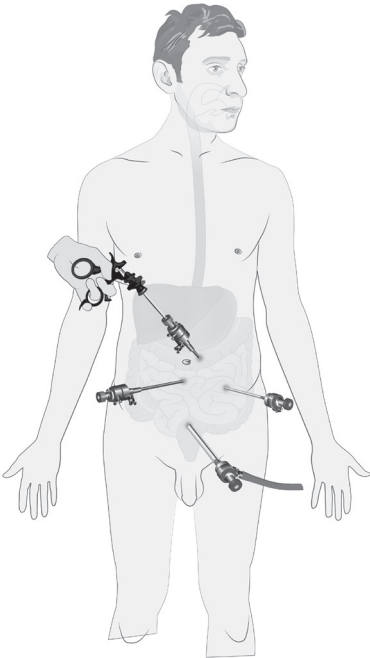


The intestines

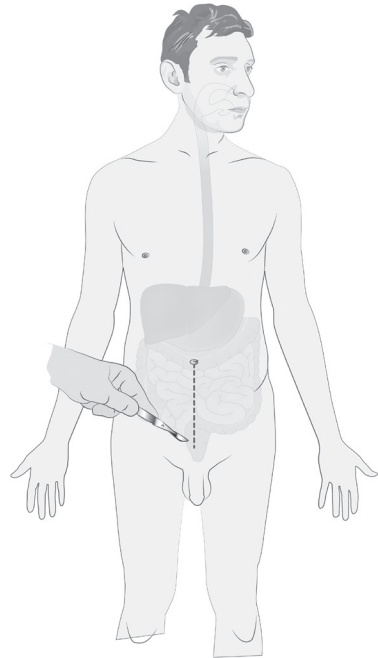
During Bowel Surgery

The diseased or unhealthy piece of bowel is taken out. This can be done two ways: by laparoscopy or open method.

1. *Laparoscopy (closed)*: Between 4 and 6 small cuts (incisions) are made in your belly (abdomen). A camera and instruments are used to take out the unhealthy bowel. The healthy ends of bowel are then sewn together.
2. *Open Method*: One cut, 4 to 8 inches (10 to 20 cm) long, is made in your abdomen. The unhealthy bowel is taken out and the healthy ends are sewn together.



Closed method

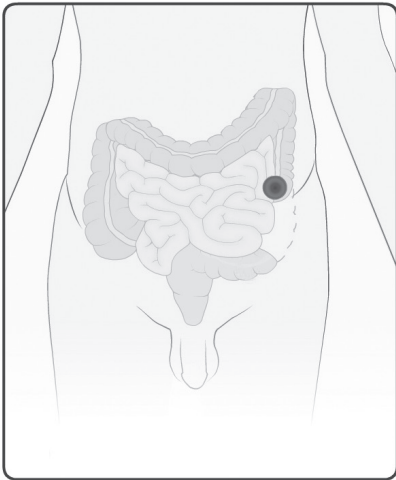


Open method

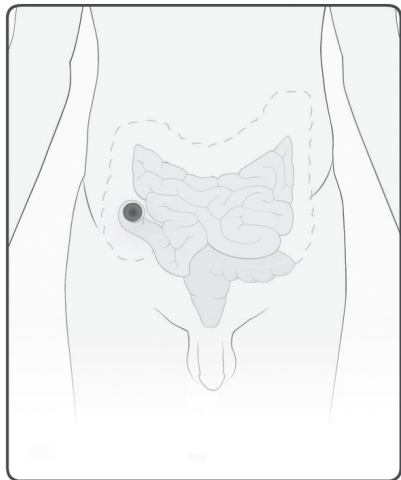
If you need an ostomy after the unhealthy bowel is taken out, one end of bowel will be brought up to the surface of your skin (called a stoma) and stitched into place. Your bowel movement will pass into the pouch or small bag that covers the stoma. The stoma or bowel opening may be on either side of the belly.

Your surgeon will tell you if you will or may need an ostomy. In this case, you'll also see an ET (enterostomal therapy) nurse sometime before your surgery to learn about the ostomy and how to care for it.

The nurses on the unit also help you learn to take care of your new ostomy. You will learn to empty and change your ostomy before you go home.



Colostomy



Ileostomy

Getting Ready for Surgery

- Plan ahead: Make sure everything is ready for you when you go home. You may need help for a little while with things like making meals, washing clothes, and buying groceries.
- Stop smoking if you can: It prevents problems with your lungs after surgery and helps you heal faster. Talk to your doctor about ways to stop smoking. Page 34 has more tips to help you stop smoking.
- Prepare and freeze meals ahead of time: Then all you have to do is re-heat the food once you're home.
- Cut down or stop drinking alcohol: **Don't drink alcohol 24 hours** before surgery. Talk to your doctor if you need help cutting down or stopping.
- Exercise: Try to be in the best shape possible before surgery. If you don't exercise, start slowly. Even several 10-minute walks are better than no exercise.
- Stop using recreational drugs ("uppers" like cocaine, crack, or PCP) before surgery: These drugs can have serious side effects when mixed with the medicine used during surgery or the pain medicine used after surgery. **Your surgeon, anesthesiologist, or nurse need to know if you use recreational drugs.**

- Tell your nurse or anesthesiologist when you speak with them if you already take prescription pain medicine. Keep taking your prescription pain medicine as usual up to the morning of surgery.

After the surgery, the pain medicine or dose may have to be changed. Your body may be used to a certain level of pain medicine so the amount needed to deal with your pain will have to be adjusted after surgery.

- Please have a ride home arranged before surgery.

If you've had surgery before, you may notice a few things that are different about your ERAS surgery:

- some of the things you do to get ready for surgery are different
- you eat and drink closer to your surgery time
- you start eating solid foods sooner

All this helps you to feel better earlier and go home sooner.

The hospital will call you or you will be asked to call the hospital the day before surgery to find out more about how to get ready.

Pre-Admission Clinic (PAC)

If you don't have to come to PAC before your surgery, a nurse:

- will ask you questions about your health
- will tell you how to get ready for surgery (may mail you instructions and more information about your surgery)
- may send you a lab or other form to have blood work or other tests done
- will offer you a group classroom session if there's one in your area

If you have to come to PAC, you:

- will meet with a nurse who will tell you how to get ready for your surgery and what to expect while you're in the hospital
- may have blood tests done

You may also:

- have an ECG and/or other tests that your surgeon wants done before surgery
- meet with an anesthesiologist to talk about your anesthetic plan and options for pain relief
- meet with other health providers/specialists your surgeon wants you to see

You will be asked to bring either a list or the containers of the prescription and over-the-counter medicine, vitamins, supplements, and herbal products you take. The doctor will tell you what medicine to stop taking before your surgery and when to stop taking it.

The Day before Surgery

You will be told when to call the hospital to find out the time to be at the hospital. You usually need to be there 2 to 3 hours before surgery. If your surgery is on a Monday, call the Friday before.

My surgery is on: _____

I have to be at the hospital at: _____

When I get to the hospital I will go to:

If you have to cancel your surgery because you aren't feeling well, please call your surgeon's office right away.

If you can't reach your surgeon, please call the hospital at: _____

Do I need to do a bowel preparation?

- Not always. The PAC nurse will tell you if you have to prepare your bowels.
- If you have to drink a bowel preparation, the PAC nurse will tell you more about drinking it and when to start drinking it. You usually drink it the day before surgery.

Eating and Drinking before Surgery

It's important to drink enough fluids with carbohydrate (sugar) to prepare your body for surgery.

You'll be given the handout *Eating and Drinking Before Surgery*. It will tell you what you can eat and drink and when as part of getting ready for surgery.

If your surgeon told you to do a bowel preparation, the handout will tell you what to do.

Follow the instructions on your handout or your surgery will be cancelled! This is for your safety, to prevent food or fluid going into your lungs (aspiration). Aspiration is life-threatening!

The Night before Surgery

Before you go to bed:

- Take a shower or bath. Wash yourself well with soap, including your belly button. Wear clean pyjamas to bed.
- Don't use any creams, lotions, or anything with a smell.
- Don't shave your belly (the area where your surgery will be).

What should I bring to the hospital?

- This booklet.
- Alberta Health Care card, and your Blue Cross or other insurance card (if you have one).
- Photo identification (ID).
- Proof of medical coverage (out-of-province people only).
- The medicine you take (in their original containers), or a list of the medicine you take** and when you take them (include inhalers, aspirin, vitamins, over-the-counter, and herbal medicine).
- Chewing gum (hard candy if you aren't able to chew gum).



Personal items:

hearing aids, glasses,
denture case

walking aids such as a
cane or walker

toothbrush, toothpaste

shaving equipment

brush/comb

housecoat

comfortable shoes
that fit well and are
easy to put on

ear plugs

No more than \$20 cash.

A book or magazine to help pass the time.

Bring these items in one small bag that has your name on it. All other items can be brought to you after surgery.

Leave anything of value at home. The hospital is **not** responsible for lost or missing items.

Enemas before Surgery

You'll be told ahead of time if you have to give yourself an enema. An enema empties your lower bowel. Please follow the instructions your surgeon or PAC gave you. You may be given an enema at the hospital, before you go for surgery.

Surgery Day

Can I take my regular medicine?

PAC or your surgeon will tell you what medicine you can take on the day of surgery.

I **will take** the medicine below on the day of surgery:

I will **not take** the medicine below on the day of surgery:

At the Hospital

Please go to the department or unit PAC told you.

A nurse will:

- go through a checklist with you
- have you change into a hospital gown
- put your belongings in a safe place

An intravenous (IV) will be started before you go to the operating room or once you are in the operating room.

You'll be brought to a holding area, where you'll meet your surgical team (the anesthesiologist, surgeon, and nurses). This is an area just outside the operating room. One member of your family can stay with you here until you go to the operating room.

Another checklist—the *Safe Surgery Checklist*—will be done. You'll be asked to confirm your name, if you have allergies, and your health history a few times before surgery. Don't be worried—it's part of the safe surgery checklist.

Once the checklist is done you may have an epidural (a small tube used to give medicine to relieve pain) placed in your back.

The anesthesiologist will give you medicine (general anesthetic) to make you comfortable and keep you asleep during the surgery.

Waiting Area

Your family/friends can wait for you here. The waiting room may have a tracking system so your family can keep track of where you are (for example, the holding area, operating room, or recovery room).

My Surgery Log Book

You may be given a booklet called “My Surgery Log Book”. The booklet is for you to keep track as you work towards your goals after surgery. Your goals include things like eating and drinking, chewing gum, and walking after surgery.

After Surgery

You'll wake up in the recovery room. Once you're ready, you'll be transferred to your room. Visitors aren't allowed in the recovery room.

You'll have an IV to give you fluid and medicine (may include pain and/or nausea medicine).

The pain medicine may be given:

- through your IV

OR

- a PCA (patient-controlled anesthesia) pump (The pump has a button that you press to give yourself small doses of pain medicine as ordered.)

OR

- an epidural in your back (the epidural gives you continuous pain medicine)

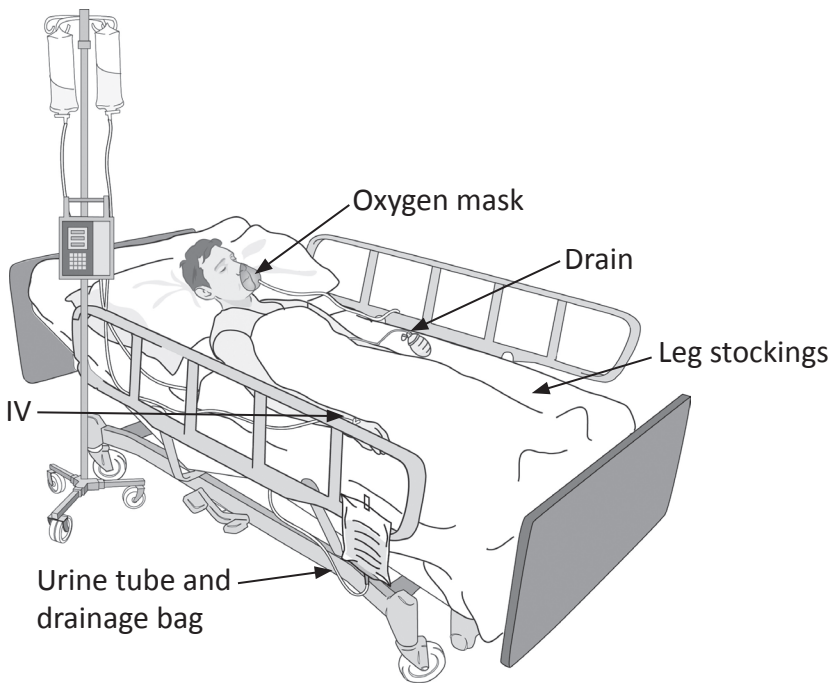
You may also have:

- a small plastic mask over your mouth and nose or a tube sitting under your nose to give you extra oxygen
- a tube in your bladder to drain your urine (may be taken out before you wake up in the recovery room)
- stockings (SCDs) on your legs (the stockings inflate and deflate to keep good blood flow in your legs)

- a dressing on your stomach (please don't touch the dressing)
- a drain near the area where the incision was made to take extra fluid away from the surgery site

Your nurse will:

- check your heart, breathing, blood pressure, and blood oxygen level often at first (vital signs)
- check your dressing

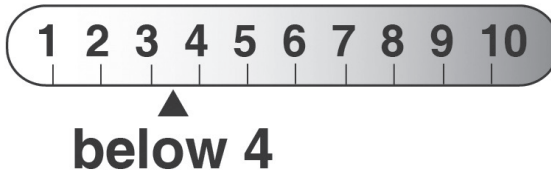


After surgery

Managing Pain and Nausea

It's important that your pain and nausea are managed after surgery. Along with taking pills, you may also get medicine by injection, IV, or epidural.

Your nurse will ask you to rate your pain and nausea from 0 (no pain) to 10 (the worst pain you can imagine). Tell your nurse if your pain reaches 4/10 or your nausea reaches 2/10. The pain medicine or epidural will be adjusted as needed.



Managing pain and nausea are important. It helps you recover sooner because you can:

- breathe and move more easily
- eat better and sleep better

Washing Your Hands

Washing your hands is the single best way to stop the spread of germs and infection. Wash your hands often with an alcohol-based hand rub (e.g., Microsan®) or soap and water.

It's okay to ask your healthcare team if they've washed their hands before doing any procedure (like changing your dressing).

Exercises to Start after Surgery

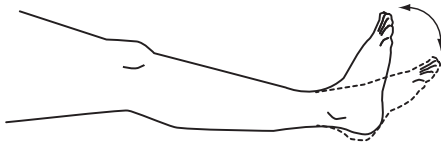
Leg Exercises

Leg exercises are an important way to keep the blood in your legs moving. This helps prevent a blood clot from forming.

Do these exercises 5 times each, and at least every hour when you're awake.

Lying on your back, side, or sitting:

1. Pump your ankles up and down for 1 minute, relax, and then repeat.



2. Make 4 circles with your feet, first in one direction, and then the other.



3. Wiggle your toes.
4. Stretch your legs.

Deep Breathing Exercises

Deep breathing exercises help lower your body's need for oxygen, help you move around better, and lower your chance of breathing complications (such as pneumonia).

How to use your spirometer:

1. Hold the spirometer upright.
2. Breathe out normally.
3. Put your lips tightly around the mouth piece.
4. Breathe in slowly until you can't breathe in anymore.
5. Hold your breath for a count of 3.
6. Take your mouth off the mouthpiece and breathe out slowly.

Repeat 10 times every hour while awake.



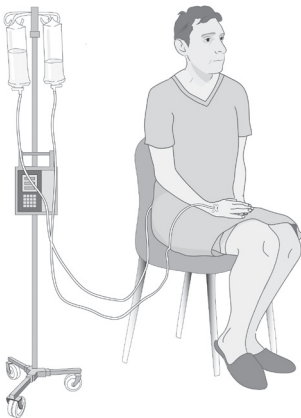
Doing deep breathing exercises with the spirometer.

Day of Surgery: Back in Your Room

Pain and Nausea

- I will tell my nurse if my pain reaches 4/10 or my nausea reaches 2/10.

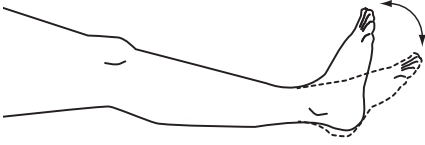
- A nurse will help you sit at the side of the bed, then get up to sit in a chair. It's important to move often to prevent problems like a lung infection, blood clots, and weak muscles.



- Start drinking fluids. If you feel well enough you may also start eating solid food.
- Chew gum or suck on hard candy for at least 30 minutes to help get your bowels moving again.



- Do your leg exercises.



- Start your deep breathing exercises.



Day 1 after Surgery

Pain and Nausea

- I will tell my nurse if my pain reaches 4/10 or my nausea reaches 2/10.

Activities

- The IV will be taken out if you're eating and drinking well.
- The tube in your bladder will be taken out.



Today I will:

- walk the length of the hallway at least 3 times with help
- try to spend at least 6 hours out of bed



Today I will:

- sit in a chair for all my meals
- drink fluids
- eat more solid food
- chew gum 3 times, at least 30 minutes each time



Today I will:

- do my breathing exercises every hour

Day 2 after Surgery

Pain and Nausea

- I will tell my nurse if my pain reaches 4/10 or my nausea reaches 2/10.
- Your PCA pump will be stopped (if you had one).
- If you have an epidural, your nurse will check to see if your pain can be controlled by pain pills.

Plan to go home in the morning. Your nurse will tell you before your surgery what your discharge time will be.

Once you're discharged, the bed has to be prepared for the next patient.

If your hospital has a patient lounge, you may be asked to wait there if your ride isn't here by then.

I'm being up picked up tomorrow at _____ .

Activities



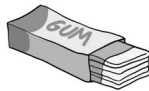
Today I will:

- walk the length of the hallway (or farther) at least 3 times on my own
- spend at least 8 hours out of bed



Today I will:

- sit in a chair for all my meals
- drink fluids
- eat more solid foods
- chew gum 3 times, at least 30 minutes each time



Today I will:

- do my breathing exercises every hour

Day 3 after Surgery: Going Home

Pain

- I will tell my nurse if my pain reaches 4/10 or my nausea reaches 2/10.

Today

- I will try to walk further.
- I will carry on with the activities I did yesterday.
- My nurse will go over my discharge instructions with me.
- My nurse will remind me to call my surgeon for an appointment. The appointment is usually for 4 to 6 weeks after surgery, but may be earlier if needed.
- I will be told when to have my staples taken out.

I will ask my surgeon:

- what my results were
- when I can go back to work
- when I can start driving again
- when I can do housework, laundry, and other activities around the house

At Home

Medicine

- If you were given a prescription for pain medicine, take it as directed. Otherwise, take acetaminophen (for example, Tylenol®) and the anti-inflammatory ibuprofen (for example, Advil® or Motrin®) for pain. Follow the directions on the package.

If you feel that the medicine is upsetting your stomach, stop taking them and call your family doctor.

- Take your blood thinner as directed by your surgeon.

Your Incision

- Your incision(s) can be a bit red and tender for up to 2 weeks after surgery. It's normal to have some discomfort even 4 to 6 weeks after surgery.
- See page 33 to learn when you need to see a doctor about your incision.
- Take showers until the surgeon says you can take a tub bath.
- When you shower, try not to aim the water at your incision. Let clean water run over your incision. Make sure not to soak your incision until it's fully healed.
- Make sure not to use creams, lotion, or oils on your incision until it's fully healed.

Diet

- You can eat and drink everything you did before the surgery unless your dietitian, enterostomal (ET) nurse, or surgeon has said not to eat certain foods.
- You may find some foods make your stool softer or upset your stomach. Try the food again a few weeks later. If you aren't sure which foods are bothering you, add them back into your diet one at a time.
- To heal after surgery, your body needs a healthy diet. Follow Canada's Food Guide to make sure you are eating the food that your body needs to heal.
- If you find that you aren't as hungry, try eating smaller meals but more often during the day. You can also try nutrition supplement drinks like Boost[®], Ensure[®], or the store's brand of supplement.
- You can also ask your dietitian for a recipe to make drinks that are high in both protein and calories.

Bowel Movements

- Your bowel movements may change after surgery. Your stool may be looser/softer than it was, or it may be harder than it was.
- Your bowel movements may be regular or you may have issues with constipation. Ask your healthcare provider about taking a stool softener.
- Your stool and your bowel movements should follow a more normal pattern over time.

Activity

- You can go back to most of your activities once you aren't having any pain.
- Walking is great exercise. Try to walk a few times a day.
- Ask family or friends to help you with things such as shopping, cleaning your house, or doing laundry.
- Don't drive if you're taking prescription pain medicine
- Ask your doctor when you can have sexual intercourse again.

Only lift items that weigh less than 10 lbs. (4.5 kg) for 4 to 6 weeks after surgery.

When to See a Doctor

See a doctor or go to the Emergency Department for the issues below:

- chills or a temperature of 38 °C/100.4 °F or higher
- the incision or drain site becomes red, swollen, tender, or is draining red, green, or yellow fluid
- you can't drink or keep down fluids
- a new pain or more pain in your belly that isn't helped by pain medicine

Call 9-1-1 if you have sudden chest pain or trouble breathing.

If You Smoke

If you smoke, stopping before your surgery will help you recover faster.

If you find that you're having trouble stopping, speak to your doctor about a nicotine replacement aid.

Tips to help you stop smoking

- Take it one day at a time.
- Ask family and friends not to smoke around you.
- Find someone who will quit at the same time.
- Join a non-smoking support group.

Resources

Smoking





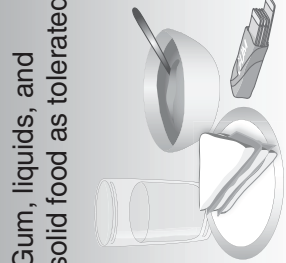
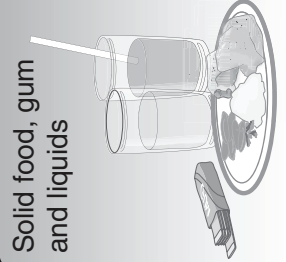
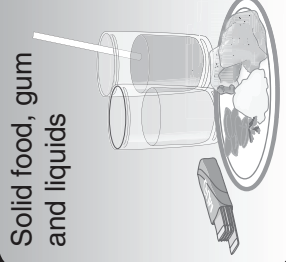
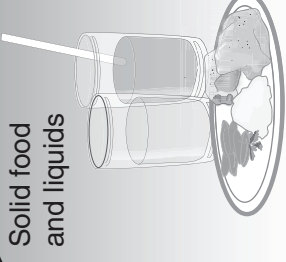
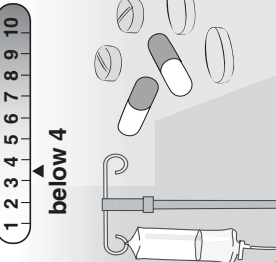
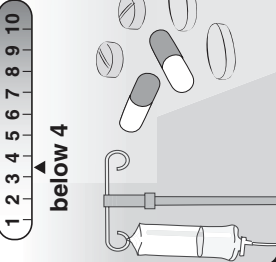
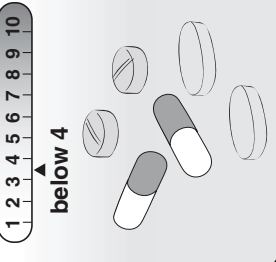
The resources below have information and ideas to help you quit:

- www.albertaquits.ca
- www.nicotine-anonymous.org
- www.canada.gc.ca > type "quit now" in the search box
- www.ab.lung.ca > smoking and tobacco

Colon

- www.colorectal-cancer.ca
- www.crohnsandcolitis.ca

Alberta Guide to Bowel Surgery Recovery

Eating and Drinking	DAY of SURGERY	1 DAY AFTER SURGERY	2 DAYS AFTER SURGERY	3 DAYS AFTER SURGERY
Pain				
	<p>Gum, liquids, and solid food as tolerated</p> 	<p>Solid food, gum and liquids</p> 	<p>Solid food, gum and liquids</p> 	<p>Solid food and liquids</p> 
				

Breathing Exercises

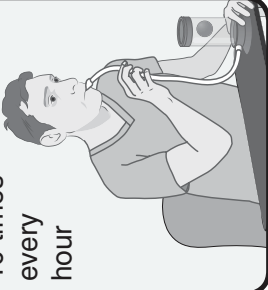
10 times every hour



10 times every hour



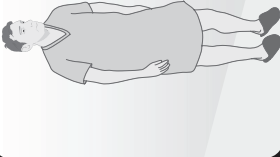
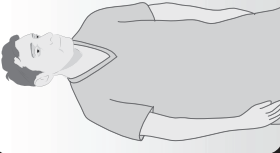
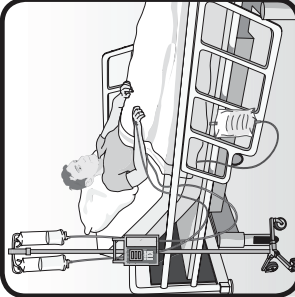
10 times every hour



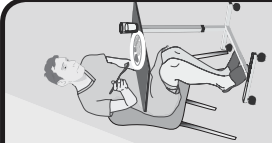
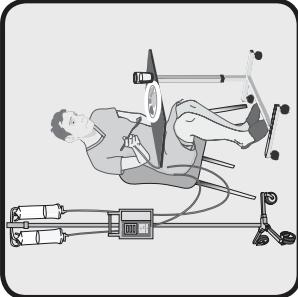
10 times every hour



Tubes and Drains



Activities



This material is for information purposes only. It should not be used in place of medical advice, instruction and/or treatment. If you have questions, speak with your doctor or appropriate healthcare provider.

