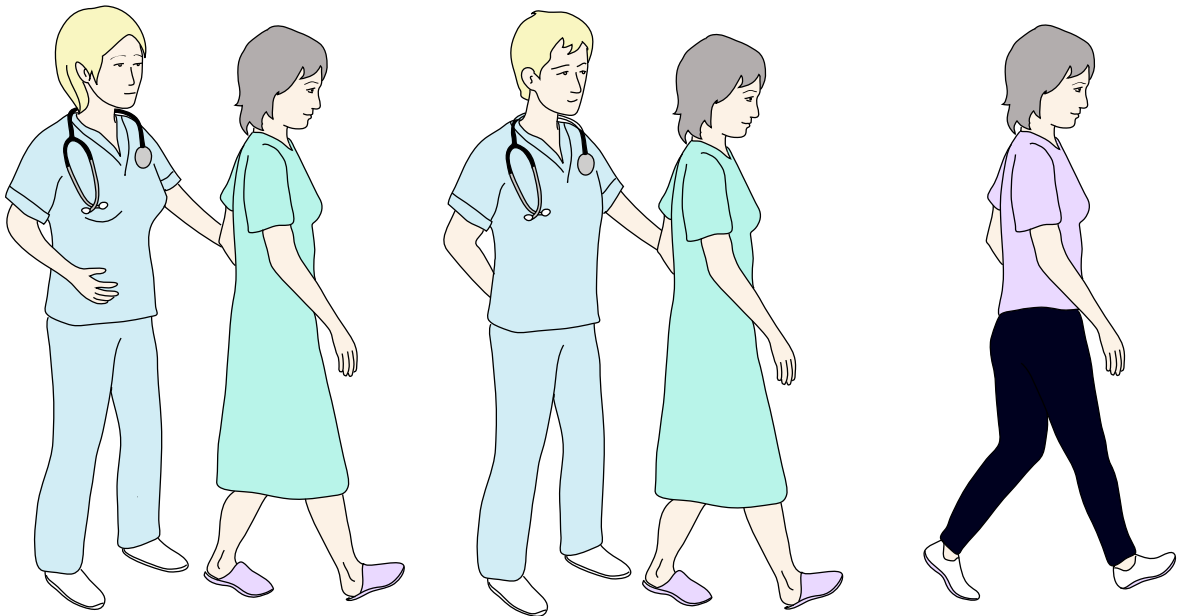


# A Guide to Bowel Surgery

A patient-friendly booklet for: \_\_\_\_\_



This booklet is to help you understand and prepare for your surgery.

**Please review this booklet with the preadmission nurse and your family.  
Please bring this booklet with you on the day of your surgery.**

Centre universitaire  
de santé McGill



McGill University  
Health Centre

**Office d'éducation des patients  
Patient Education Office**



**Reading Hospital**

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This booklet was originally developed by The MUHC Clinical Care Pathway Working Group, and adapted for use by Reading Health System.

We would like to thank the MUHC 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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### **Important: Please Read**

Information provided in 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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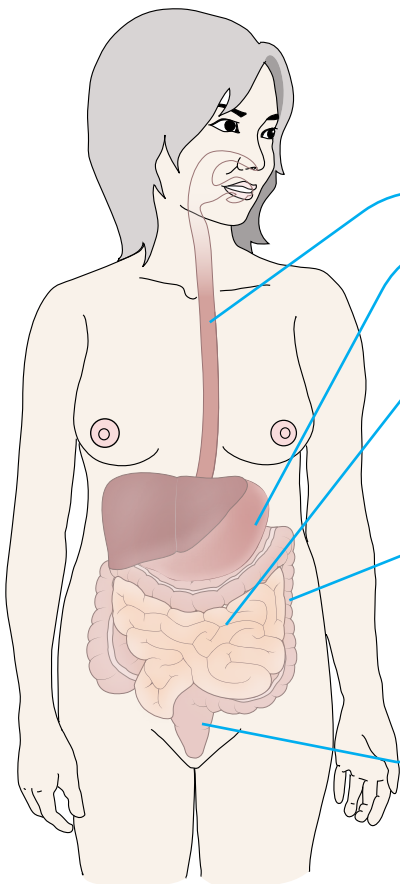
## Reference Image .....

# Introduction

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When you are admitted to the hospital for your bowel surgery, you will be taking part in a Clinical Care Pathway (fast recovery program).

The aim of this program is to help you recover quickly and safely.



**Mouth**  
**Esophagus**  
**Stomach**

**Small Intestine (Bowel)**

**Large Intestine (Bowel)**

**Rectum**

## 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 food 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 the fluid is absorbed from the food.

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



**You will play a very active part in your recovery. This booklet is to help you understand and prepare for your surgery. Please review this booklet with your family and bring it with you on the day of your surgery.**

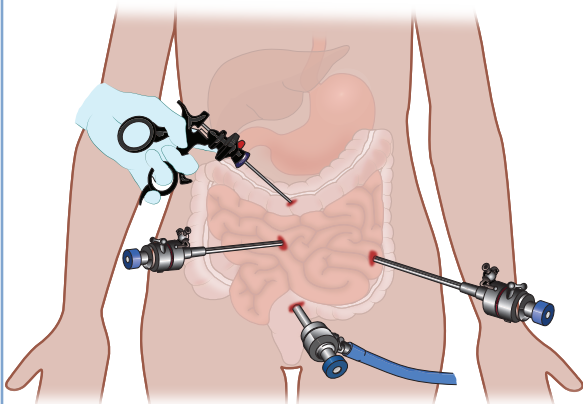


## What is bowel surgery?

Bowel surgery (colorectal) is the removal of the diseased section of the bowel between your stomach and the anus.

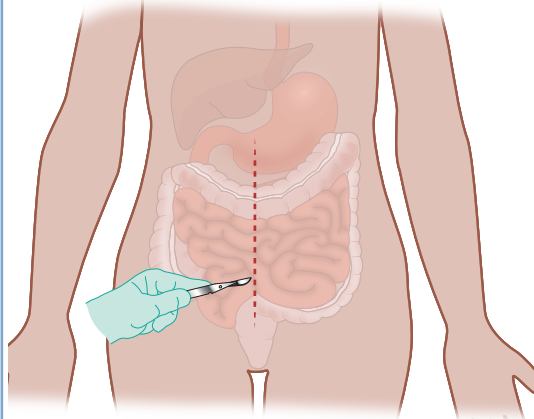
The surgery can be done 2 ways:

### 1. Laparoscopic



The surgeon will make 4 to 6 small cuts (incisions) in your belly. The surgeon uses a camera and instruments through which the diseased bowel is removed. The surgeon then sews the healthy ends of the bowel together.

### 2. Open



The surgeon makes one 4-8 inch (10-20 cm) incision in your belly to perform the surgery.

Some patients may need an ostomy and ostomy bag after surgery. An ostomy 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 ostomy may be permanent or temporary.

If you will need an ostomy, your surgeon will discuss this with you. Before your surgery, you will also meet with the Enterostomal Therapy (ET) Nurse who specializes in ostomy care. **During this meeting we will discuss how to take care of the ostomy after your surgery.**

Enterostomal Therapy (ET) Nurse: 484-628-8691

# Before your surgery

## Preparing for your 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.

**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 15 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.

Stock your refrigerator and freezer. Think about preparing or buying frozen food in small portions that can easily be reheated until you are well enough to cook. If you are finding it difficult to eat before your surgery, try drinking liquid nutritional supplements (Examples: Ensure®, Boost®, or other available brands).

We **strongly suggest** you **stop smoking** completely before your surgery, as this will reduce the risk of lung problems afterwards. Doctors can help you stop smoking by prescribing certain medications.

**Do not drink alcohol** 24 hours before surgery. Alcohol can interact with some medications.

Please let us know if you need help decreasing your alcohol use before surgery.



Our goal for discharge from the hospital is on the 3<sup>rd</sup> day after surgery. Your care team will discuss this with you daily. Tell the nurse as soon as possible if you have any worries about going home. Please plan for transportation for the day of discharge.

## Pre-Admission Testing (PAT)

You will meet with a nurse from Pre-Admission Testing prior to your surgery. This meeting may take place in person or over the phone. Please have this booklet with you when you meet with the nurse.

You will also meet with an anesthesiologist who will review your health history and planned anesthesia.

### During your pre-admission visit, you may:

- Have blood tests.
- Have an ECG (electrocardiogram) if you are over the age of 50.

The staff will also review your medication list. Please bring your list to the visit.



**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 continue.**

**Your pharmacist can give you a list of your medications.**

If you have any further questions, you can contact the nurses in:

### Pre-Admission Testing

at 484-628-8563,

Monday through Friday

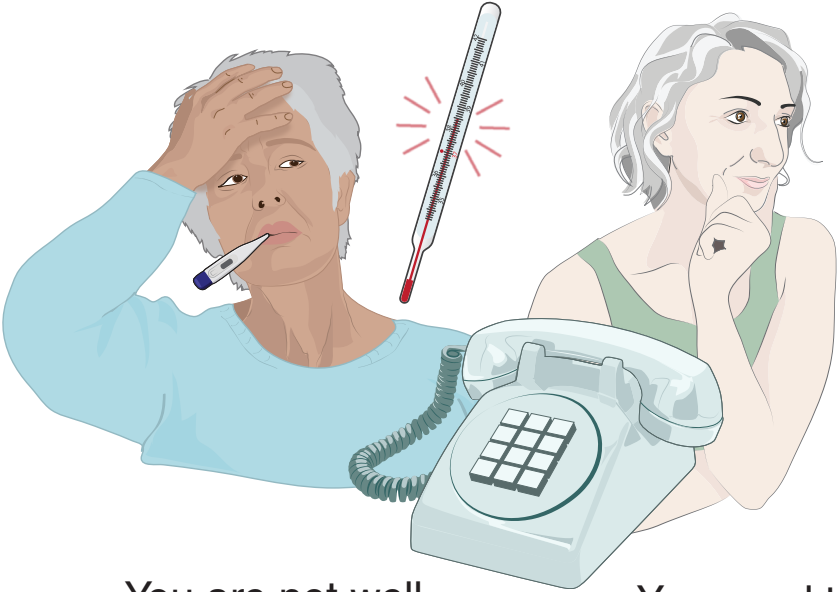
from 8:00 AM to 4:00 PM.

# 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.**

If it is not possible to reach your surgeon, please phone the **Perioperative Department at 484-628-8278.**

## Call to reschedule if:



Su	Mo	Tu	We	Th	Fr	Sa
			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	

You are not well.

You need to cancel.

## Before Your Surgery

### Instructions: Day before surgery

You will receive an automated phone call from Reading Hospital Healthplex the day before your surgery.

The message will inform you of your check-in time for the day of surgery.



Date of surgery: .....



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

Report to the 7<sup>th</sup> Avenue Healthplex entrance.

If you have any further questions, you can contact the nurses in:

### **Pre-Admission Testing**

**at 484-628-8563,**

**Monday through Friday,**

**from 8:00 AM until 4:00 PM.**

## Before Your Surgery

### Instructions: day before surgery

Before going to bed, take a shower or bath.

An hour after bathing, you will wipe your body with the wipes that you received from your surgeon's office.

Please follow the instructions that were provided with the wipes.

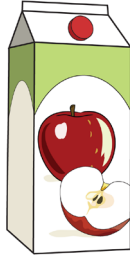


### Your surgeon will tell you if you need to:

- Follow a special diet on the day before your surgery.
- Take any laxatives on the day before your surgery.
- Take any additional medication on the day before your surgery.

## Before surgery

Choose one of these beverages and drink the amount shown the night before and morning of your surgery.



apple juice

evening before: 29 oz  
morning of: 14 oz



iced tea

evening before: 37 oz  
morning of: 18 oz



cranberry  
juice

evening before: 22 oz  
morning of: 11 oz



lemonade

evening before: 34 oz  
morning of: 17 oz



**Stop eating solid foods at midnight before your surgery.**

**There are benefits to drinking before your surgery. Unless your nurse tells you differently, please make an effort to choose one of the drinks listed above and drink the amount shown in the evening before and morning of your surgery.**

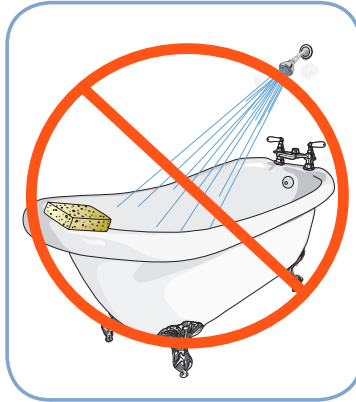
**You may continue to drink clear liquids until two hours before your surgery time.**

# Day of your surgery

## At home:



- Do not put on any creams, lotions or perfume.



- Do not shower or bathe.



- Repeat the wipes that you received from your surgeon's office like you did the night before.



- Do not wear make-up or nail polish.



- Do not shave the area to be operated.



- Remove all jewelry and leave it at home.



## At the hospital

Report directly to the 7<sup>th</sup> Avenue Healthplex Entrance.

You may have another blood test.

### 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 compression devices on your legs to improve your circulation and help prevent blood clots from forming in your legs. You should wear them until the nurse says you can take them off.



When the operating room is ready, you will be transported there.

You will meet your Anesthesiologist, a Certified Registered Nurse Anesthetist (CRNA), and the other members of the surgical team when you arrive in the operating room.

The Anesthesiologist may administer a small dose of pain medicine in your lower back to help with pain control after the surgery. You will then be given a general anesthetic to keep you asleep and pain free during your surgery.

# Waiting Room

Family and friends can wait for you in the waiting room located in the Healthplex lobby.



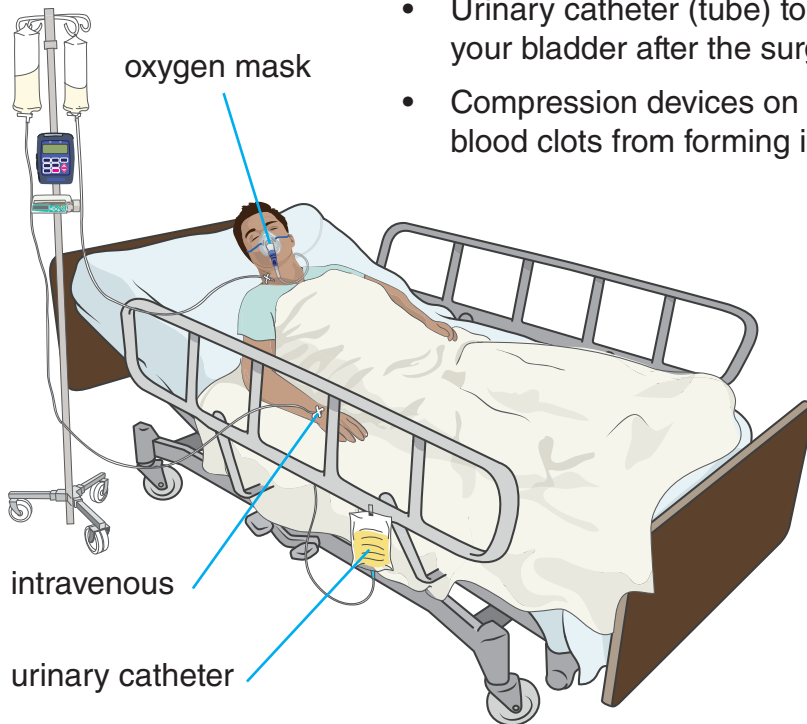
# After your surgery

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You will be monitored while you wake up in the Post Anesthesia Care Unit (PACU), before being transferred to your room. Our Surgical Nurse Liason will update your family on your progress.

## You may have:

- An intravenous, to give you fluid and medications.
- An oxygen mask that will be removed before transferring you to your room.
- Urinary catheter (tube) to drain the urine out of your bladder after the surgery.
- Compression devices on your legs to help prevent blood clots from forming in your legs.



Your vital signs (pulse, blood pressure) will be checked often. Your nurse will check the bandages (dressing) and ask you about your pain.

Your family and friends will only be able to see you once you are in your room.

## After the Surgery

# Pain Control

We will use a combination of medicines given before, during, and after your operation, to achieve the best pain control.

Your Surgeon and Anesthesiologist may recommend Intrathecal Analgesia (a small dose of pain medicine administered in your lower back) to help with pain control after your operation.

### Pain relief is important because it helps you:

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

You will be asked to rate your pain on a scale from 0 -10, our goal is to keep your pain score at or below 4.

### Do not wait until the pain gets too bad before telling us.

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

### Pain Assessment Scale



**Always tell the nurse if your pain is more than 4 on the pain scale (where 0 is no pain and 10 is pain as bad as you can imagine.) This will help the nurse decide how to best manage your pain.**

## Exercises

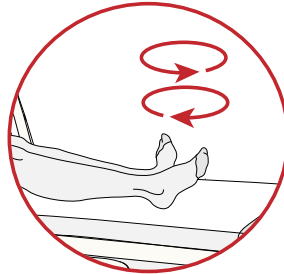
### Get up and move

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.

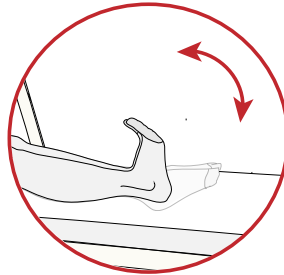
#### 1. Leg exercises

These will help blood circulation in your legs.

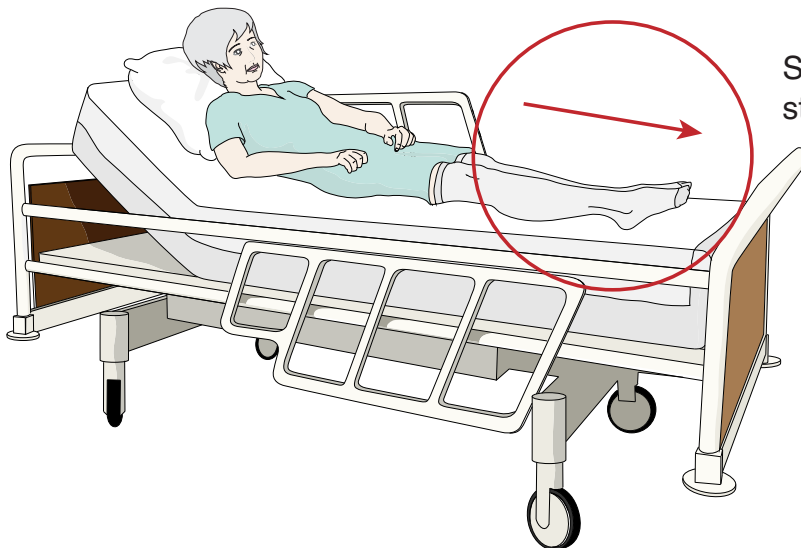
Repeat these 4 to 5 times every half hour while you are awake.



Rotate your feet to the right and left.



Wiggle your toes and bend your feet up and down.



Stretch your legs out straight.

## Exercises

### 2. Deep breathing and coughing exercises

The Incentive Spirometer (IS) is a simple device that makes you breathe deeply, to prevent pneumonia.



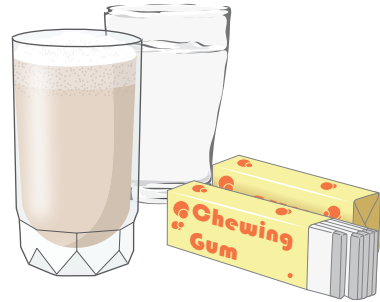
- Put your lips tightly around the mouthpiece, breathe in deeply and try to hold the ball up as long as you can.
- Remove the mouthpiece, breathe out and rest for a few seconds.
- Repeat this exercise at least 10 times every hour or more often if you can, while you are awake.
- Then take a deep breath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



**Deep breathing and coughing exercises will help prevent pneumonia.**

# In your room

With help from the nursing staff, you will get up and sit in a chair.

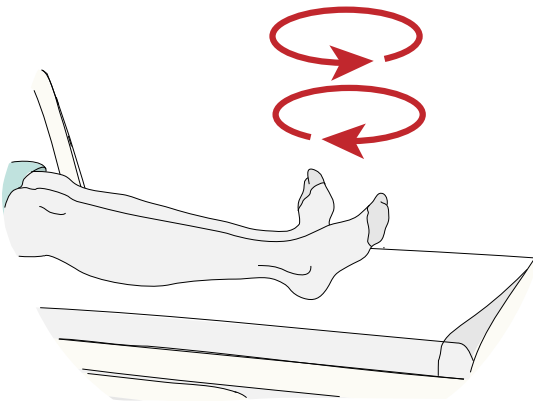


Start drinking liquids and the protein drink.

Start chewing gum for 30 minutes to stimulate your bowel.

**Bring two packs of your favorite gum with you to the hospital.**

Do your leg exercises as described on page 17.



Start your breathing exercises to help prevent pneumonia and other infections of your lungs.

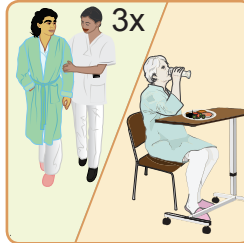


# One day after surgery

## 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.
- If you are eating and drinking, we will disconnect and remove the intravenous fluid.
- Sit in the chair for all your meals.
- With help from the nursing staff, you will get up and walk in the hallway at least 3 times today.
- With help from the nursing staff, you will be out of bed, on and off for at least 8 hours of the day.
- Do your breathing exercises at least 10 times every hour while awake.

### Meals:

liquids and protein drinks



more solid food



gum



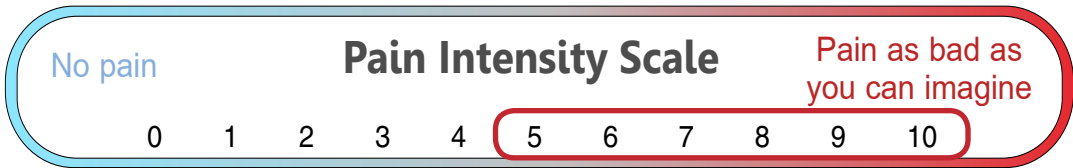
- Continue to drink liquids and your protein drinks. If this goes well, solid food will be added to your diet during the day (you might have some **temporary** food restrictions).
- Chew gum for 30 minutes 3 times a day, to stimulate your bowel.



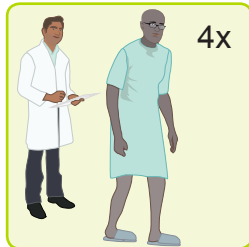
# Two days after surgery

## Pain

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



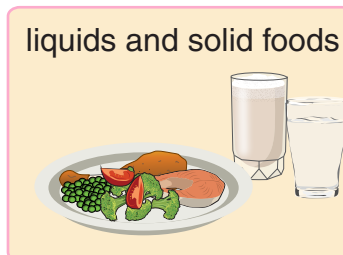
### Activities:



- Walk the length of the hallway at least 4 times today. You will be encouraged to walk more each day.
- With the assistance of the nurse, you will 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 every hour while awake.

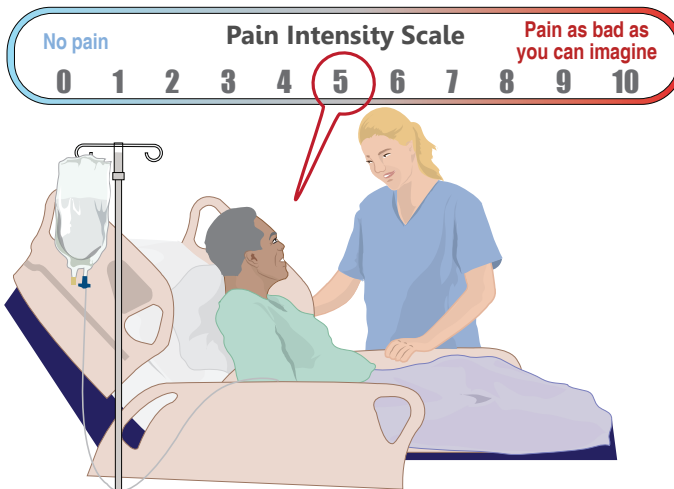
### Meals:

- Eat solid foods (you might have some **temporary** food restrictions).
- Continue to drink liquids.
- Continue to chew gum for 30 minutes, 3 times a day.



## Three or more days after surgery

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



## Activities

From this day on, you should increase your walking as tolerated.

## Discharge Day

### Follow-up appointment after surgery

Surgeon's Name: \_\_\_\_\_ 

Appointment Date and Time: \_\_\_\_\_

## 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.**

## Abdominal pain

It is not unusual to have some pain during the first few weeks following surgery. Your surgeon will provide you with prescriptions for pain medicine.

If you have severe pain that is not relieved with the pain medicine or have a fever and feel generally unwell, you should contact your surgeon or go to the emergency room. **Please track your pain levels at home using the Pain Diary found on page 28.**

## 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:

- After you are home, unless your surgeon tells you otherwise.
- Gently wash the area and let water run over the incision. (Don't scrub the area).

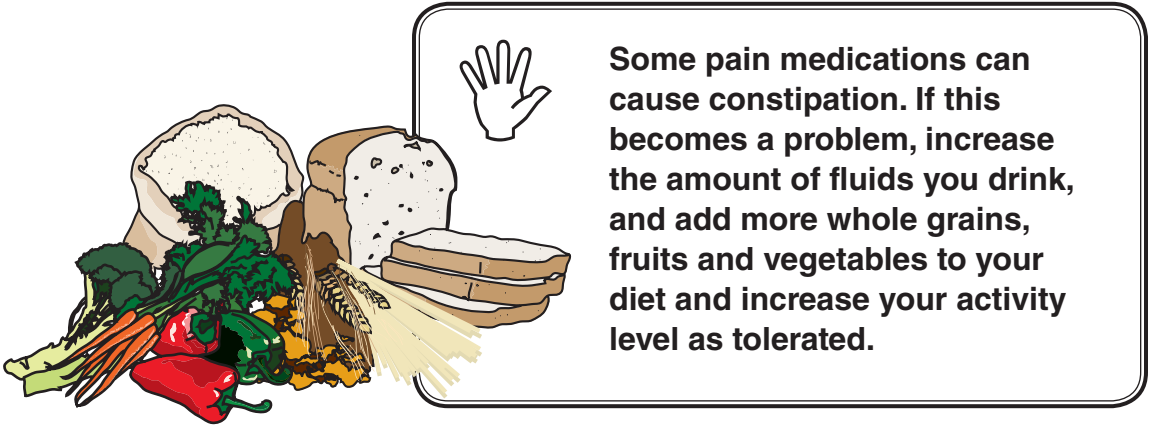
**No soaking in the bath for 2 weeks.**



## 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 increase your activity level as tolerated.**

## Diet

You can eat anything you want to unless told otherwise by your dietitian 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. (Examples: Ensure®, Boost® or other available brands).

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

## Exercise and activities:

You should continue to walk several times a day after 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 help with:

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



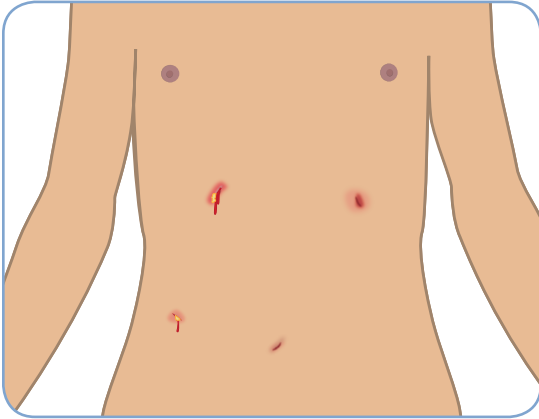
**Do not lift more than 5 pounds until 4-6 weeks after surgery.**

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.

**Call your surgeon if you have any of the following symptoms:**



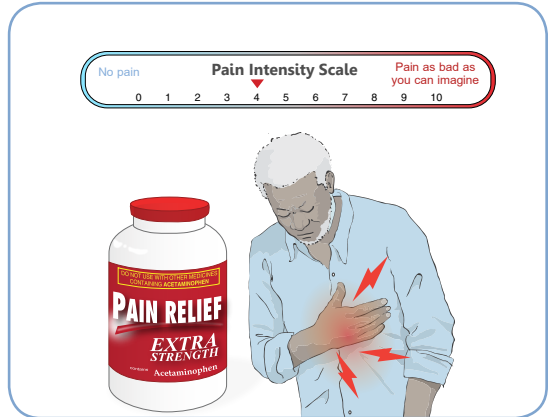
**Your incision(s) become warm, red or you see any drainage coming from the incision.**



**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.**

# Suggestions to help you stop smoking

---

## There are four phases of quitting:

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







- 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.
- Get 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.**

# Pain Diary





Using the Pain Assessment 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

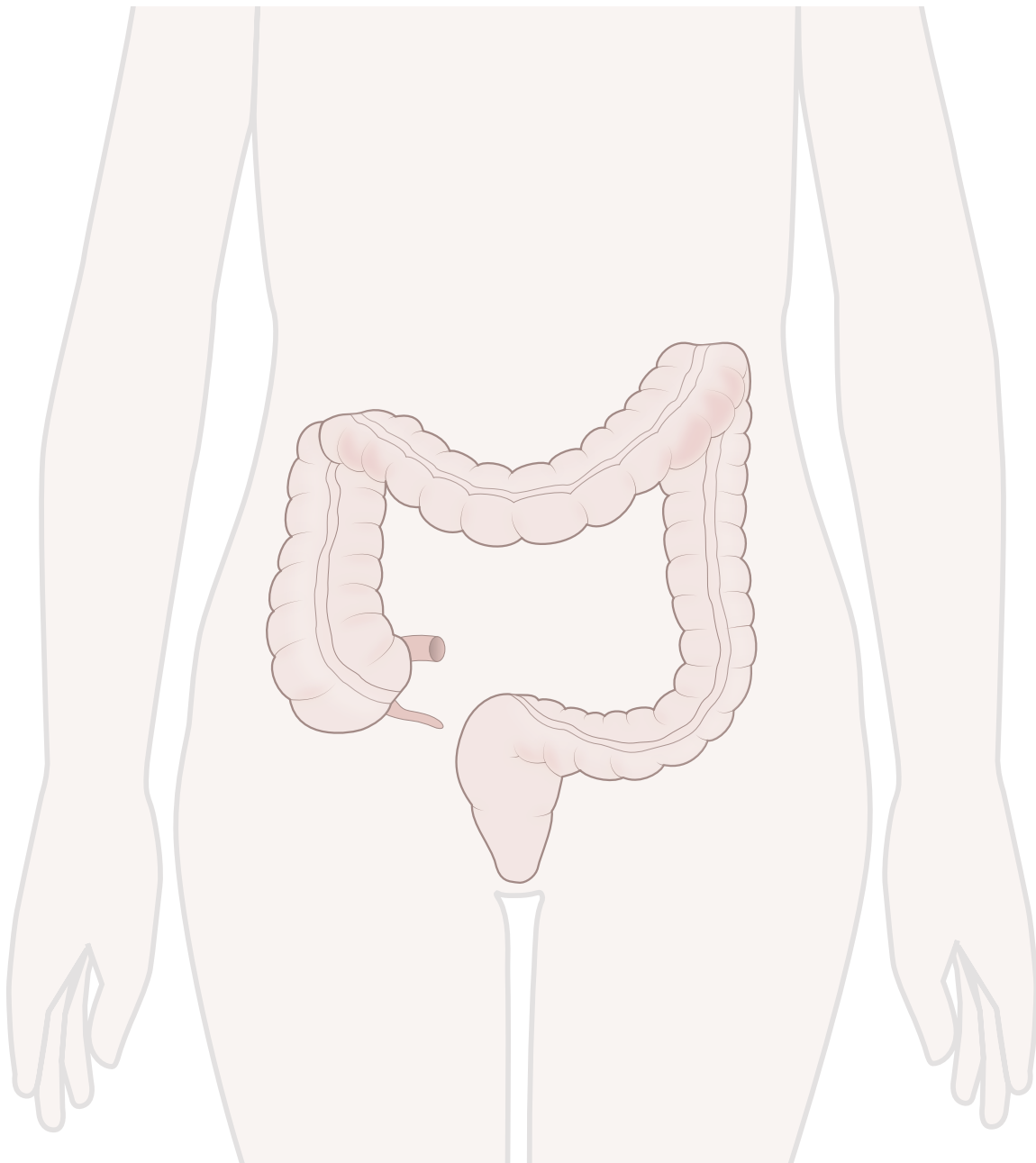
## Pain Assessment Scale

10	Worse Pain Possible, Unbearable	
9		
8	Intense, Dreadful, Horrible	
7		
6	Miserable, Distressing	
5		
4	Nagging Pain, Uncomfortable, Troublesome	
3		
2	Mild Pain, Annoying	
1		
0	No Pain	

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











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