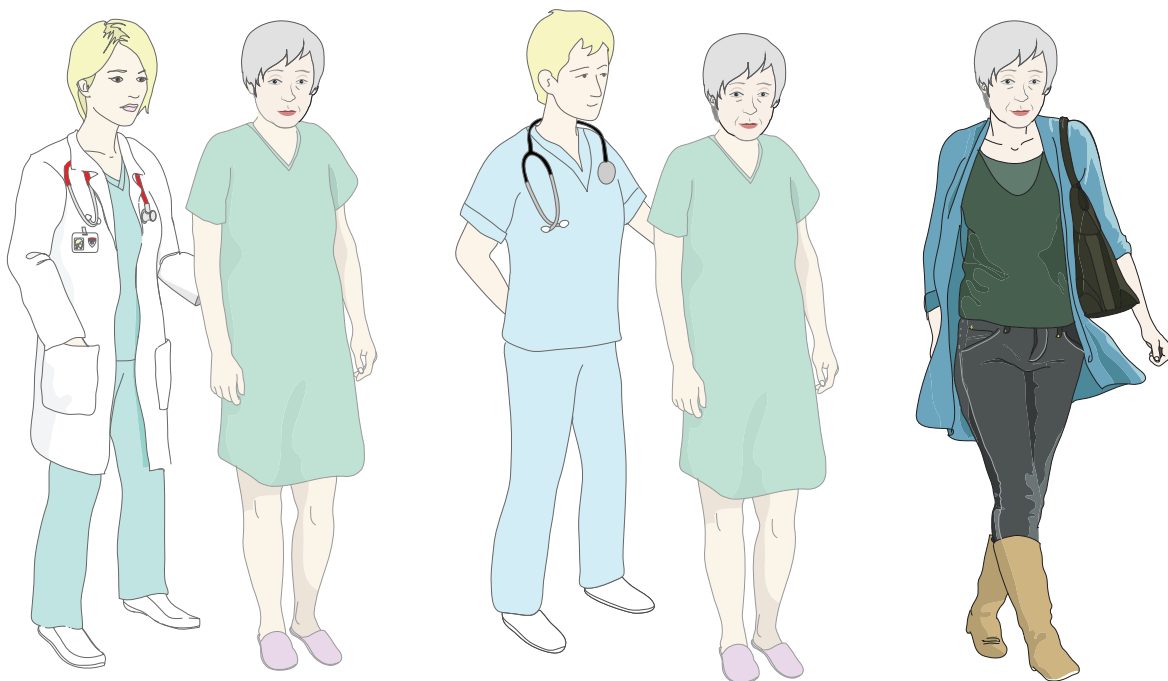


A Guide to Bowel Surgery



This booklet is to help you understand and prepare for your surgery. Please bring it with you each time you visit the hospital prior to your surgery and on the day of your surgery.

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We would like to thank the McGill University Health Center Surgery Recovery Program for permission to adapt their model and content for this booklet.

We would also like to thank the McGill University Health Center Patient Education Office for their support throughout the development of this document, including the design, layout and creation of all the images.

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

<http://www.colorectal-cancer.ca>

<http://www.ccfcc.ca>

Patient Education Video - Enhanced Recovery

https://www.youtube.com/watch?v=swXJ_7Gtqz4

<http://enhancedrecoverybc.ca/patient-education/>



Important

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



This material is also available through the
MUHC Patient Education Office website:
www.muhcpatienteducation.ca

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Office d'éducation des patients
Patient Education Office

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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.

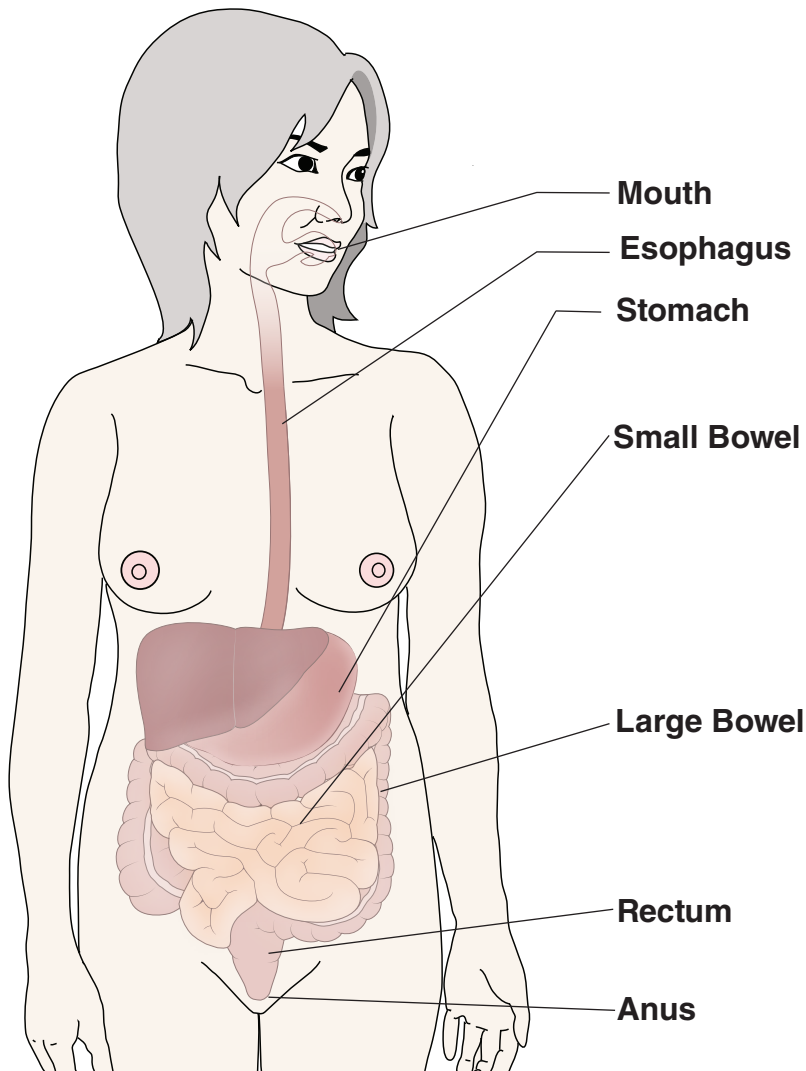
Please bring this booklet with you each time you visit the hospital prior to your surgery and on the day of surgery. Use it as a guide during your hospital stay. Hospital staff may refer to it as you recover, and review it with you before you go home.

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.

If you do not speak English, please bring someone to translate for you.

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 soaked up. What is left of the food goes to the large bowel. This is where fluid is soaked up 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.



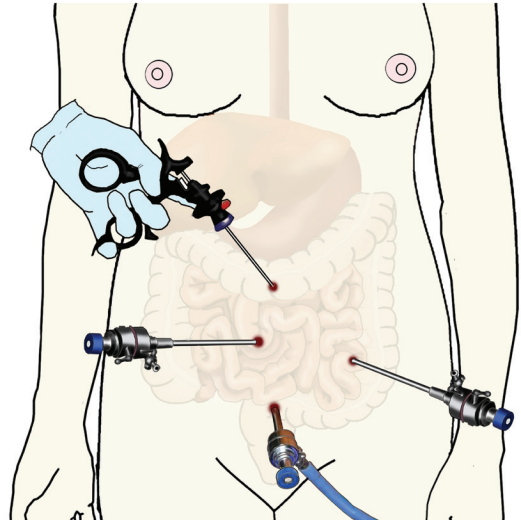
What is Bowel Surgery?

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

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

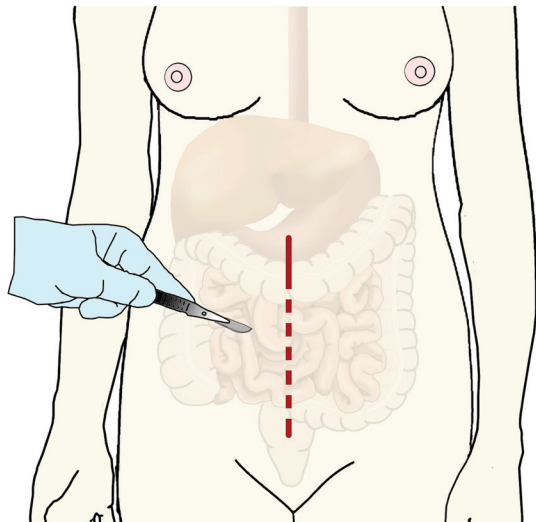
1. Laparoscopic

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



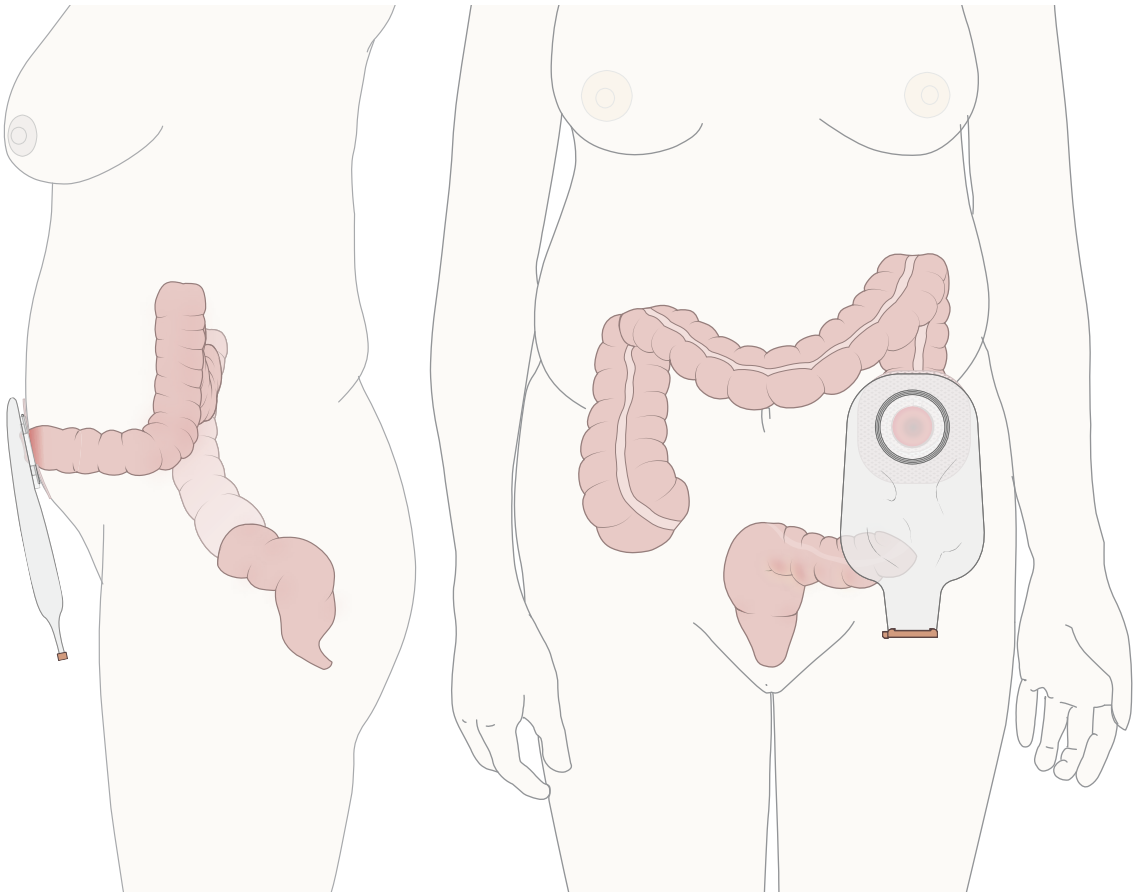
2. Open

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 before and after your surgery who will teach you 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 hard 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 decrease your risk for lung problems. Your doctor can help you stop smoking by prescribing medication.



Restrict alcohol:

Try to decrease the amount of alcohol you consume leading up to your surgery. Do not drink ANY alcohol for 24 hours before your surgery. Alcohol can mix 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, snow removal, yard work, shopping, and driving 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:

You may go home from the hospital on Day 3 or 4 after your surgery. Tell your nurse if you have concerns about going home. Remember to arrange a ride.



Pre-Surgical Screening Department

Pre-Surgical Screening Department Visit

You will be interviewed by a nurse from the Pre-Surgical Screening Department several days or weeks before your surgery.

During your interview you will learn how to get ready for surgery and what to expect while you are in the hospital. Your nurse will also want to know more about you, so please complete your questionnaire at home prior to your appointment. Some of the things we will discuss with you are:

- Past medical history
- Allergies
- Medications you are currently taking including prescription, herbals or vitamins. You may need to stop or adjust the dosage of some medications before your surgery.
- Bowel preparation if you are required to have one
- Body cleansing prior to surgery
- Hair removal. Do not shave, wax or clip any body hair around the surgical site for 7 days before surgery
- Diet before and after surgery
- Activity goals for each day after surgery
- Blood work or other tests that need to be done before surgery

Pre-Surgical Screening Department

You may meet with an anesthesiologist, who will talk to you about the drugs that make you go to sleep so you will not feel pain during your operation. They will also speak to you about options for pain control after your surgery.

The anesthesiologist will ask you questions about your health, medications, allergies, previous operations and family history. If you have medical problems, you may be referred to another doctor (a specialist) before surgery.

If your surgeon said you may need an ostomy, you will meet the ET nurse to explain about the ostomy and mark on your belly where the ostomy will be. Do not wash off this mark.



Cancelling

If you are sick or need to cancel your surgery, please contact your surgeon's office, and they will advise you of what to do next.



Eating and Drinking

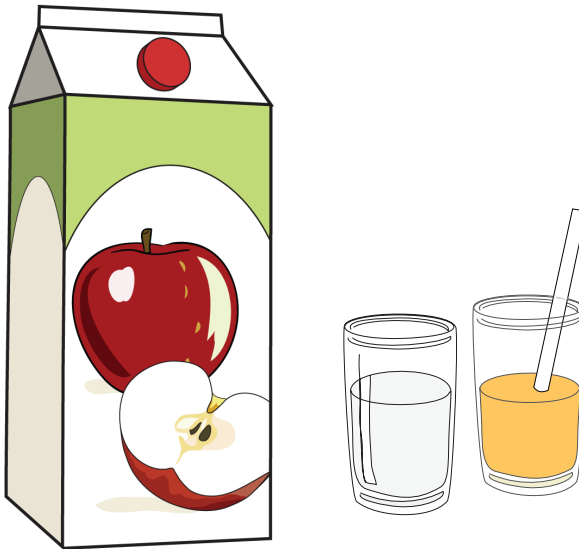
The day before surgery:

If you are not taking a bowel prep...

- Eat and drink normally until midnight.
- Before you go to bed, drink 800mL (3 cups) of apple juice.
- After midnight, do not have any solid food, milk, dairy products, candy or gum

You can drink clear fluids (water, black coffee or tea or no-pulp juice).

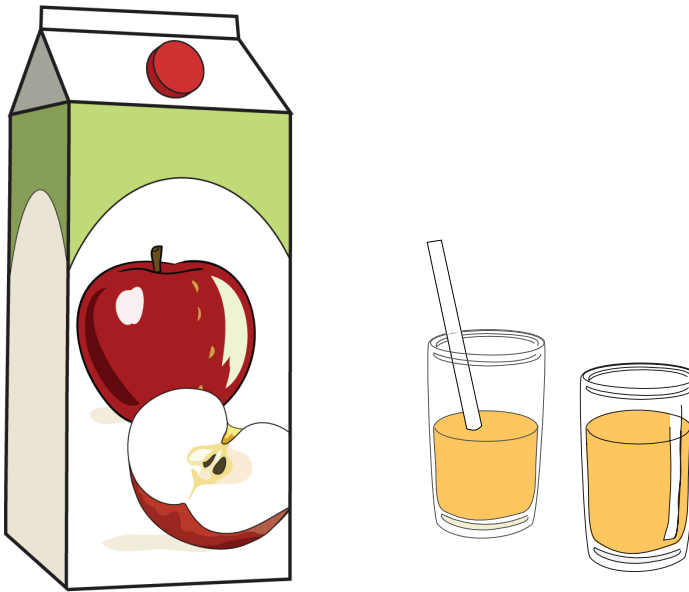
Milk is not a clear fluid.



Eating and Drinking

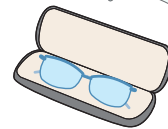
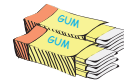
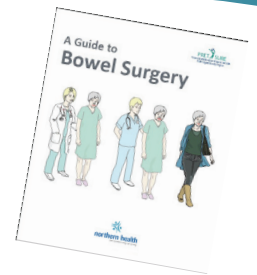
The morning of surgery:

- Drink 400mL (1.5 cups) of apple juice 3 hours before your surgery.
- **Do not eat or drink anything else.**



Things to Bring to the Hospital

- This booklet and a pen
- Ontario Health card and picture identification
- Private insurance information, if you have any
- Your prescribed medications in their original containers and any over the counter medications you take
- Your cell phone and charger
- Two packages of your favourite sugar-free gum
- Bathrobe, slippers, pajamas, loose comfortable clothing
- Toothbrush, toothpaste, mouthwash, comb, deodorant, soap, shaving supplies, tissues, and perhaps earplugs. Do not bring any scented products
- Glasses, contact lenses, hearing aids and dentures. Bring their storage containers labeled with your name because you will be asked to remove these before your surgery
- Cane, crutches, walker, labeled with your name
- Sleep apnea machine if you use it for sleeping, labeled with your name
- Magazines or books to read



Things to Leave at Home

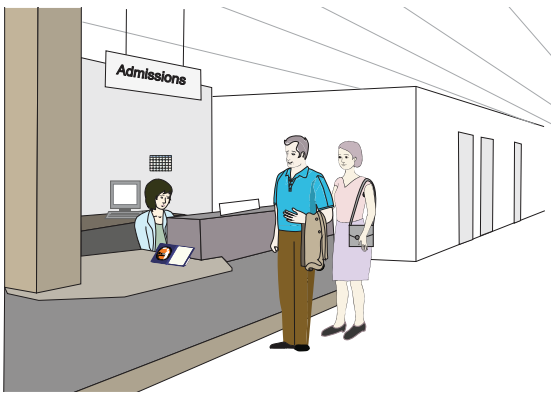
- Large amounts of money
- Valuables
- Remove all nail polish
- Remove body piercing and jewelry
- Remove hair extensions



At the Hospital

Admitting area:

Report to Admitting (Front Lobby West Entrance) at the time you were given. Bring your Health card and photo identification. The admitting clerk will ask you to sign forms. These forms will be given to you to bring to the Day Surgery Department.



Day Surgery Department:

When you arrive at the Day Surgery Department, the nurse will:

- Take your paperwork and admit you for surgery
- Have you change into a hospital gown
- Check your blood pressure, heart rate, temperature and weight
- Give you pain medicine before your surgery
- Start an intravenous to give you medicine during your surgery
- Ask you to empty your bladder before you go to the Operating Room

You may be seen by your surgeon. If you have any questions, he or she will be able to answer these for you.

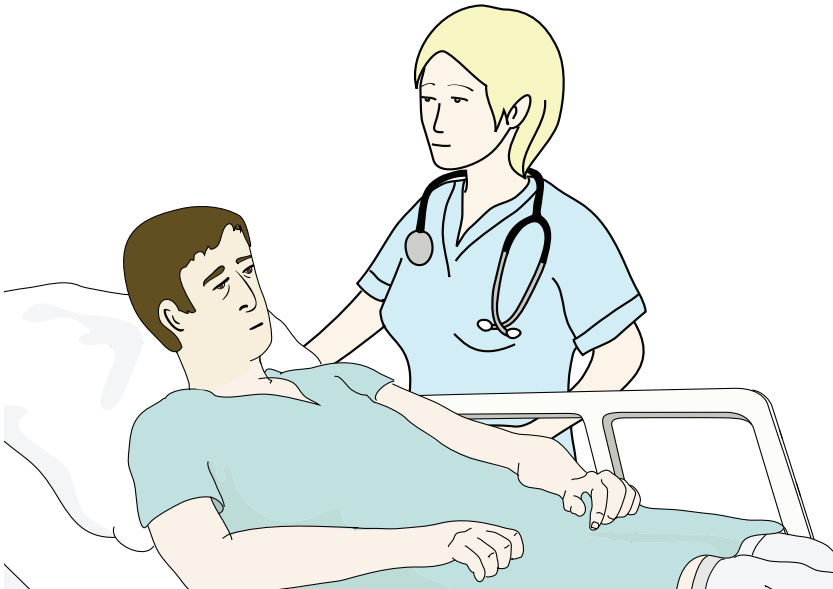
The anesthesiologist will see you and make sure you are safe to have surgery.

At the Hospital

Operating room:

You will be brought to the operating room where you will meet the other members of the surgical team. The anesthesiologist:

- May place an epidural catheter (tube) in your back before your surgery to control your pain
- Will give you antibiotics and blood thinners to help decrease your chance of infection and blood clots
- Will put you to sleep for your surgery
- While you are asleep a catheter (tube) will be put into your bladder to drain your urine.



In PACU (Recovery Room)

After your surgery, you will wake up in PACU. You may find it hard to stay awake, but this is normal. Visitors are not allowed in this area.

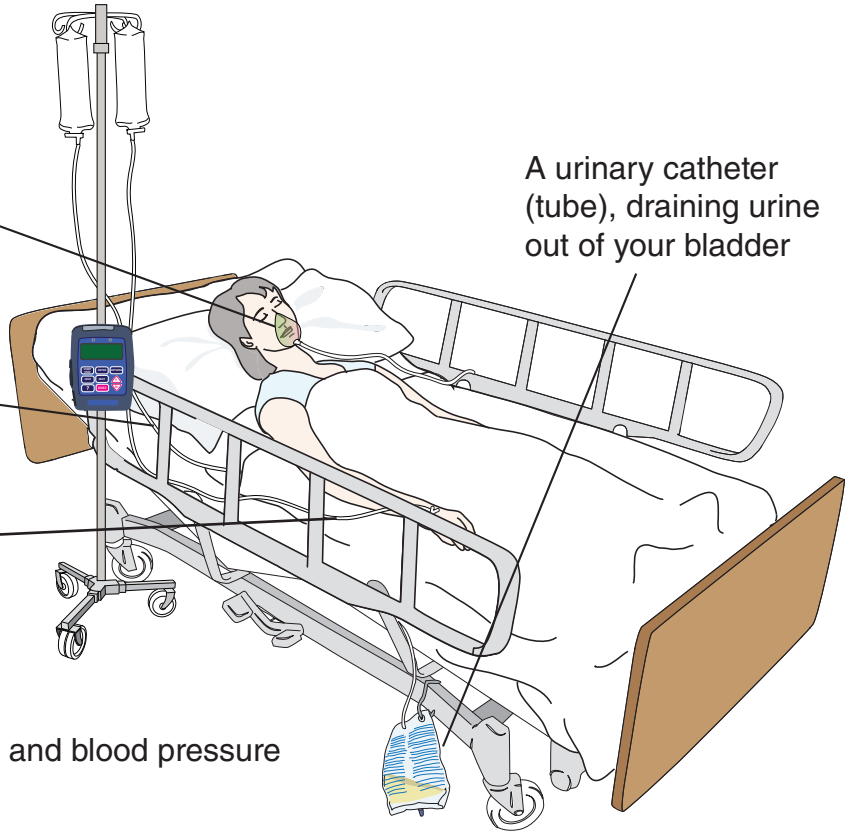
You may have:

A mask, giving you oxygen

An epidural (small tube in your back), giving you pain medicine

Intravenous (IV) lines in your hand or neck, 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)
- Give you medications if you have pain or are sick to your stomach; and
- Make sure you are comfortable
- Give you ice chips and fluids to drink

When the nurses and doctors feel you are ready, you will be taken to your room.

After Your Surgery

Once you are in your room, your family may visit you. You may feel sore and tender. Do not try to get up out of bed alone. Ask for help.

If you have an ostomy, you will see the ET nurse to begin teaching after surgery. As soon as you begin walking, you should practice emptying/cleaning your ostomy as the ET nurse shows you.

Pain Control:

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

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

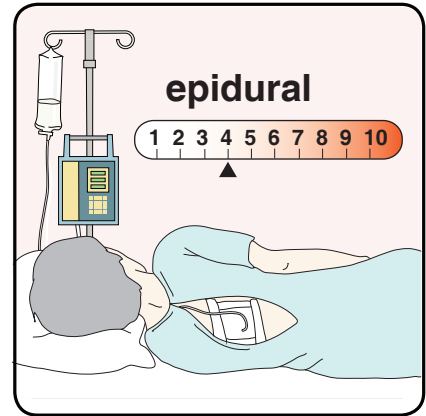
Your nurse may ask you to describe your pain using a number between 0 and 10. 0 means no pain and 10 is the worst pain you can imagine. We want to keep your pain below 4/10. Please tell us if you have pain. We will help you.



After Your Surgery

Epidural infusion:

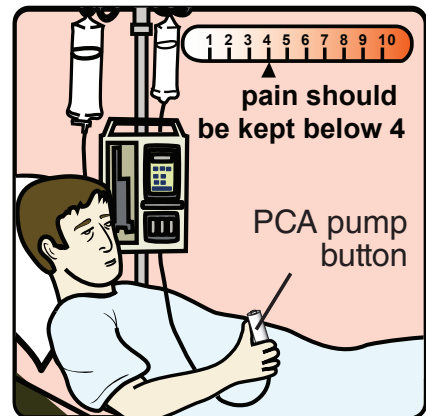
You may have a small tube in your back to give you pain medicine. This is called an epidural. It is usually started in the operating room before you go to sleep. It is usually removed on Day 2 or 3 after surgery when your pain is controlled.



OR

Patient-Controlled Analgesia (PCA):

Instead of an epidural, 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.

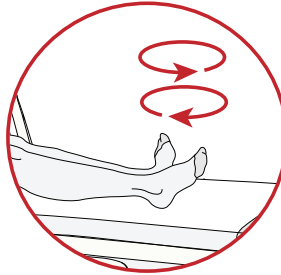


Exercises

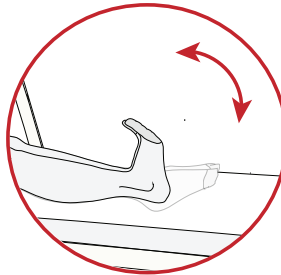
It is important to move around in bed to prevent pneumonia, blood clots, and muscle weakness. Start these exercises when you wake up and continue them while you are in the hospital.

Leg exercises

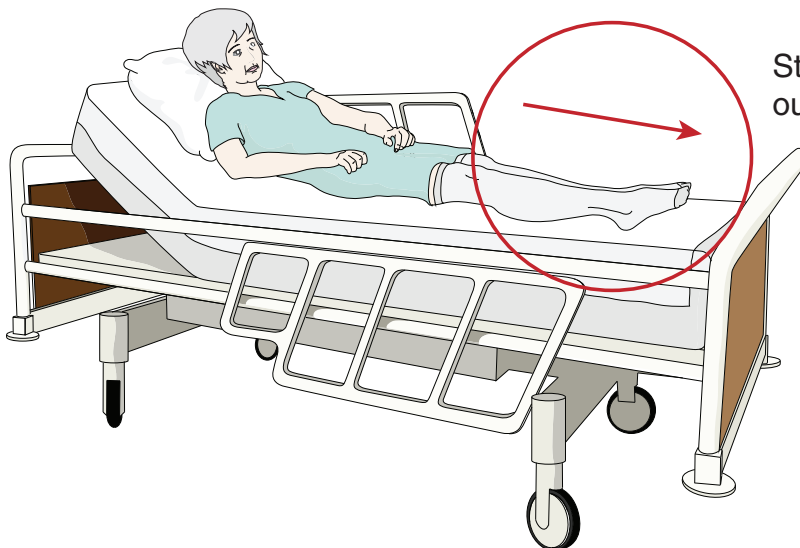
These exercises help your blood to circulate in your legs. Repeat each exercise every hour while you are awake.



Rotate your feet to the right and left.



Wiggle your toes and bend your feet up and down.

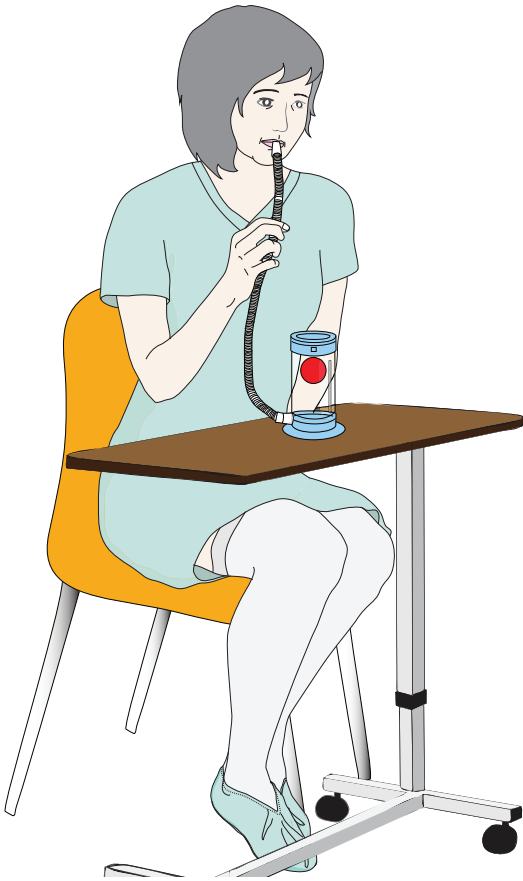


Stretch your legs out straight.

Exercises

Deep breathing and coughing exercises:

An incentive spirometer is a device that helps you breathe deeply to prevent pneumonia. This breathing exercise works best if you are sitting in a chair.

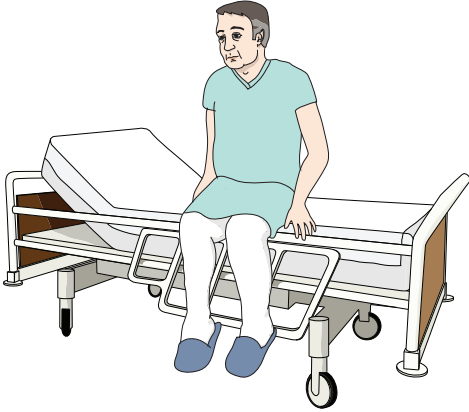


To use your incentive spirometer:

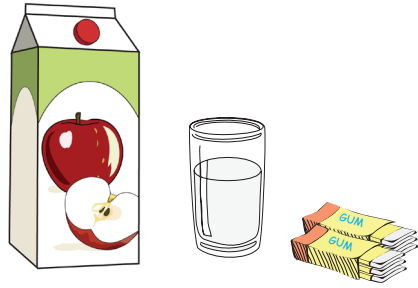
- Put your lips around the mouthpiece, breathe in slowly and deeply, and try to hold the white ball up as long as you can
- Remove the mouthpiece, breathe out, and rest for a few seconds
- Do this 5-10 times every hour while you are awake
- Take a deep breath and cough using a pillow to support your incision. The pillow decreases any pain coughing may cause.



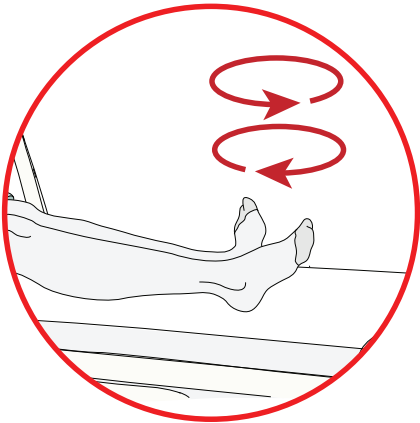
Goals for the Evening of Surgery



Sit on the side of the bed with help from a nurse.



It is important to drink liquids the day of surgery. Chew gum for 30 minutes to help your bowels start to work.



Do your leg exercises (see page 19).



Do your breathing exercises (see page 20).

Goals for Day 1

Breathing

- Do your breathing exercises

Activities

- Do your leg exercises
- Sit in a chair for meals.
- Walk in the hallway 1 or more times, with help
- Be out of bed, off and on, as much as you are able

Pain control

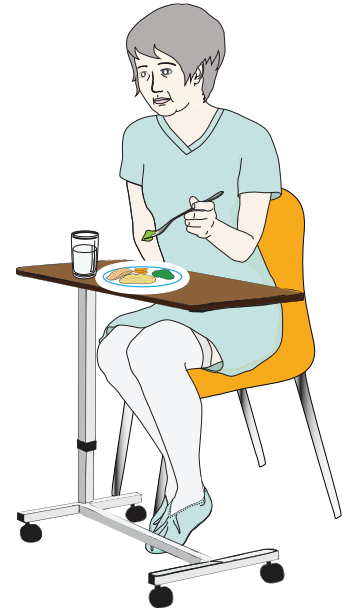
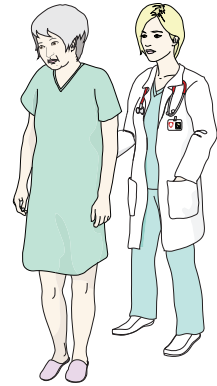
- Tell your nurse if your pain reaches 4/10 on the pain scale

Eating and drinking

- Drink liquids
- Eat regular food, as you are able
- 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.



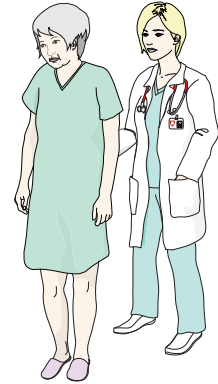
Goals for Day 2

Breathing

- Do your breathing exercises

Activities

- Do your leg exercises
- Sit in a chair for meals.
- Walk in the hallway 2 or more times, with help
- Be out of bed, off and on, as much as you are able

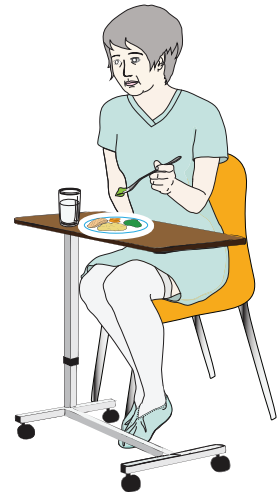


Pain control

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

Eating and drinking

- Drink liquids
- Eat regular food, as you are able
- 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 or an epidural (tube in your back), it may be removed today and you will take pills to control your pain



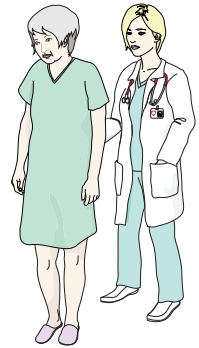
Goals for Day 3

Breathing

- Do your breathing exercises.

Activities

- Do your leg exercises
- Sit in a chair for meals.
- Walk in the hallway 3 or more times, with help
- Be out of bed, off and on, as much as you are able

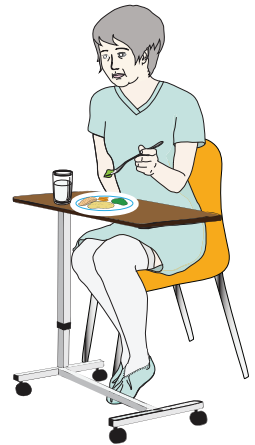


Pain control

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

Eating and drinking

- Drink liquids
- Eat regular food, as you are able
- Chew gum for 30 minutes 3 times/day



Tubes and lines

- All of your tubes and lines should be removed if your pain is well controlled and you are drinking well. You will take pills to control your pain.

Planning for going home

- Plan to go home tomorrow before 11 a.m.
- Make sure you have a ride ready to pick you up.
- **If you are not going home, repeat goals from Day 3 until you are discharged**



Checklist for Going Home

You will be ready to go home when:

- You have no nausea or vomiting
- You are eating and drinking as usual
- You are passing gas
- You do not need to have a bowel movement before you go home
- You are passing urine well
- You are able to get in and out of bed on your own
- You are walking like you were before surgery but may not be as far (this is OK)
- You have enough strength and energy to go up and down stairs
- Your home is organized for you (meals, special equipment)
- Your questions or concerns about your recovery at home have been answered by your healthcare team

Going Home

Plan to go home today before 11 a.m.

What you need to know:

- Medicines you have to take at home
- If there is a prescription for any pain medicine or other medicine
- What to eat and drink
- How to care for your incision (cut)
- When to return to regular activities (for example driving, exercise, lifting)
- Signs and symptoms of an emergency or infection and what to do or who to call
- Equipment needed at home, arranged before you leave (bathroom equipment or walker)
- Who to call with questions or concerns
- Date and time of your follow up appointment with your surgeon

Discharge Information:

Date and time you will be discharged :



Name and phone number of person picking you up from the hospital:



At Home

Pain

You may have pain for a few weeks after surgery. Take the pain medication prescribed by the surgeon when you left the hospital.

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

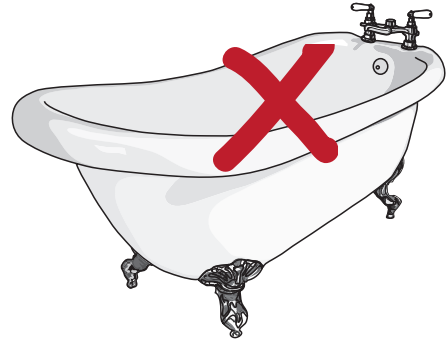
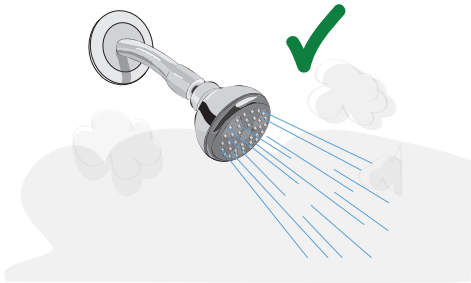
Pain medicine may cause constipation. To help your bowels stay regular:

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

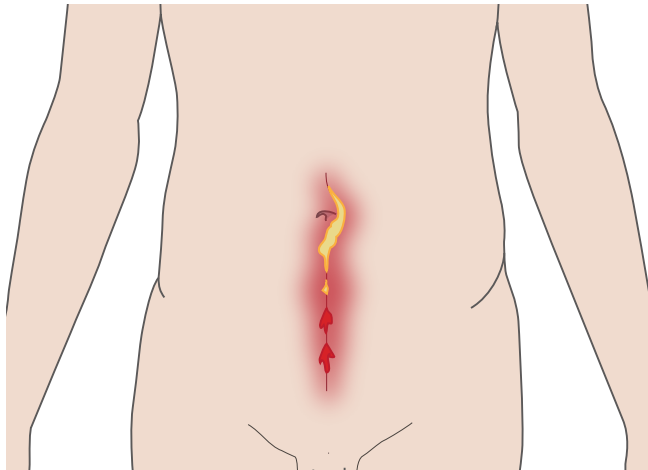


Incision

Your incision(s) may be slightly red and uncomfortable for 1-2 weeks after surgery. Once you are walking after surgery you may take a shower. Let the water run softly over your incision(s) and wash the area gently. Do not scrub. Do not take a tub bath, sit in a hot tub or go swimming until your surgeon says it is okay to do so.



Visit your family doctor or call your surgeon's office if your incision becomes warm, red, and hard, or if you see drainage coming from it.



Diet

You may eat anything you want, unless your doctor, nurse, or dietitian, 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 milk products are good sources of protein.

If you find it hard to eat enough food, try eating smaller amounts at each meal. Add healthy snacks between meals. Try protein drinks, like Ensure or Boost.

Drink fluid frequently throughout the day to prevent dehydration and constipation.



Activity

After you go home:

- Try to walk several times each day. Slowly increase the distance until you reach your usual level of activity.
- Do not lift more than 10 pounds for 6-8 weeks after your surgery.
- Ask your surgeon when you are able to drive again.
- 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 continue most activities, including sexual activities.



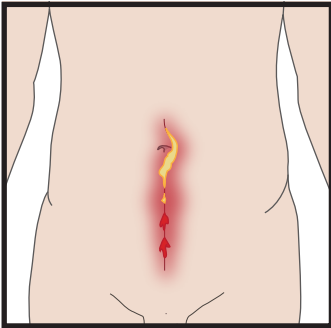
Ask your family and friends for help with:

- Transportation
- Meal preparation
- Laundry
- Grocery shopping
- House cleaning
- Snow removal
- Yard work

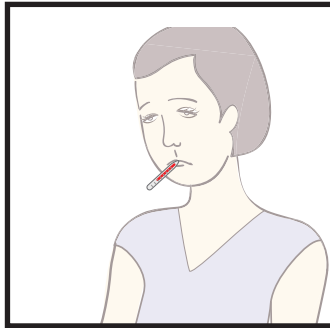


When to Call Your Doctor

Visit your family doctor or call the surgeon's office if:



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



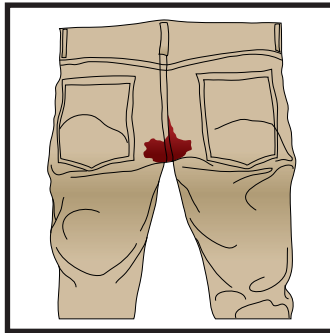
You have a fever (greater than 38°C/100.4°F)



You cannot drink fluids or keep them down



You have pain that your pain medicine does not help



You have bright red blood coming from your anus



You have not had a bowel movement after 7 days from your surgery

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

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.

