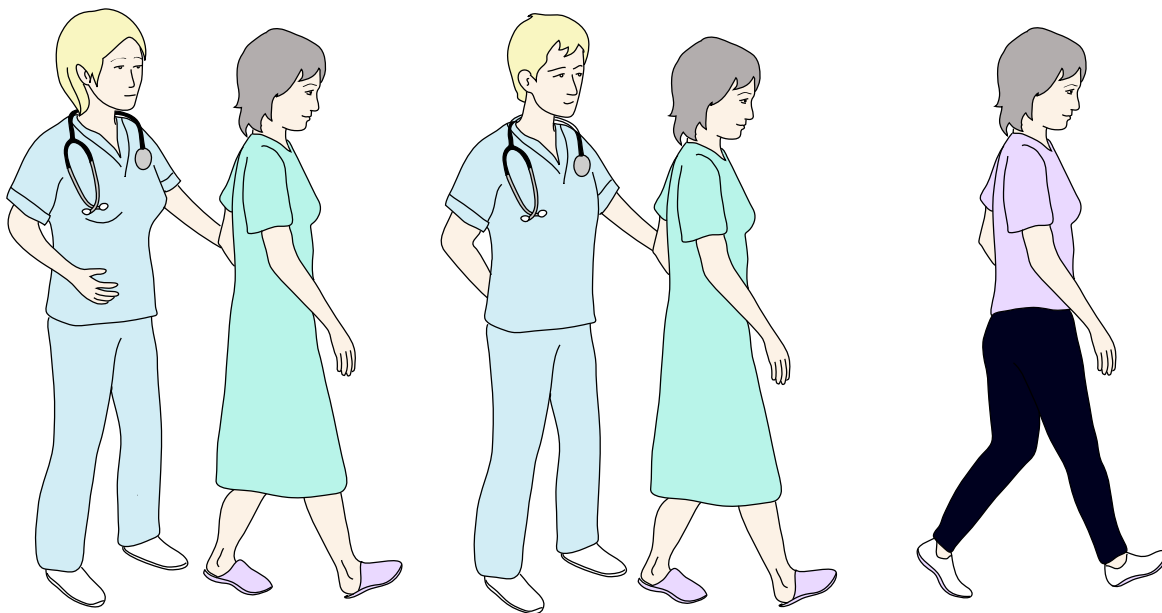


# A Guide to Bowel Surgery



Winnipeg Regional  
Health Authority  
*Caring for Health*

Office régional de la  
santé de Winnipeg  
*À l'écoute de notre santé*

This booklet was developed by the **Health Sciences Centre (HSC) Surgery Program ERAS Working Group.**

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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.



This material is also available through the **MUHC Patient Education Office** website ([www.muhcpatienteducation.ca](http://www.muhcpatienteducation.ca))

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Office régional de la  
santé de Winnipeg  
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## Introduction

# 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.



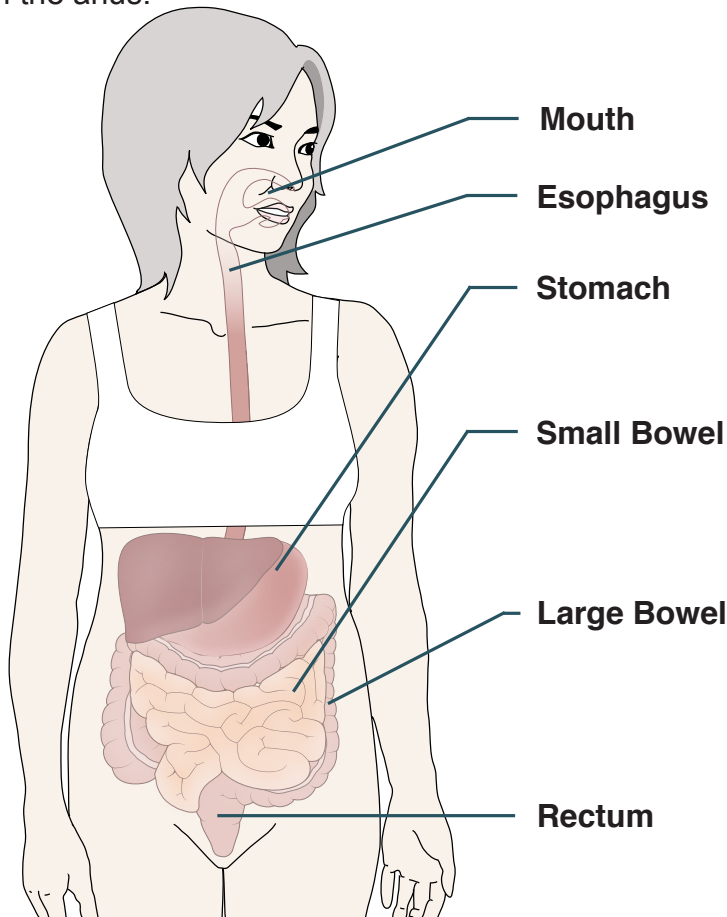
## Introduction

# 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 intestine 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.



## Introduction

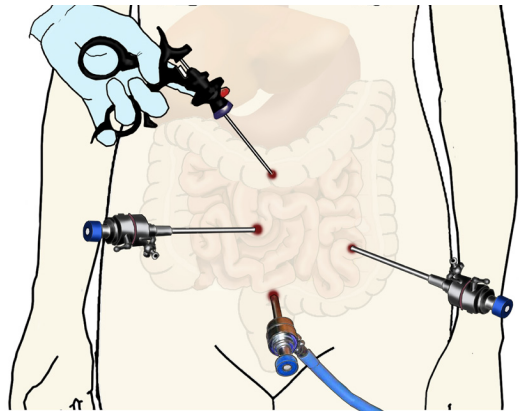
# What is bowel surgery?

Bowel surgery, also called colorectal surgery, is the 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.

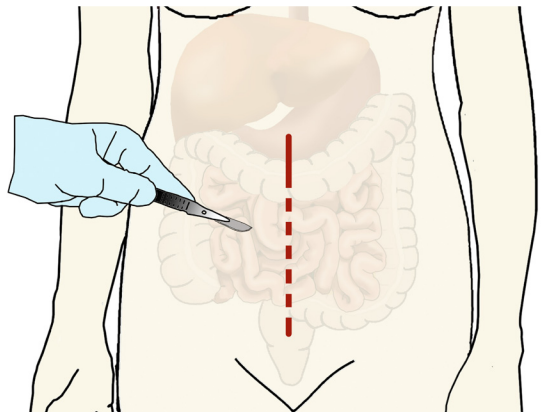
### 1. Laparoscopic

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.



## Introduction

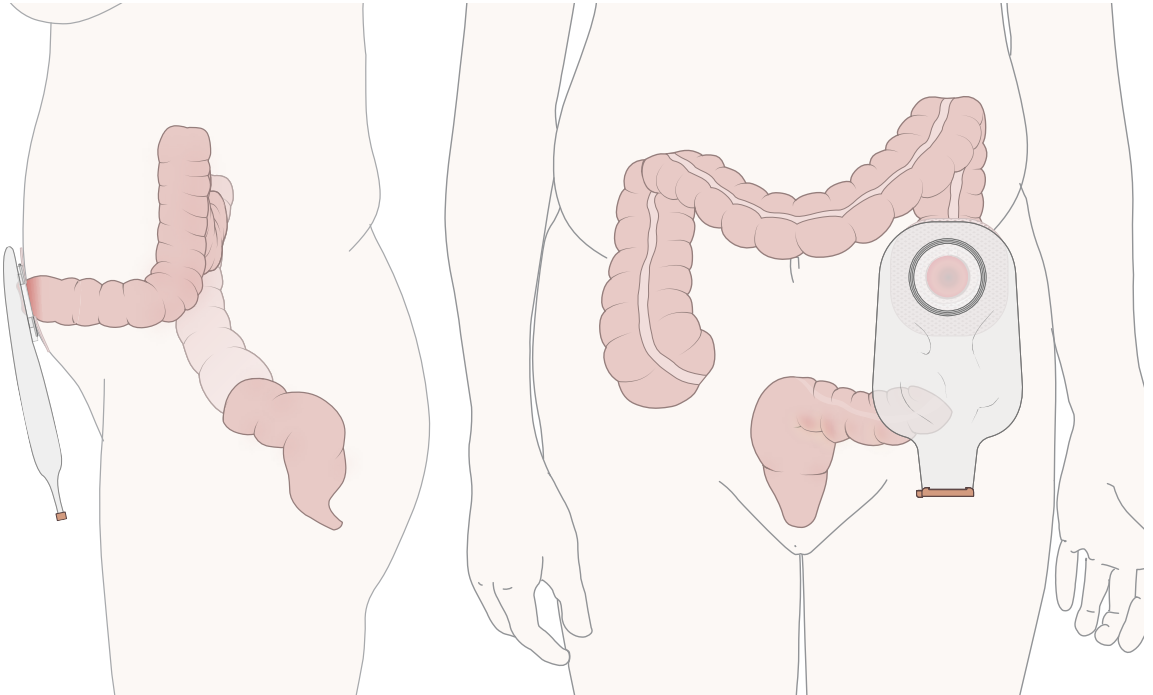
# What is an ostomy?

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.



For more information about ostomies, please go to [muhcpatienteducation.ca](http://muhcpatienteducation.ca) and search “ostomy”  
OR follow this link: <http://muhcguides.com/module/ostomy>

## Before your Surgery

# 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 36 to learn more.



### Restrict alcohol:

Do not drink alcohol after midnight on the day of 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.



Before your 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 as early as Day 3 after your surgery. Tell your nurse if you have concerns about going home. Remember to arrange a ride.



## Before your Surgery

# Pre-Operative Assessment Clinic Visit

Depending on your clinical situation, several days or weeks before your surgery, you may be seen by a clinic nurse and an anesthesiologist in the Pre-Operative Assessment Clinic.

### During the visit, they will:

- Review any medical conditions you may have
- Go over medications you are currently taking
- Discuss past surgical experiences
- Perform an exam where appropriate
- Review recent test results

### Once this information has been collected, the Anesthesiologist will:

- Discuss the plan for anesthesia on the day of surgery
- Explain which medications to take the morning of surgery
- Review the risks of anesthesia
- Discuss options for post-operative pain control



Date of Surgery: \_\_\_\_\_

Time of Surgery: \_\_\_\_\_

Time of arrival at hospital Admitting Desk: \_\_\_\_\_

Medications to take before coming to hospital:

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# Before your Surgery

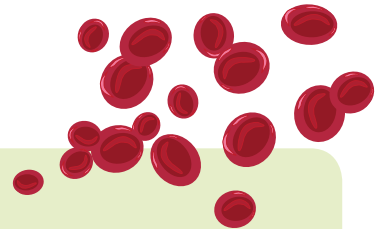
Depending on your surgery and other risk factors you may have, you may be sent home from the hospital after surgery, with a prescription to prevent blood clots that will need to be taken by an injection.

The cost of the medication in Manitoba is around 350 dollars for a 4 week supply. To treat blood clots, a larger amount of the medicine is required and the cost can be more than 1000 dollars per month.

The Manitoba government may pay for some of the medicine through the Pharmacare Program. You must apply for Pharmacare coverage before your surgery. Please ask your nurse, pharmacist or surgeon about how to apply, or visit the website:

[www.gov.mb.ca/health/pharmacare/](http://www.gov.mb.ca/health/pharmacare/)

Your private insurance may cover part or all of the medicine cost. Please check in advance for coverage details. If you feel you cannot afford this medicine, please let a health care professional know.



## A word about blood management:

If you have anemia (lower than normal red blood cells), your care team may include Blood Management Service. If needed, a nurse will contact you to discuss special ways that you can increase your red blood cells prior to surgery. This may help to prevent a blood transfusion in some patients. You may preview additional information by visiting the website:

[www.bestbloodmanitoba.ca](http://www.bestbloodmanitoba.ca)

If you have specific questions about blood transfusions in surgery you may wish to contact **Blood Management Service: 204-926-8006**.

Before your Surgery

## Cancelling

If you get sick, please call your surgeon's office as soon as possible.

If you cannot reach your surgeon, call the  
**Health Sciences Centre: Admitting Department** at (204) 787-3203.

For St. Boniface and Grace General Hospitals, please contact your surgeon's office.



Your surgery may be delayed or cancelled because of an emergency. If this happens, your surgeon will rebook your surgery as soon as possible.

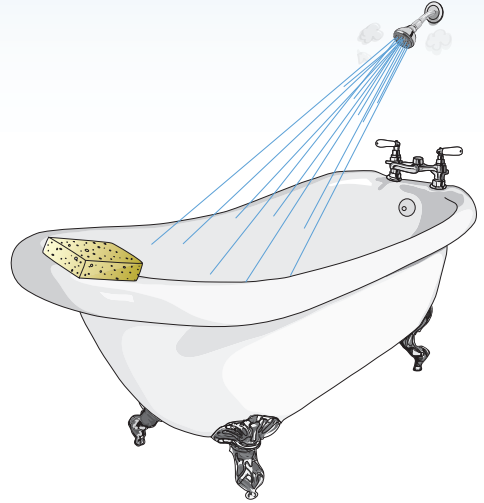


## Before your Surgery

# Washing

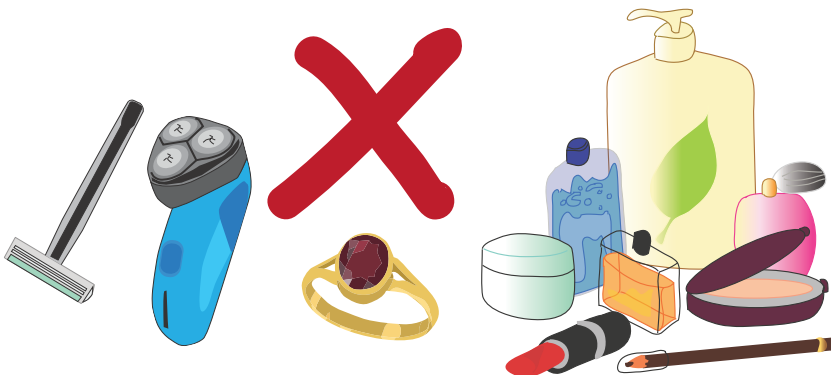
### The night before surgery:

- Take a shower or bath. Use regular soap and shampoo for your face and hair
- Wash your body from the neck down, including your belly button
- Wear clean clothes to bed



### The morning of surgery:

- Take a shower or bath
- 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



## Before your Surgery

# Eating and drinking

The nurse in your surgeon's office or pre-operative assessment clinic will explain what to eat and drink before your surgery to give you the energy and nutrients you need to recover quickly.

Some people need to take a bowel prep (laxative) the day before their surgery. Your surgeon will tell you if you need to do this. If you need a bowel prep, follow the instructions your surgeon gives you about how to take it.

## The day before and morning of surgery:

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

- please follow the instructions that were given to you

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

- No alcohol after midnight on the day of your surgery
- You can eat a light snack up to 6 hours before your surgery
- After midnight, do not have any dairy products or juice with pulp
- Drink a carbohydrate drink (clear juice) 2-3 hours before surgery.
- Stop drinking 2-3 hours before your arrival to the hospital for your surgery.

**EXCEPTION:** If you are asked to arrive at 6:30am, stop drinking at 4:30am.

## Before your Surgery

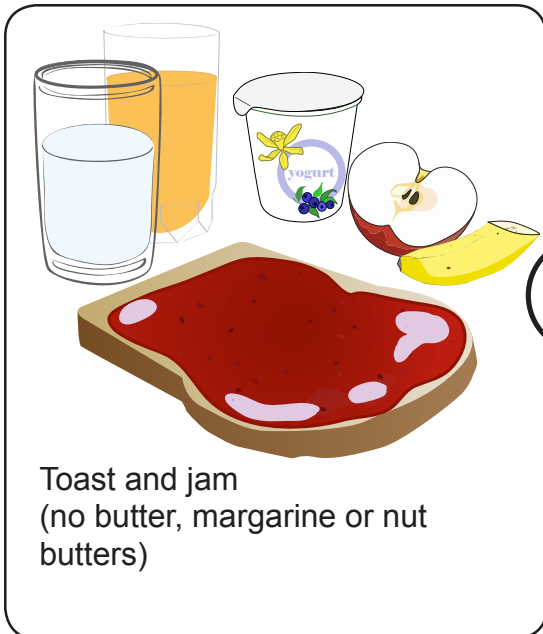
# Eating and drinking

- Eat a light snack up to 6 hours before your surgery:

**Examples** of a light snack include;

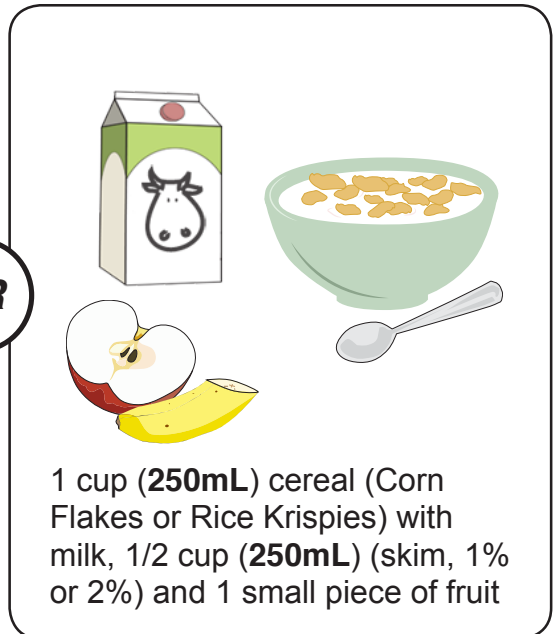
- 1 slice of toast with jam (no butter, margarine or nut butters), 1/2 cup (125mL) yogurt (2% fat or less), and one piece of fruit,
- **OR** 1 cup (250mL) cereal (Corn Flakes or Rice Krispies) with milk, 1/2 cup (250mL) (skim, 1% or 2%) and 1 small piece of fruit

## Light snacks: Choose only 1.



Toast and jam  
(no butter, margarine or nut  
butters)

**OR**



1 cup (**250mL**) cereal (Corn  
Flakes or Rice Krispies) with  
milk, 1/2 cup (**250mL**) (skim, 1%  
or 2%) and 1 small piece of fruit

**Do not have any dairy products or juice with pulp after midnight.**

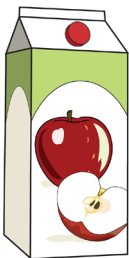
## Before your Surgery

# Eating and drinking

## The morning of surgery:

- Drink a carbohydrate drink (clear juice) 2 hours before surgery. A clear liquid is any liquid you can see through.  
**Examples** include water, apple juice, or tea/coffee without milk.
- High Carbohydrate (sugary) drinks before your surgery:  
It is important to **HAVE** sugary drinks before your surgery because it will help you feel stronger after your surgery and will help you recover faster.  
Drink up to 3 glasses (800mL) of high carbohydrate drink at bedtime the night before surgery.  
Drink a carbohydrate drink (clear juice) 2-3 hours before surgery. A clear liquid is any liquid you can see through.  
**Examples** include water, apple juice, or tea/ coffee without milk.
- Stop drinking 2 hours before your arrival to the hospital for your surgery.  
**Exception:** If you are asked to arrive at 6:30 am, stop drinking at 4:30 am.

## Carbohydrate drinks: Choose only 1.



Apple juice



Orange juice  
without pulp



Commercial  
iced tea



Cranberry  
cocktail

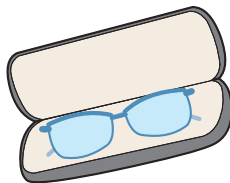
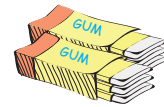
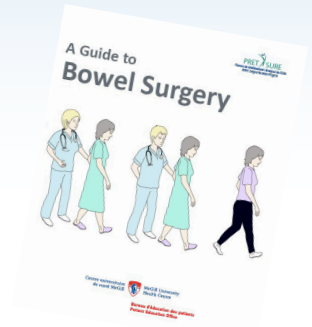


Lemonade  
without pulp

## Before your Surgery

# Things to bring to the hospital

- This booklet
- Manitoba Health Services Registration Card
- Private insurance cards
- List of your personal medications
- Two packages of your favourite gum
- Bathrobe, non-slip slippers, pajamas, loose comfortable clothing
- Toothbrush, toothpaste, mouthwash, comb, deodorant, soap, shaving supplies, tissues, and consider earplugs
- Glasses, contact lenses, hearing aids, dentures, and their storage containers labeled with your name
- Cane, crutches, walker, labeled with your name
- Change to buy small items
- Books, magazines, pen and paper
- Welcome to the hospital booklet



Please do not bring anything of value, including credit cards and jewelry. Consider the need for electronic items as the hospital is not responsible for lost or stolen items.

## Day of Surgery

# At the hospital

### Admitting area:

Report to the Admitting Desk, at

- **Health Sciences Centre:** Admitting Desk 700 William Avenue entrance
- **St. Boniface Hospital:** Patient Registration, Main floor, 409 Tache Avenue
- **Grace Hospital:** Patient Registration, Main floor, 300 Booth Drive

We will register you as a patient and guide you to the unit where you will prepare for surgery.

### Pre-operative area:

The nurse will ask you to change into a hospital gown and will complete a preoperative checklist with you.

You will meet members from your surgical, anesthesia and nursing teams. They will answer any questions you may have and will ask you a few questions to make sure you are safe to have your surgery.

You may be given pain medicine to take by mouth before your surgery.



### Operating Room:

- You may walk or be taken by stretcher into the operating room
- If you are to receive an epidural (small tube in your back) or spinal anesthetic, it will be inserted before your surgery
- The anesthesiologist will provide relaxation medication and general anesthesia for your surgery
- Antibiotics and anticoagulants (blood thinners) will be given to help decrease your chance of infection and blood clots
- While you are under anesthetic, you may have a tube (catheter) put into your bladder to drain your urine

## After your Surgery 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. Expect to spend at least a few hours in PACU.

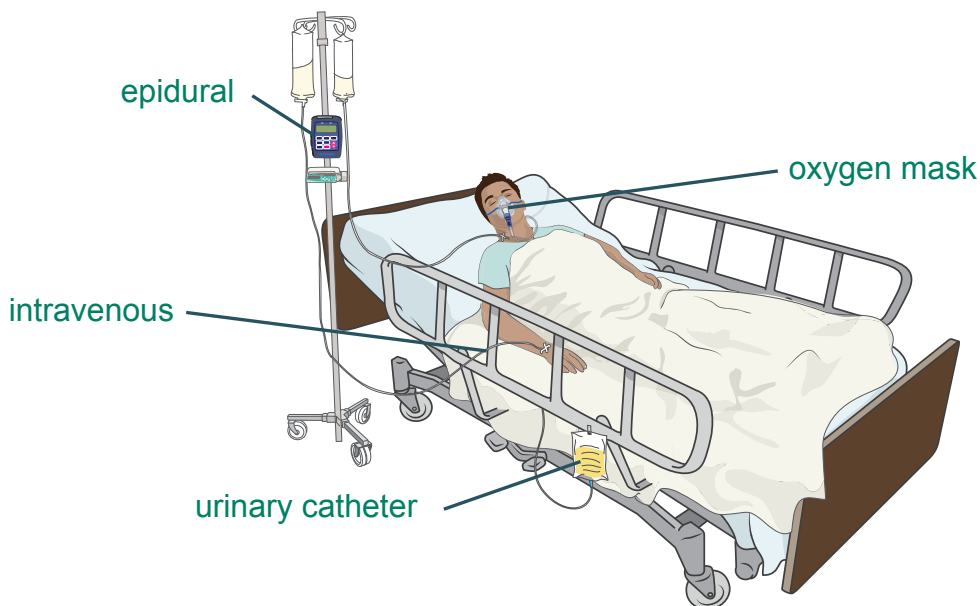
### You may have:

- A mask, giving you oxygen
- An intravenous (IV), giving you fluids
- An epidural (small tube in your back), giving you pain medicine
- 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. Your family may visit you once you are in your room.



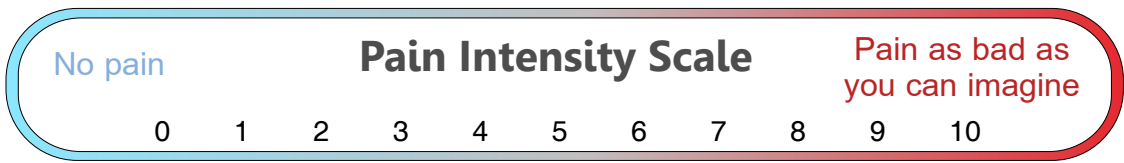
## After your Surgery

# Pain control

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

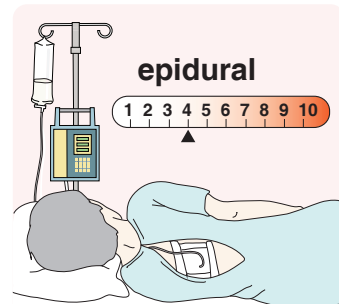
- Take deep breaths
- Move more easily
- Eat better
- Sleep well
- Recover faster
- Do things that are important to you

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.



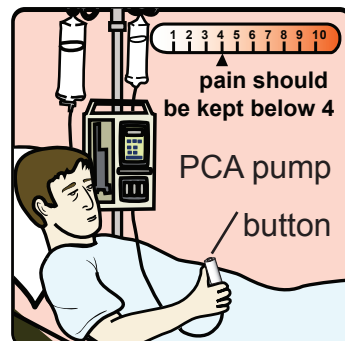
### Epidural infusion:

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.





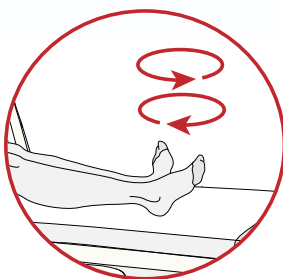
## After your Surgery

# Exercises

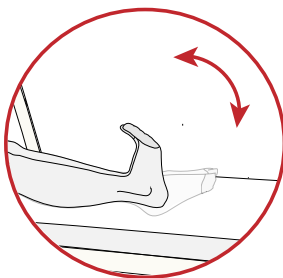
It is important to move around in bed to prevent pneumonia, blood clots, and muscle weakness. Start these exercises when you wake up and continue them while you are in the hospital.

## Leg exercises

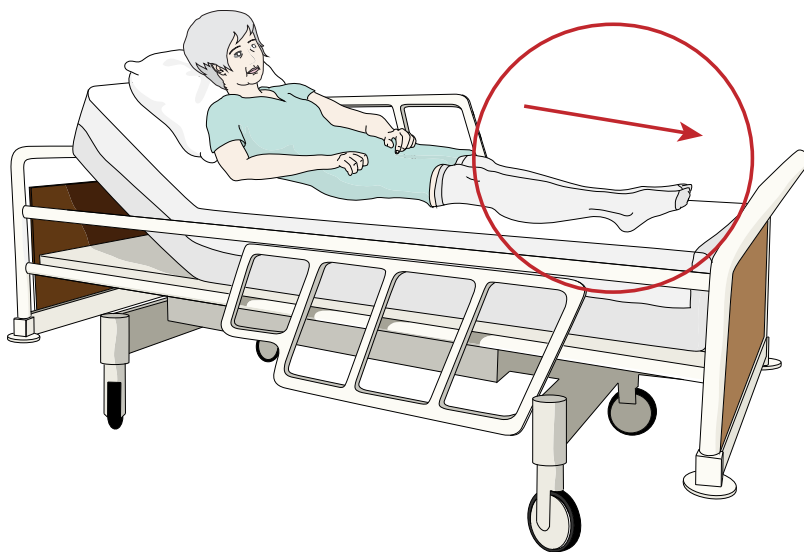
These exercises help your blood to circulate in your legs. Repeat each exercise 4 to 5 times every half hour while you are awake.



Rotate your feet to the right and left.



Wiggle your toes and bend your feet up and down.



Stretch your legs out straight.

After your Surgery

## Exercises

### Deep breathing and coughing exercises:

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

#### To use your inspirimeter:

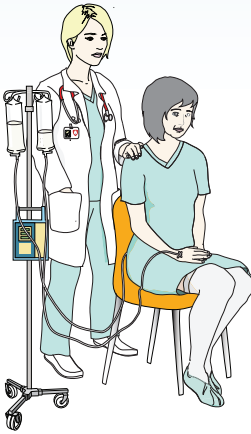
- Put your lips around the mouthpiece, breathe in deeply, and try to hold the red ball up as long as you can
- Remove the mouthpiece, breathe out, and rest for a few seconds
- Repeat this exercise 10 times every hour while you are awake
- Take a deep breath and cough using a small blanket or pillow to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



## After your Surgery

# In your room

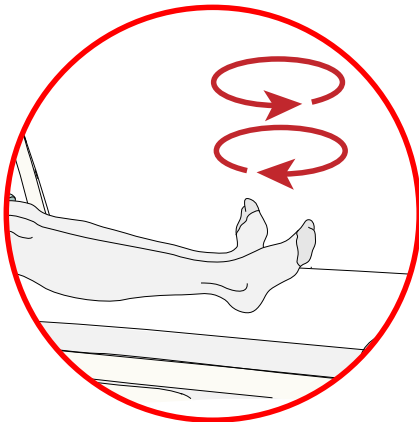
### Goals for the evening of surgery



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 5 minutes to help your bowels start to work.



Do your leg exercises (see page 21).



Do your breathing exercises (see page 22).

## Goals Met

# Goals & Activity Log for Day 0

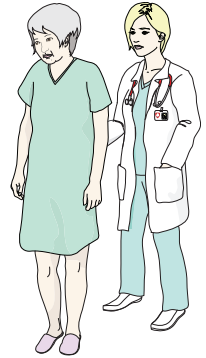
## Breathing

please check when you have met your goals

- Do your breathing exercises – 10 times every hour

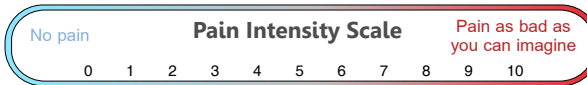
## Activities

- Sit in chair for meals
- Dangle at side of bed within – 4 hours X 10-15 minutes
- Stand at bedside and walk to doorway
- Foot and ankle exercises – 4-5 times an hour
- While in bed, do leg exercises – 4-5 times an hour



## Pain control

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



Days After Surgery	Morning	Noon	Evening	Night
0	__/10	__/10	__/10	__/10



## Eating and drinking

- Drink liquids, including protein drinks like Ensure or Boost
- Eat regular food, as tolerated
- Chew gum for 5 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 Met

# Goals & Activity Log for Day 1

## Breathing

please check when you have met your goals

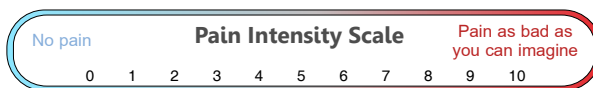
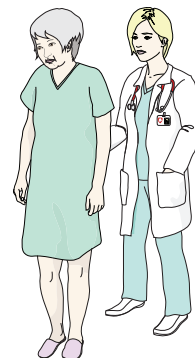
- Do your breathing exercises – 10 times every hour

## Activities

- Walk in the hallway 3 times, with help
- Be out of bed, off and on, for a total of 6 hours, as tolerated
- While in bed, do leg exercises – 4-5 times an hour

## Pain control

- While in bed, do leg exercises – 4-5 times an hour
- Tell your nurse if your pain reaches 4/10 on the pain scale.



Days After Surgery	Morning	Noon	Evening	Night
1	___/10	___/10	___/10	___/10



## Eating and drinking

- Drink liquids, including protein drinks like Ensure or Boost.
- Eat regular food, as tolerated.
- Chew gum for 5 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 Met

## After your Surgery

# Goals & activity log for Day 2

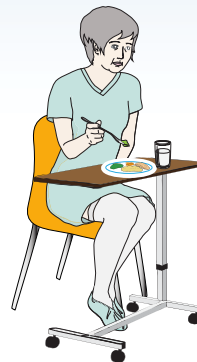
## Breathing

please check when you have met your goals

- Do your breathing exercises – 10 times every hour

## 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



Days After Surgery	Morning	Noon	Evening	Night
2	___/10	___/10	___/10	___/10

## Eating and drinking

- Drink liquids, including protein drinks like Ensure or Boost
- Eat regular food as tolerated
- Chew gum for 5 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:

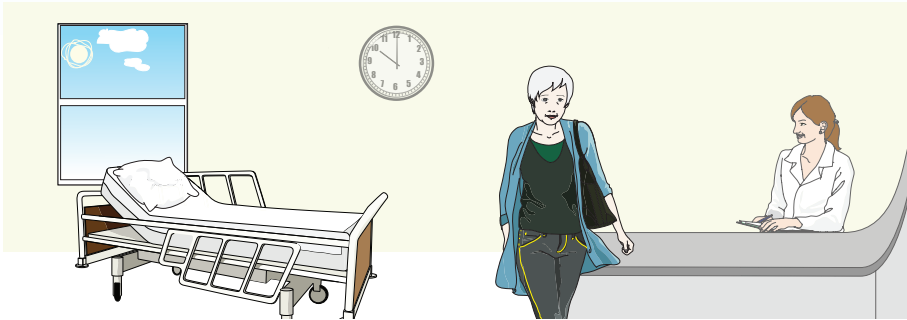
- We will turn off your epidural pump and leave the catheter in place
- You will take the first dose of pain pills
- If the pills control your pain, your epidural catheter will be removed
- Please tell your nurse if your pain is higher than 4/10

# Goals Met

## After your Surgery

# Goals for Day 3: Going home

If your recovery is going as anticipated, you may be ready to go home as early as today. Plan to go home today before 10AM.



Depending on your surgery and other risk factors you may have, you may be sent home with a prescription for a medication that will need to be taken by injection to prevent blood clots.

If this is required, your nurse will explain and teach you how to give yourself the medication at home.



### Follow-up Appointment

I have a follow-up appointment booked:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

These are the people I might have to call. Names & Phone Numbers:

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## Pain

# At home

You may have pain for a few weeks after surgery.

Take the pain medication that was prescribed for you by your surgeon.

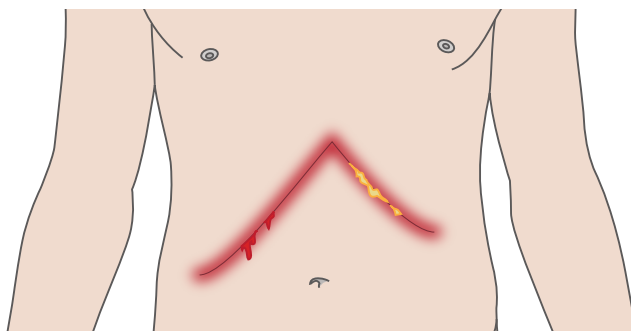
If you have severe pain that is not relieved with medicine, call your surgeon or go to the emergency room.

Please keep track of your pain at home using the Pain Diary found on page 35.

### **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





At Home

# Incision

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

You may take a shower whenever you feel ready to do so.

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.



Arrangements will be made before you are discharged from the hospital to remove your clips or stitches about 7-10 days after your surgery.

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

## At Home

# 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, take anti-nausea medication such as Gravol (tm).

**If this is unsuccessful, you can call your surgeon's office, HealthLinks**

at.... (204) 788-8200

or toll-free.... 1-888-315-9257

**or be seen at your nearest  
Emergency Department.**

## At Home

# 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:

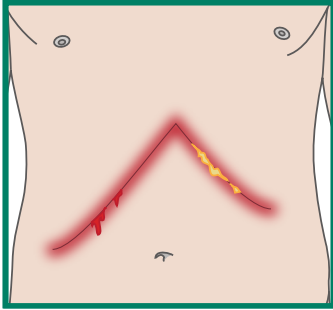
- Transportation
- Meal preparation
- Laundry
- Grocery shopping
- House cleaning



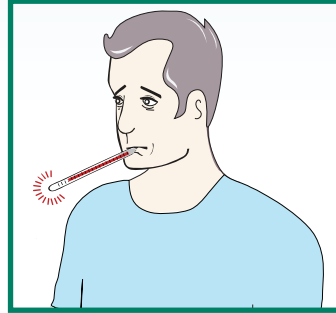
At Home

# When to call your doctor

Call your surgeon if:



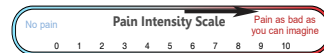
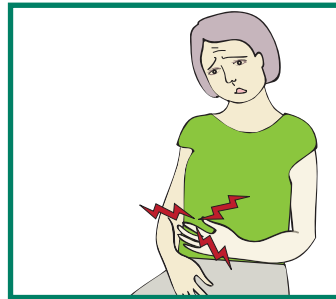
Your incision(s) becomes warm, red, or you see drainage coming from the incision



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

- Dr. \_\_\_\_\_
- Dr. \_\_\_\_\_
- Dr. \_\_\_\_\_

Phone: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Phone: \_\_\_\_\_





## Resources





# 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:

### ManitobaQuits.ca

1-888-566-5864

### Manitoba Lung Association

1 Wesley Ave, Unit 301  
Winnipeg, Mb R3C 4C6  
204-774-5501  
[www.mb.lung.ca](http://www.mb.lung.ca)



