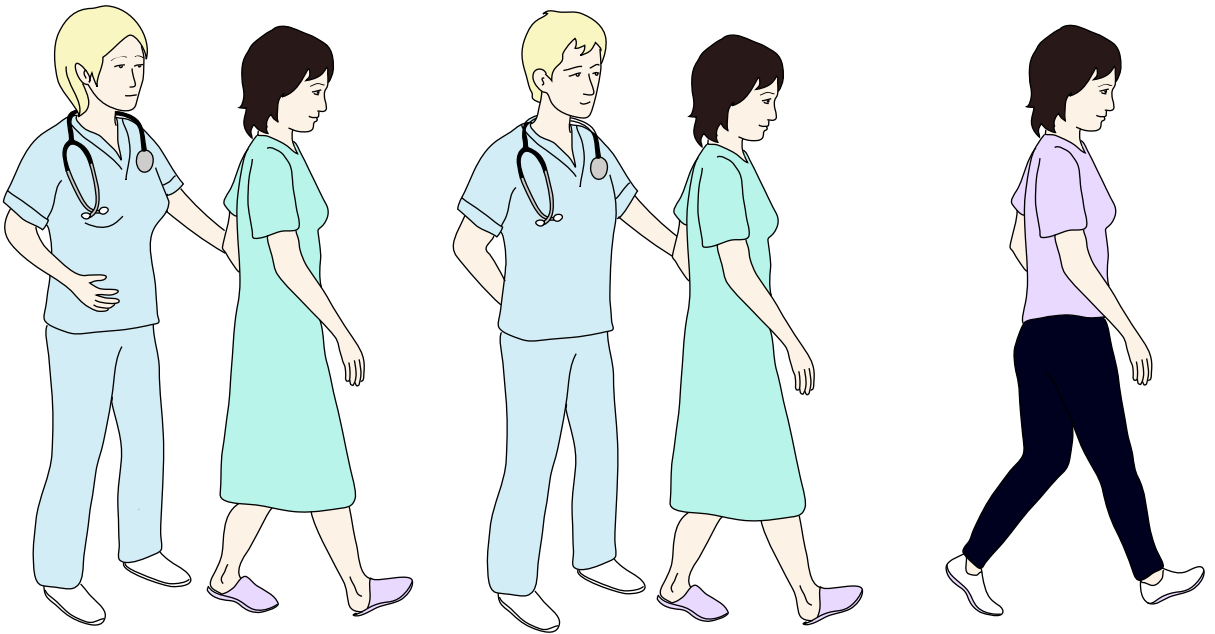


A Guide to Bowel Surgery

A patient-friendly booklet for: _____



This booklet is to help you understand and prepare for your surgery.
Please review it with the nurse and your family.
Please bring it with you on the day of your surgery.

This booklet is developed by the MUHC Surgery Recovery Program.

We would like to recognize the MUHC Patient Education Office for permission to use this booklet, the design and layout.

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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.

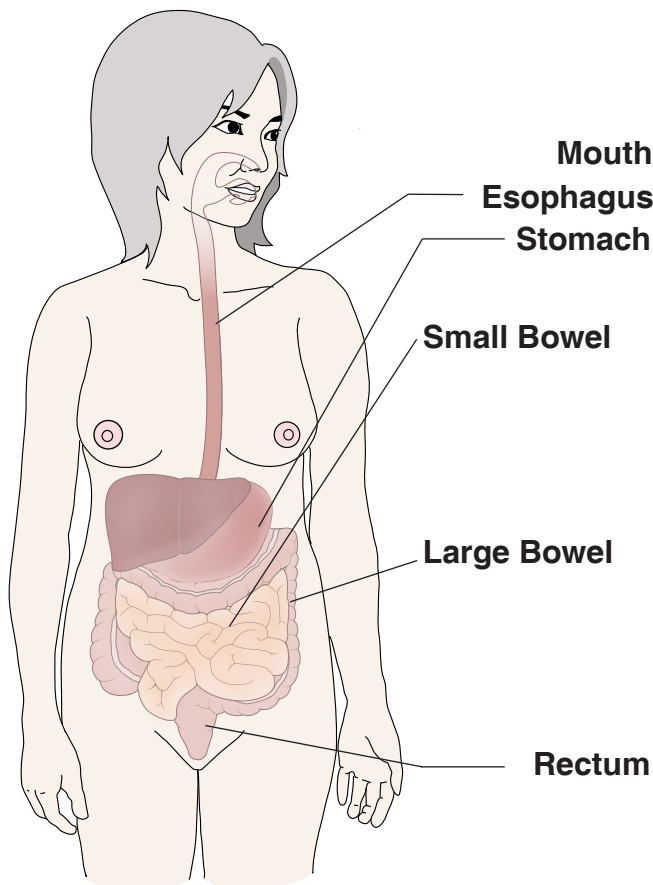


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Introduction

When you are admitted to hospital for your bowel surgery you will be taking part in a **Clinical Care Pathway** (enhanced recovery program). The aim of this program is to help you recover quickly and safely.



What is the bowel?

When eating, food passes from the mouth, through the esophagus into the stomach.

From there it passes into the **small bowel** (intestine). This is where the fluids and nutrients are absorbed.

What is left of the food then goes to the **large bowel**, which is about 6 feet long. This is where more fluid is absorbed from the waste.

The stool is then stored in the rectum, until it is passed out of the body through the anus.



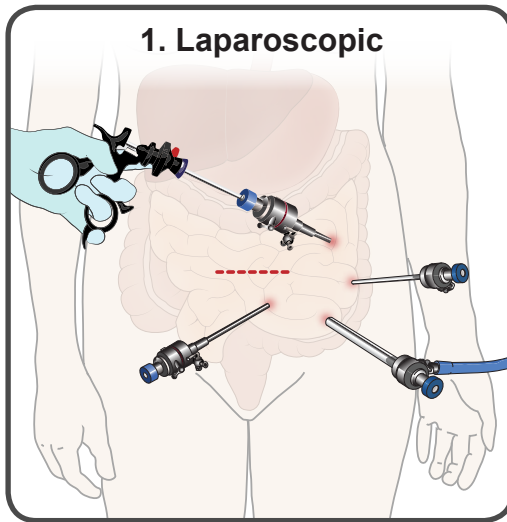
This booklet is to help you understand and prepare for your surgery, how you can play an active part in your recovery and give you daily goals to achieve.

Please review it with the nurse and your family. Please bring it with you on the day of your surgery.

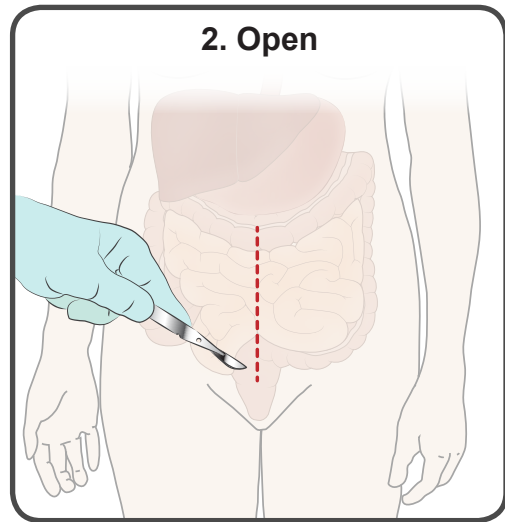
What is Bowel Surgery?

Bowel surgery (colorectal) is the removal of the diseased section of your bowel.

The surgery can be done 2 ways:



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



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

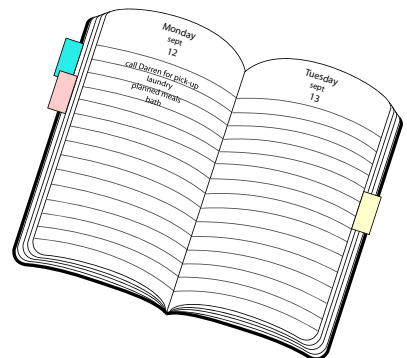
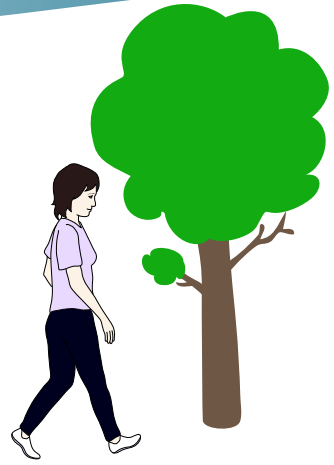
Some patients may need a stoma and stoma bag after surgery. A stoma is an opening in your belly that is made by your surgeon during surgery. Stool and fecal waste pass through this opening, out of your body and into an attached plastic bag. Your stoma may be permanent or temporary.

If you will need an stoma, your surgeon will discuss this with you. Before your surgery, you will also meet with the stoma specialist who specializes in stoma care. **During this meeting we will discuss how to take care of the stoma after your surgery.**

Stoma specialist: _____

Preparing for Your Surgery

- **Exercise** will help make sure your body is as fit as possible before your surgery. If you are already exercising, keep up the good work. If you are not, start slowly adding exercise into your day.
 - Exercise does not need to be strenuous to be helpful; in fact, a fifteen-minute walk is far better than not exercising at all.
 - Refer to the Exercise section (pages 17 to 18) of this booklet to learn what you will need to do after surgery. You can begin practicing these at home.
- We ***strongly suggest*** you **stop smoking** completely before your surgery, as this will reduce the risk of lung complications afterwards. Doctors can help you stop smoking by prescribing certain medications.
- **Do not drink alcohol** 24 hours before surgery.
- **Plan ahead**; make sure everything is ready for you when you go home after your operation. You may need more help at first from friends or family, with meals, laundry, bathing, cleaning, etc.
- Discharge from the hospital is between two and three days. Tell the nurse as soon as possible if you have any worries about going home. Please remember to **organize transportation** home.



Pre-Operative Visit

During your pre-operative visit, you will:

- Have blood tests
- Have an ECG (electrocardiogram) if you are over the age of 50.
- Meet with a nurse who will tell you how to get ready for your surgery and what to expect while you are in the hospital

You will also meet with one of the surgical residents, who is a doctor training to be a surgeon:

- He/she will ask you questions about your health and health problems and explain the operation
- If you need to take any medication before your surgery, he/she will give you a prescription
- If you have other medical problems, you may be referred to another doctor (specialist) before surgery



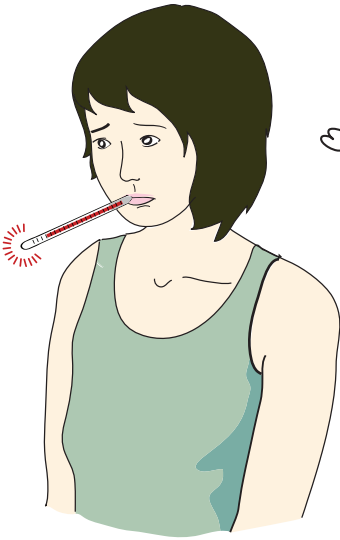
Some medication or herbal products need to be stopped a week or two before surgery. Have your list of medicines with you and the doctor will decide which ones to stop or to continue. Your pharmacist can give you a list of your medications.

If you have any further questions, you can contact the nurses _____

Cancelling Your Surgery

If you get a cold, are not feeling well or become pregnant, please call your surgeon's office as soon as possible.

Call to reschedule if:



You are not well.



You need to cancel.

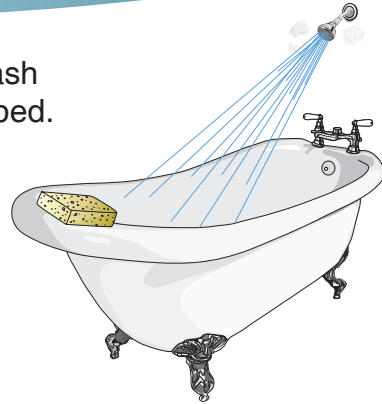
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			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	



Please keep in mind that this Hospital is a Trauma Centre. This means that your surgery may need to be delayed or cancelled because of an emergency. Your surgeon will reschedule your surgery as soon as possible.

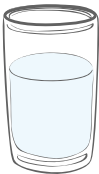
Instructions: Day Before Surgery

Before going to bed, take a shower or bath. Wash your body and wear freshly washed clothes to bed.



You may not eat solid foods, smoke or chew gum after at 02:00, but you are allowed to drink clear fluids up to two hours before your surgery.

Can I eat or drink the day before my surgery?



For the entire day before surgery only drink clear fluids

Examples: All clear juices (no pulp), Gatorade, soft drinks, jell-o, clear broth or bouillon, water, coffee or tea (no milk), Popsicle.

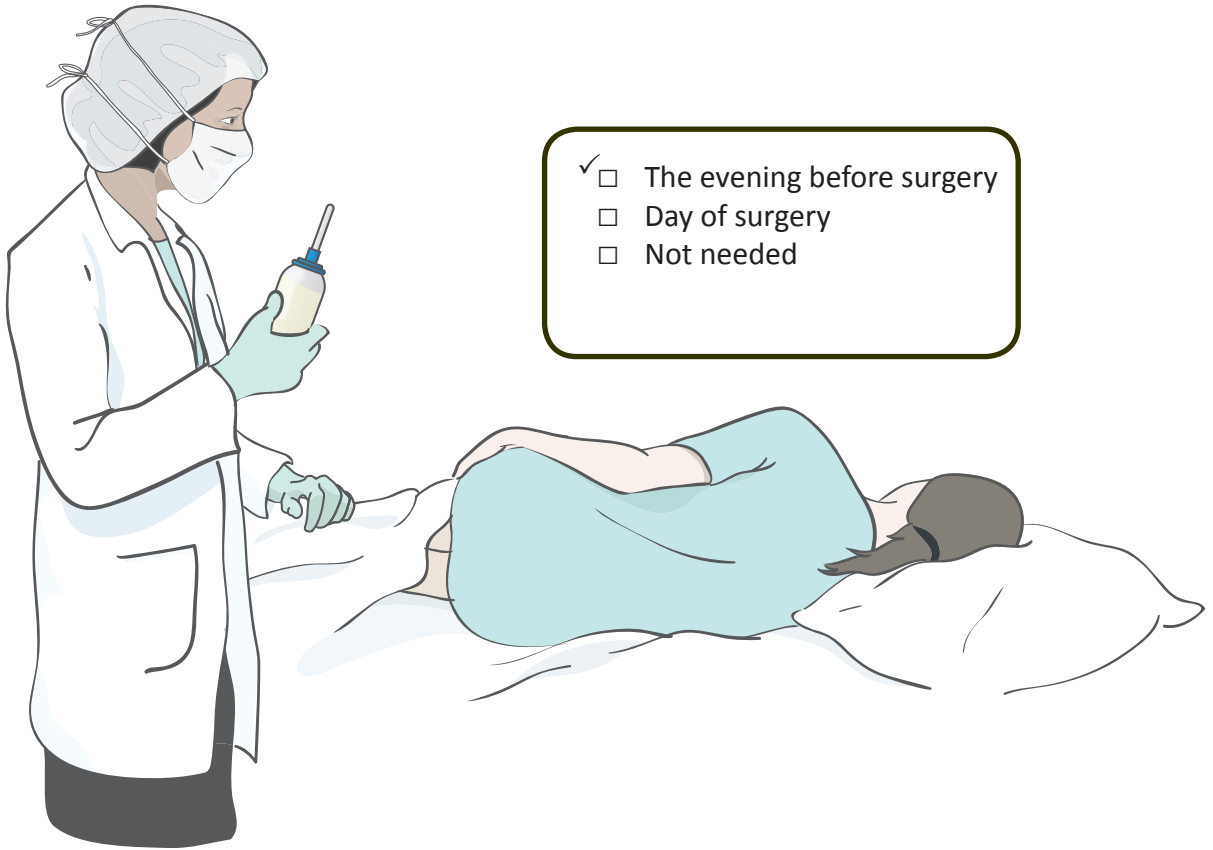
**NO MILK OR DAIRY
PRODUCTS OR SOLID FOOD.**

OR



You can eat and drink anything the day before your surgery

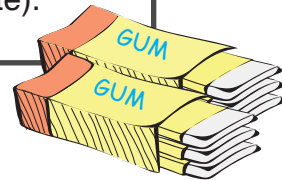
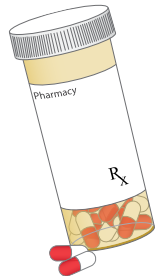
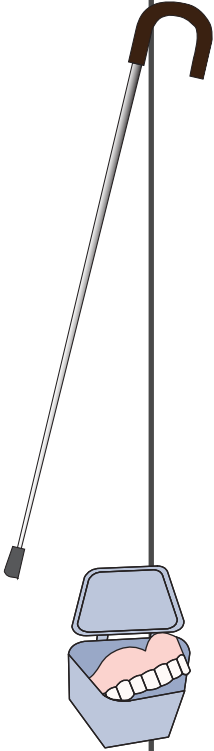
Do I Need to Take a Laxative?



- ☒ The evening before surgery
- ☐ Day of surgery
- ☐ Not needed

Things to Bring to the Hospital

- ✓ ☐ This booklet.
- ☐ Any private insurance information you might have.
- ☐ Bathrobe, slippers, pyjamas, loose comfortable clothing.
- ☐ Toothbrush, toothpaste, hairbrush, deodorant, mouthwash, soap, tissues, shaving equipment, and perhaps earplugs.
- ☐ If you wear glasses, contact lenses, a hearing aid or dentures, please bring the appropriate containers with your name on them.
- ☐ If you use a cane, crutches or walker at home, please bring them to hospital.
- ☐ Your medication in their original containers.
- ☐ Your Medicare Card.
- ☐ If you do not speak English, please bring someone to translate for you.
- ☐ 2 packs of gum (any kind-your favorite).



Please leave all jewelry, credit cards and objects of value at home. The hospital is not responsible for any lost or stolen articles.

At Home



- ✓ ☐ Take a shower or bath and put on freshly washed clothes.
- ☐ Do not put on any creams, lotions or perfume.
- ☐ Do not wear make-up or nail polish.
- ☐ Remove all jewelry and leave it at home.

At the Hospital

Report directly to the ward at the time given.

The nurse will help you to get ready for the surgery.

He/She will:

- Go through a checklist with you.
- Have you change into a hospital gown.
- Make sure your personal belongings are in a safe place.
- Put on special tight elastic stockings to help blood circulate better. They prevent blood clots from forming in your legs. You should wear them until the nurse says you can take them off.



✓ ☐ The nurse will give you an enema.



☐ No enema is necessary.

An enema is sometimes used to clean out a portion of your bowel before surgery. A small lubricated tube is inserted in your rectum while you are lying down. Small amounts of liquid are then pushed into your body through this tube. Shortly after you receive the enema, you will feel the urge to go to the bathroom.

When the operating room is ready, an orderly will bring you there.

At the operating room area, you will meet your anesthesiologist and the other members of the surgical team. We will start the epidural in your back and then your anesthesiologist will give you a general anesthetic. You will be asleep and pain-free during your surgery.

Relatives

It varies how long time the surgery will take. Your relatives must call the ward before they come to visit for the first time. There is no option for visitors to come to the Post Anesthesia Care Unit

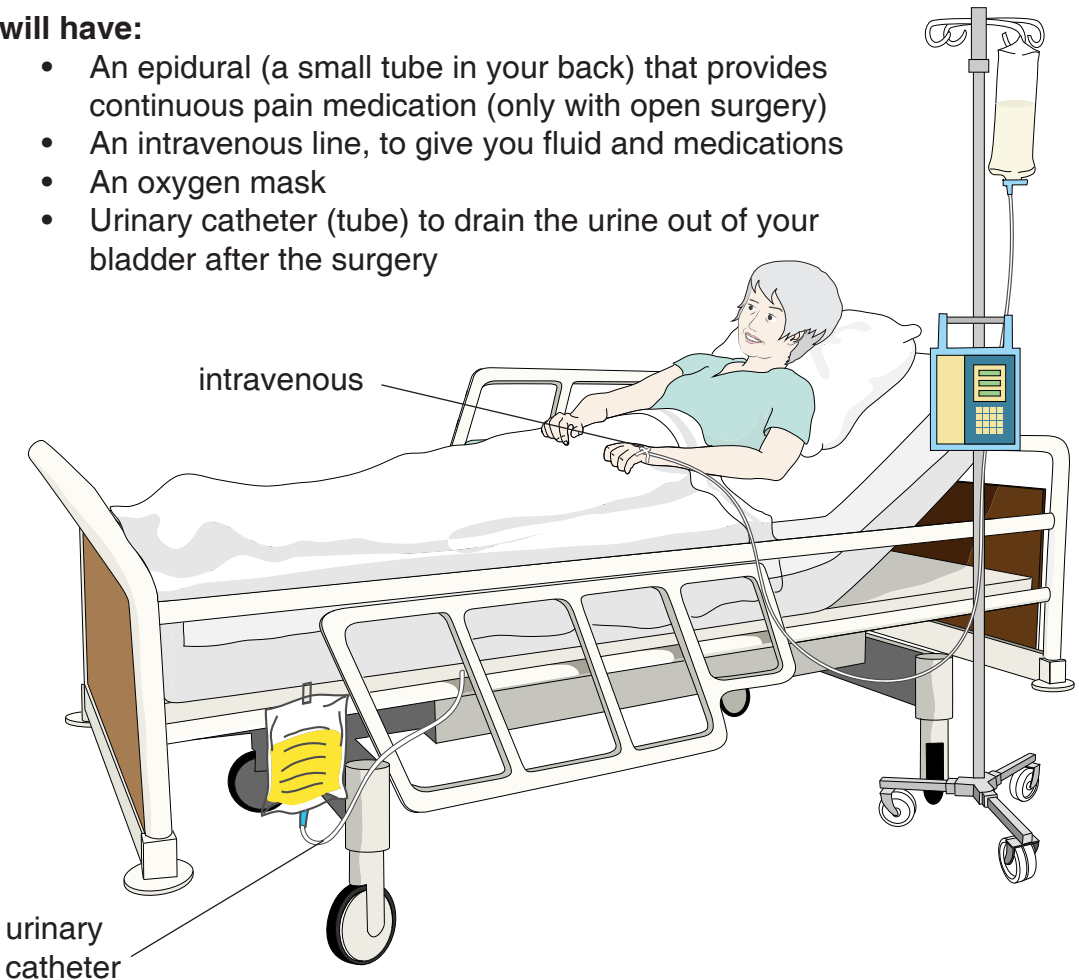


After Your Surgery

You will wake up in the **Post Anesthesia Care Unit (PACU)**.
No visitors are allowed there.

You will have:

- An epidural (a small tube in your back) that provides continuous pain medication (only with open surgery)
- An intravenous line, to give you fluid and medications
- An oxygen mask
- Urinary catheter (tube) to drain the urine out of your bladder after the surgery



Your vital signs (pulse, blood pressure) will be checked very often. Your nurse will verify the bandage (dressing) and ask you about your pain. When the nurses and doctors are sure that your pain is well controlled, they will transfer you to your room.

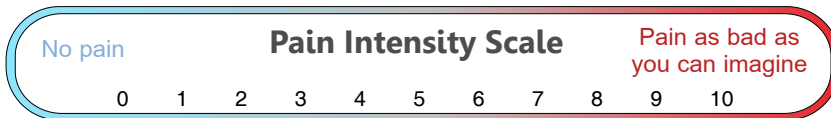
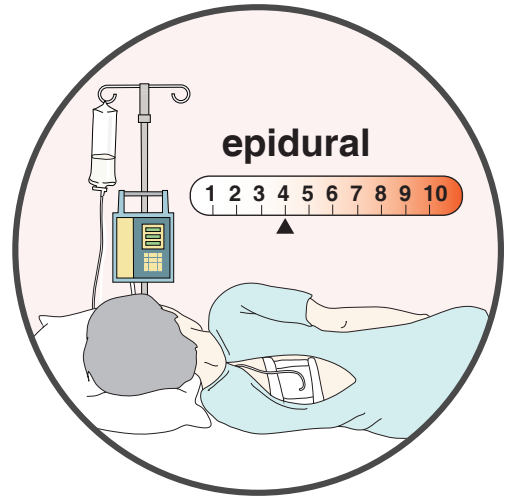
Pain Control

Pain relief is important because it helps you:

- Breathe more easily
- Move more easily
- Sleep better
- Recover faster
- Do things that are important to you

An epidural catheter is placed in your back and will give you continuous pain medication. You will be asked to rate your pain on a scale from 0-10.

The nurse will adjust the epidural as needed.



Please be specific about where your pain is. You may also be given other pain medication (pills or injections) to help your epidural work better, and for pain that the epidural does not control.

You will not become addicted to pain medication given to you for surgical pain.



You will be asked to rate your pain on a scale from 0-10. The nurse will give you medicine if you have pain. Always tell the nurse if your pain is more than 4 on the pain scale.

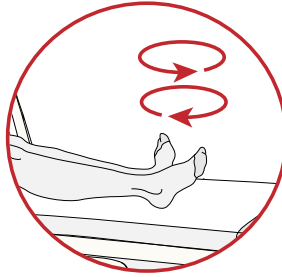
Exercises

Get up and move.

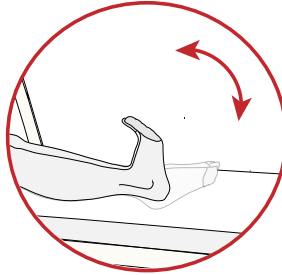
Lying in bed without moving may cause many problems like pneumonia, blood clots and muscle weakness. You can start the following exercises as soon as you wake up, and continue them during your stay in hospital.

Leg exercises

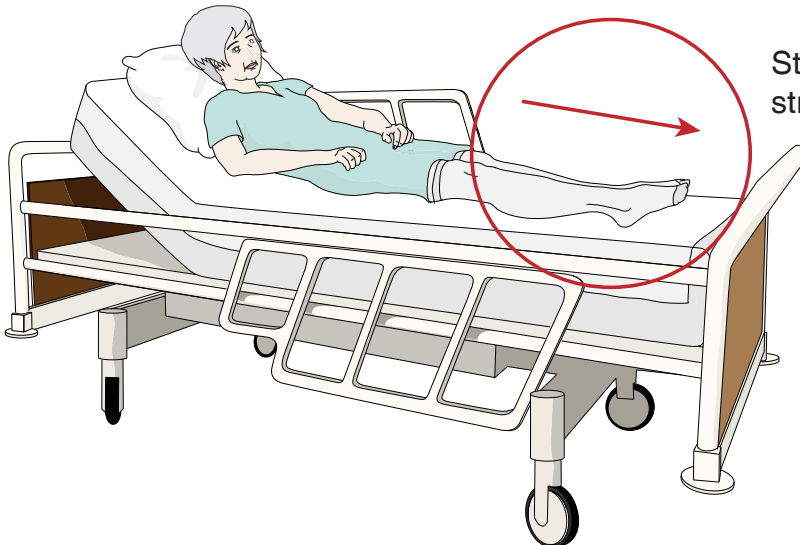
These will help blood circulation in your legs. Repeat these 4-5 times every half hour while you are awake.



Rotate your feet to the right and left.



Wiggle your toes and bend your feet up and down.



Stretch your legs out straight.

Exercises

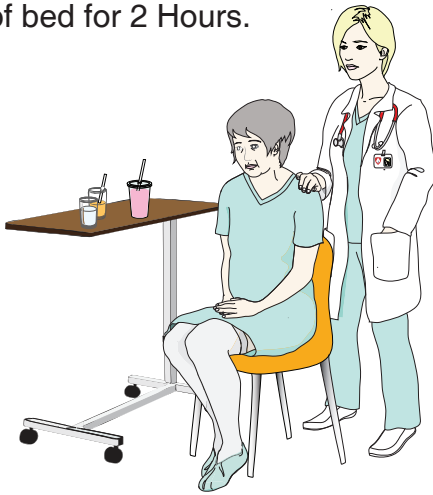
The inspirometer is a simple device that makes you breathe deeply, to prevent pneumonia.



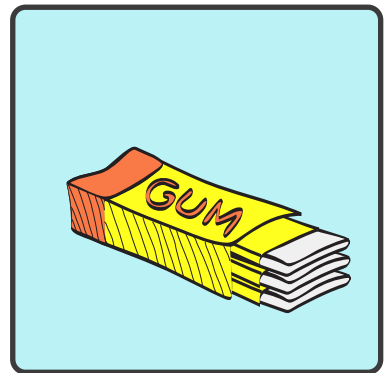
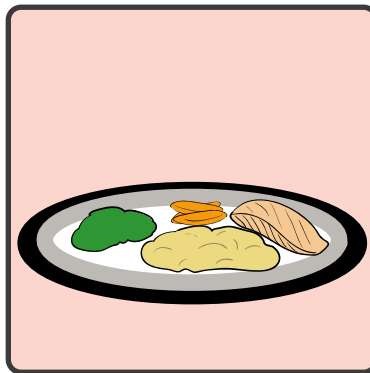
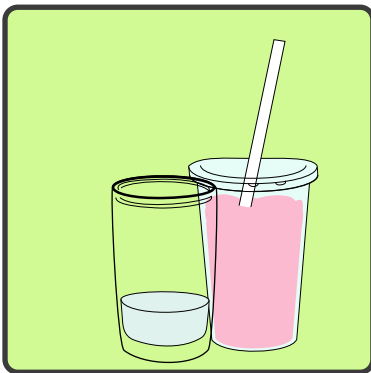
- Breathe deeply at least 10 times every waking hour. Breathe in through your nose and out through your mouth.
- Take a deep breath and cough using a small blanket or pillow to support your incision.
- Deep breathing and coughing exercises will help prevent pneumonia.

In Your Room

The goal is to be out of bed for 2 Hours.

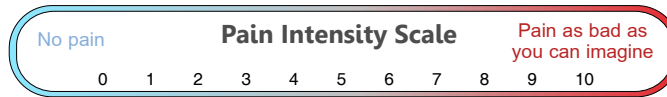


Start drinking liquids and the protein drink. Start chewing gum for 30 minutes to stimulate your bowel. You are allowed to eat solid food.



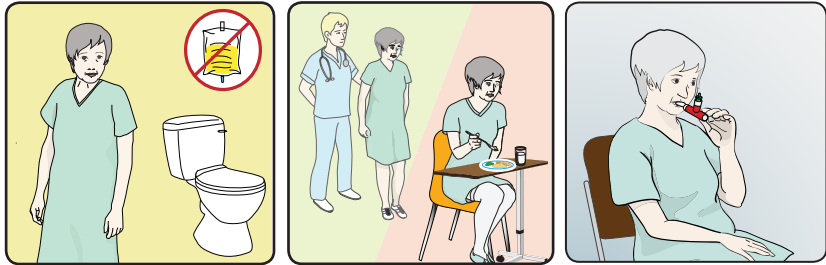
One Day After Surgery

Pain



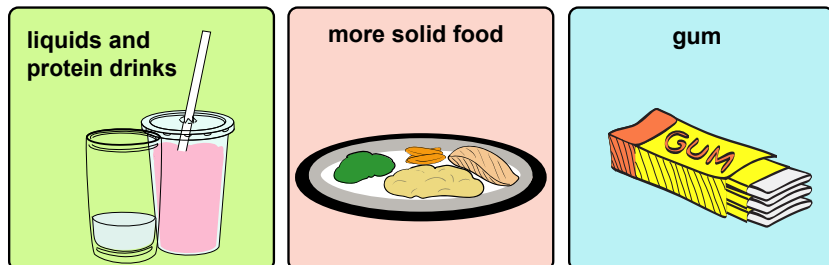
Tell your nurse if you are having pain greater than 4 on the pain scale.

Activities



- Your urine tube will be removed in the morning
- Once the urine tube is removed, get up and walk to the bathroom to urinate.
- With assistance, you will get up and walk the length of the hallway at least 3 times today.
- Be out of bed, on and off for at least 8 hours of the day.
- Sit in the chair for all your meals.
- Do your breathing exercises at least 10 times every hour while awake.

Meals

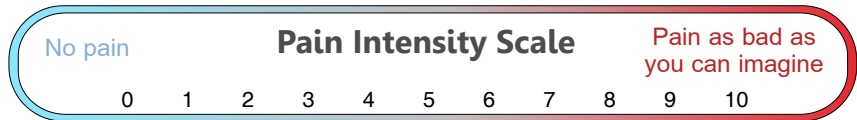


- Continue to drink liquids and your protein drinks.
- Chew gum for 30 minutes 3 times a day, to stimulate your bowel.

Discharge: Plan to go home in 2 days.

Goals for Day 2

Pain



- Tell your nurse if you are having pain
- If you have an epidural, it will be removed today.

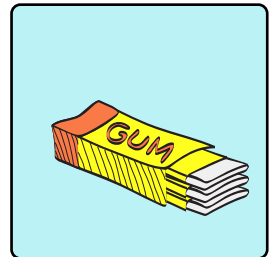
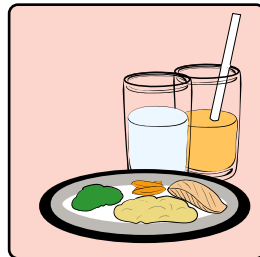
Activities



- Walk the length of the hallway at least 3 times today. You will be encouraged to walk more each day.
- Be out of bed on and off for at least 8 hours of the day
- Sit in the chair for meals
- Walk to the bathroom to urinate
- Continue to do your breathing exercises

Meals

- Eat solid foods
- Continue to drink liquids
- Continue to chew gum for 30 minutes, three times a day.



Discharge: Arrange for someone to pick you up at 11:00am tomorrow.

Three Days After Surgery: Going Home

Activities

On the third day you should continue the same activities as yesterday and again increase the level of activity if possible.



Plan to Go Home Today

You will be given an appointment with your surgeon for a follow-up before leaving the hospital. A nurse will call you two-three days after discharge to make sure everything is okay.

Summary

.....

By doing your deep breathing exercises, chewing gum, eating well, being out of bed and walking regularly, research has shown that you will recover quicker. You are less likely to develop any lung infections or circulation problems and your bowel function will return to normal faster. By avoiding all these problems, you are more likely to go home sooner and feel better faster.

At Home



Complications do not happen very often but it is important that you know what is normal and what to look out for. If you have a fever, if your pain worsens or you begin to vomit, you have to contact the ward at this number _____

Abdominal Pain

If you feel that the anti-inflammatory and pain medicine is causing burning or pain in your stomach, stop taking them right away and call your surgeon. If you have severe pain that is not relieved with the pain medicine or have a fever and feel generally unwell, you should call the ward or go to the emergency room. **Please track your pain levels at home using the Pain Diary.**

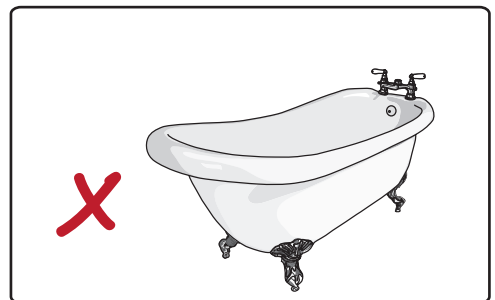
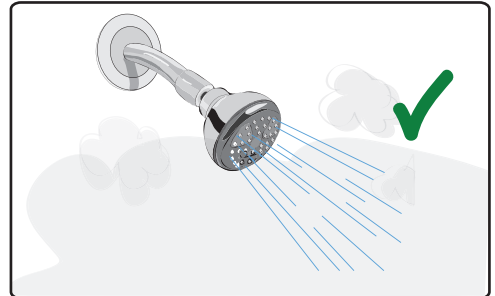
Your Incision

It is not unusual for your wounds to be slightly red and uncomfortable during the first 1-2 weeks after surgery.

You can have a shower:

- 1 day after laparoscopic surgery
- 1 day after open surgery
- Gently wash the area and let water run over the incision. (Don't scrub the area)

No soaking in the bath for 2 weeks.



At Home

Your clips or stitches will be removed 7-10 days after your surgery. Tell your surgeon if your incision becomes warm, red, and hard or if you see pus or any drainage coming from it.

Your Bowels

Your bowel habits may change after part of your bowel has been removed. You may have loose stools or be constipated. This should settle into a more normal pattern over a period of time.



Some pain medications can cause constipation. If this becomes a problem, increase the amount of fluids you drink, and add more whole grains, fruits and vegetables to your diet and continue to exercise.

Diet

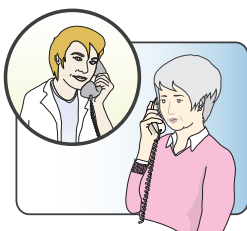
You can eat anything you want to unless told otherwise by your dietician or surgeon.

You may find that some foods upset you or cause loose bowel movements. Avoid them for the first few weeks after surgery and then you may re-introduce them one at a time.



It is important that you get enough protein and calories to help your body heal. Include good sources of protein like dairy products, meat, fish and poultry. If you are finding it difficult to eat enough, try taking liquid nutritional supplements.

If you cannot drink fluids or keep them down, call the ward.



Phone Call

2-4 days after discharge a nurse will call you and ask, how you are feeling.

Exercise and Activities

You should continue to walk several times a day once you are home, gradually increase the distance and the intensity until you are back to your normal level of activity.

Most patients can return home with little difficulty. Family and friends can usually give help with:

- Taking you home
- Meal preparation
- Grocery shopping
- House cleaning
- Laundry



Avoid heavy lifting,
which affects the
abdominal muscles.



As a general rule, once you are pain free you can go back to most activities, including sexual intercourse

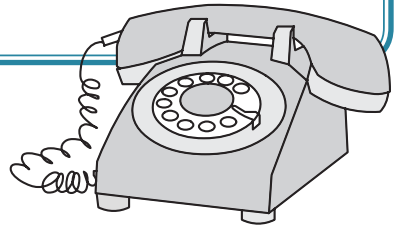
You may start to drive when you are no longer taking narcotic pain medication.

Your surgeon will decide when you are able to return to your job, depending on your recovery and your type of work.

When to Call the Ward

Call the ward if you have any of the following symptoms:

- Your incision(s) become warm, red or you see any 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 are having more pain that is not relieved by the medications



Patient Log

Operation Day

Date: _____

I have been eating:

- ☐ a little
- ☐ nothing

I have been drinking:

☐ _____ml

GOAL: Drink 2 nutrition drinks

Number of Nutrition drinks I have had: _____

I have vomited: ☐ no ☐ yes _____times

I have passed gas: ☐ no ☐ yes

I have had a bowel movement: ☐ no ☐ yes

GOAL: Be out of bed for 2 hours

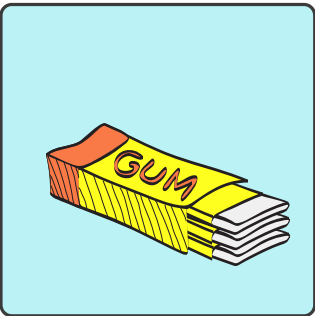
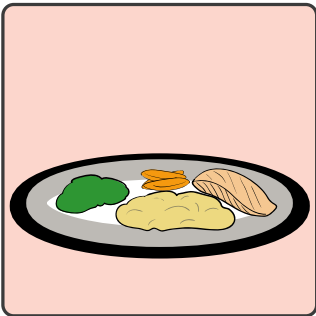
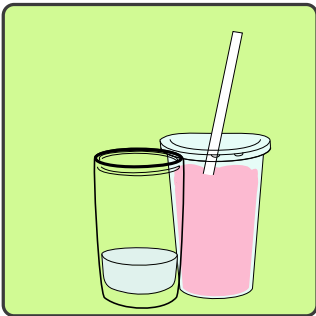
I have been up or sat up:

- ☐ any amount of time at all
- ☐ _____hours

GOAL: Chewing gum

Chew gum 3 times a day

- ☐ no ☐ yes



Day 1

Date: _____

I have been eating:

- ☐ a little
- ☐ nothing
- ☐ eating well

I have been drinking:

☐ _____ ml

GOAL: Chewing gum

Chew gum 3 times a day

☐ no ☐ yes

GOAL: Drink 2 nutrition drinks

Number of Nutrition drinks I have had: _____

I have vomited: ☐ no ☐ yes _____ times

I have passed gas: ☐ no ☐ yes

I have had a bowel movement: ☐ no ☐ yes

GOAL: Total of at least 8 hours out of bed, sit up for meals and walk two laps in the corridor.

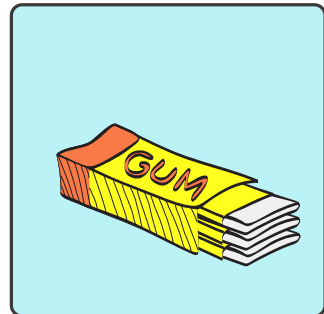
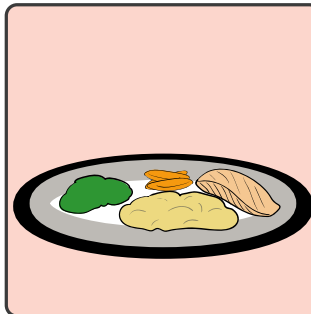
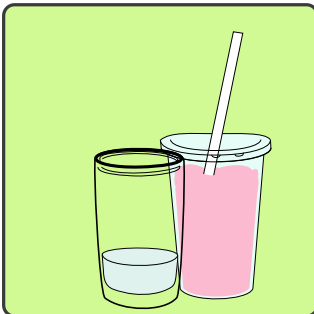
I have been up or sat up:

At Meals: ☐ breakfast ☐ lunch ☐ dinner

Morning: ☐ 2 hours ☐ 2 hours

Afternoon: ☐ 2 hours ☐ 2 hours

Number of laps in the corridor: _____



Day 2

Date: _____

I have been eating:

- ☐ a little
☐ nothing
☐ eating well

I have been drinking:

☐ _____ ml

GOAL: Chewing gum

Chew gum 3 times a day

- ☐ no ☐ yes

GOAL: Drink 2 nutrition drinks

Number of Nutrition drinks I have had: _____

I have vomited: ☐ no ☐ yes _____ times

I have passed gas: ☐ no ☐ yes

I have had a bowel movement: ☐ no ☐ yes

GOAL: Total of at least 8 hours out of bed

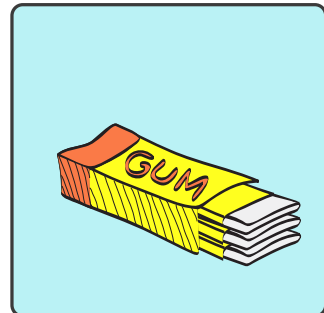
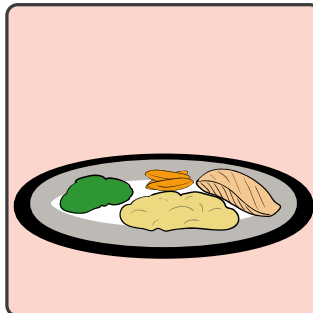
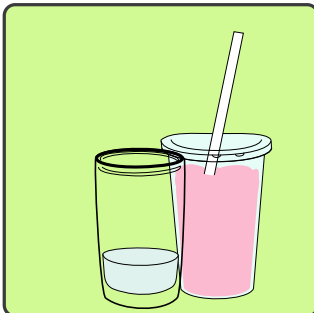
I have been up or sat up:

At Meals: ☐ breakfast ☐ lunch ☐ dinner

Morning: ☐ 2 hours ☐ 2 hours

Afternoon: ☐ 2 hours ☐ 2 hours

Number of laps in the corridor: _____



Day 3

Date: _____

I have been eating:

- ☐ a little
☐ nothing
☐ eating well

I have been drinking:

☐ _____ ml

GOAL: Chewing gum

Chew gum 3 times a day

☐ no ☐ yes

GOAL: Drink 2 nutrition drinks

Number of Nutrition drinks I have had: _____

I have vomited: ☐ no ☐ yes _____ times

I have passed gas: ☐ no ☐ yes

I have had a bowel movement: ☐ no ☐ yes

GOAL: Total of at least 8 hours out of bed

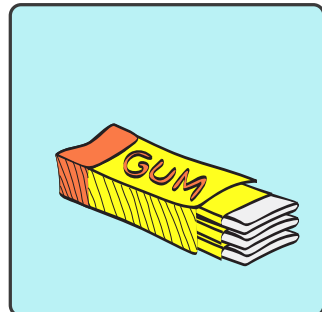
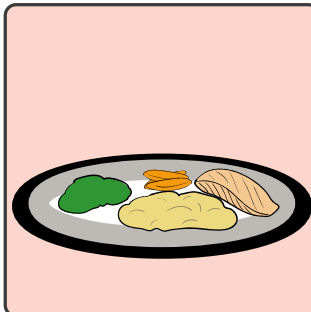
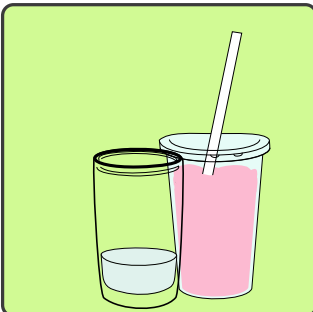
I have been up or sat up:

At Meals: ☐ breakfast ☐ lunch ☐ dinner

Morning: ☐ 2 hours ☐ 2 hours

Afternoon: ☐ 2 hours ☐ 2 hours

Number of laps in the corridor: _____



Notes

[illegible]

