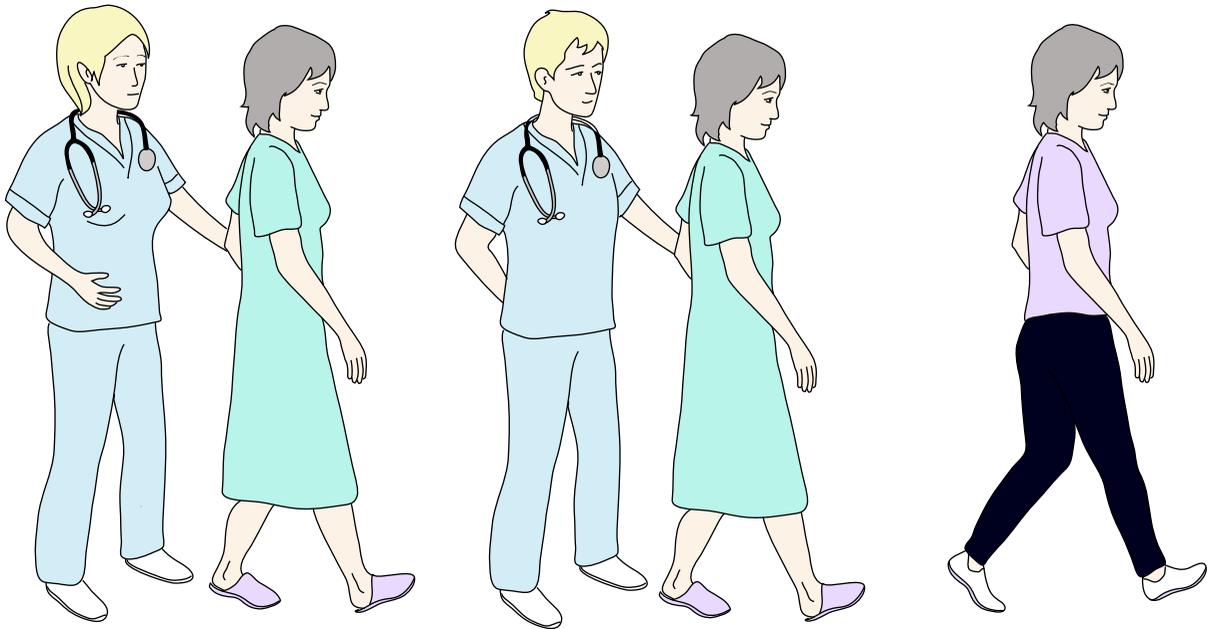


A Guide to Bowel Surgery



This booklet was reviewed by the **Toowoomba Hospital Colorectal ERAS Working Group**, and reviewed by the Surgeons.

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 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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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.

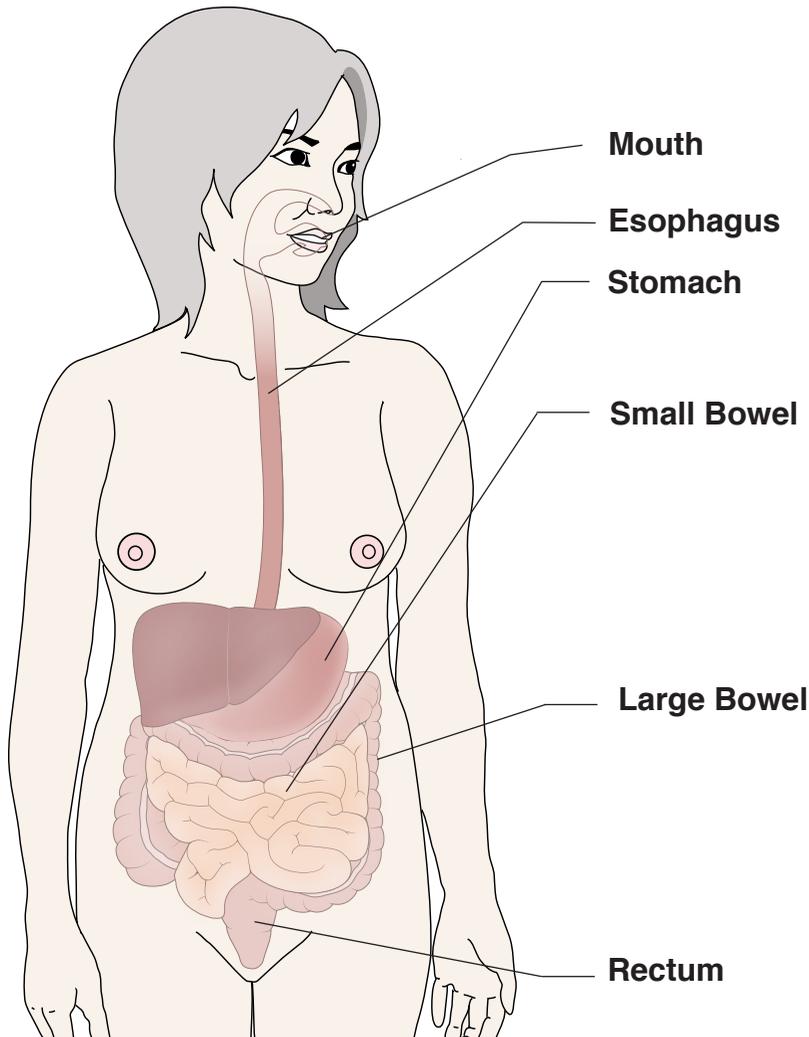
Please bring this booklet with you on the day of surgery. Use it as a guide during your hospital stay. Hospital staff may refer to it as you recover, and review it with you when you go home. Your medical management may be modified based on your progress and recovery.

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 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.



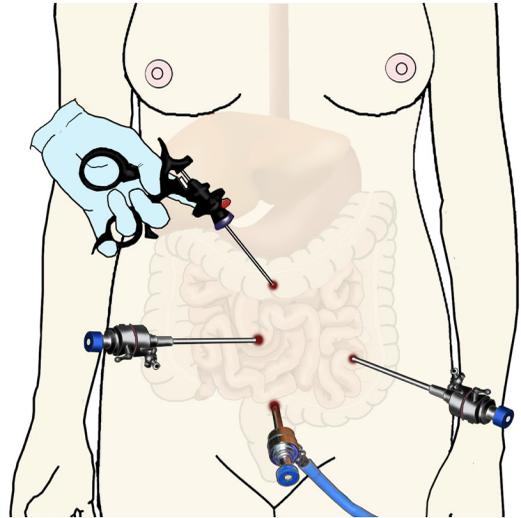
What is bowel surgery?

Bowel surgery, also called colorectal surgery, is 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.

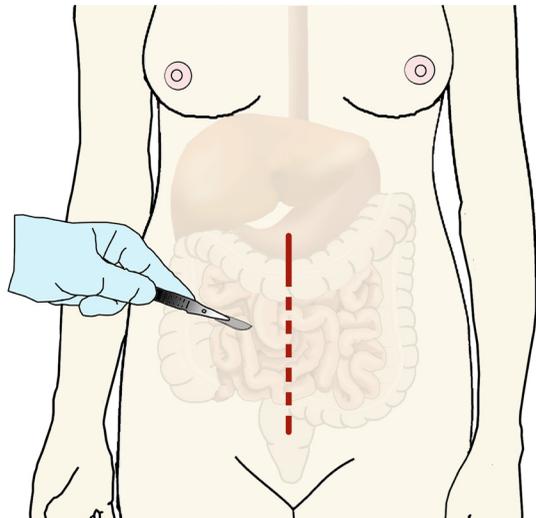
1. Laparoscopic:

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:

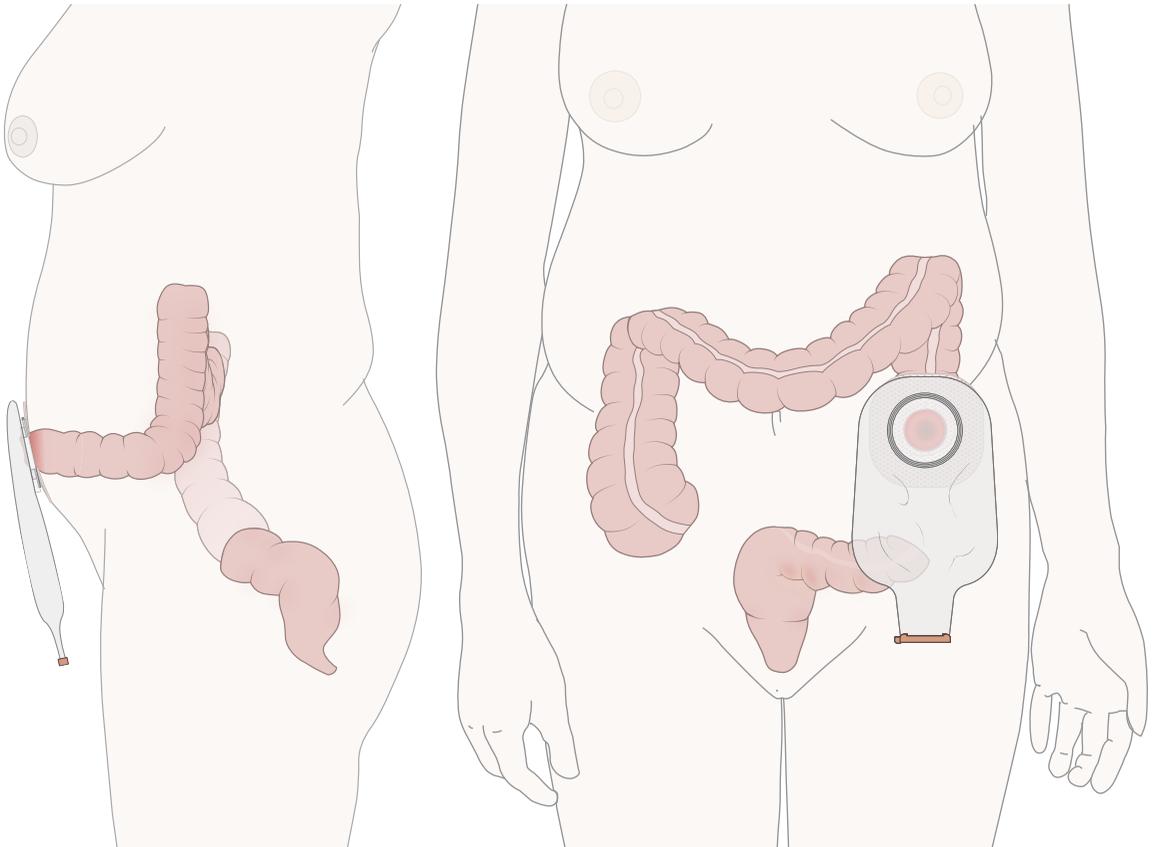
The surgeon works through a 10-20 cm cut in your belly to remove the diseased part of the bowel.



What is an ostomy?

Some people, but not everyone, need an stoma as part of their bowel surgery. An stoma 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 stoma, your surgeon will talk with you about it before your surgery. You will also meet with an Stomal Therapy Nurse who will help you learn how to take care of your stoma.



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. The longer you stop for, the better.

Your doctor can help you stop smoking by prescribing medication.

See **page 34** to learn more.



Restrict alcohol:

Do not drink alcohol for 24 hours before 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.



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 3-5 days after your surgery. Tell your nurse if you have concerns about going home. Remember to arrange a transport home. If you live more than 100km out of Toowoomba, it is advisable to stay in Toowoomba for 2-3 days following discharge.

Parking is available in the multi-storey carpark, fees apply. Free 10 minute patient set-down and pickup area available at the front of the **hospital Emma Webb Building**



Pre-operative visit

When you visit the Pre-Admission clinic, you will:

- Have organised blood tests
- Have an ECG (electrocardiogram), if you are over the age of 50
- Meet with a nurse who will explain how to get ready for surgery and what to expect while you are in the hospital
- Meet with a anaesthetist and a pharmacist who will review your medication and ask you questions about your health. If you have medical problems, you may be referred to another doctor (a specialist) before surgery.

You may need to stop taking some medicines and herbal products before surgery. The Pre-admission Clinic doctor will explain which medicines you should stop and which ones you should keep taking.



Phone call from Admitting

Three days before your surgery, the Theatre Booking Office will phone you, to conduct a wellness check and give you more information about your up-coming surgery.

The time of surgery is not exact. It may happen earlier or later than planned.



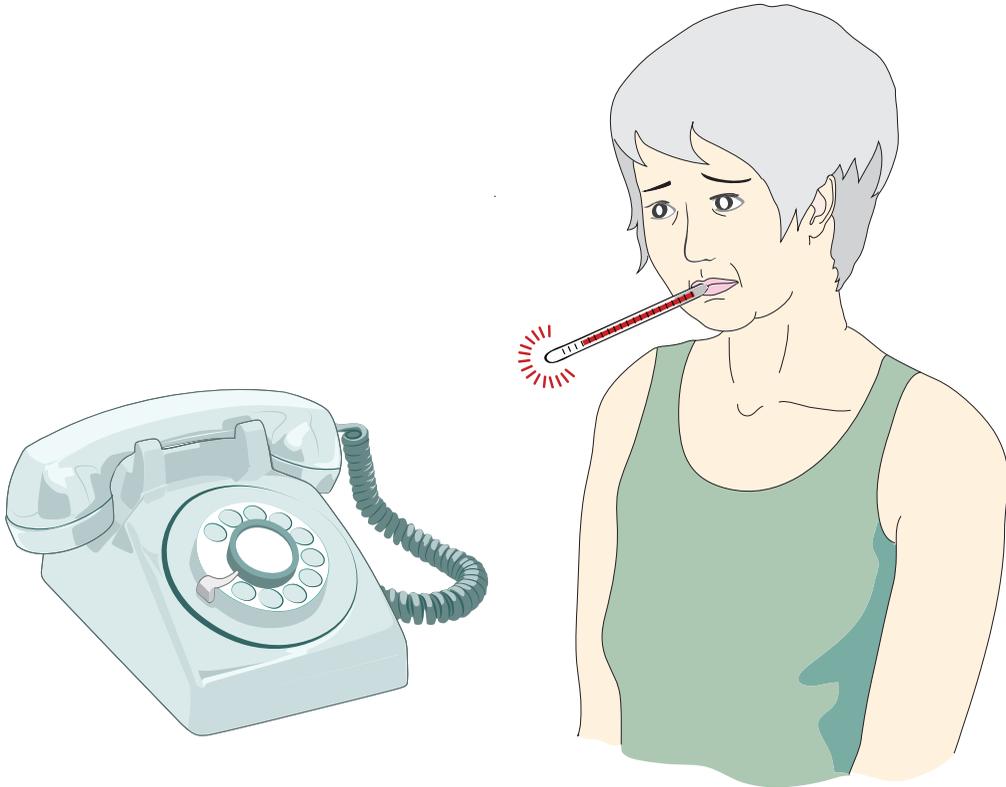
Date of surgery:



Time of arrival at the hospital:

Cancelling

If you get sick or become pregnant, **please call the Theatre Bookings** at 4616 6395 as soon as possible.

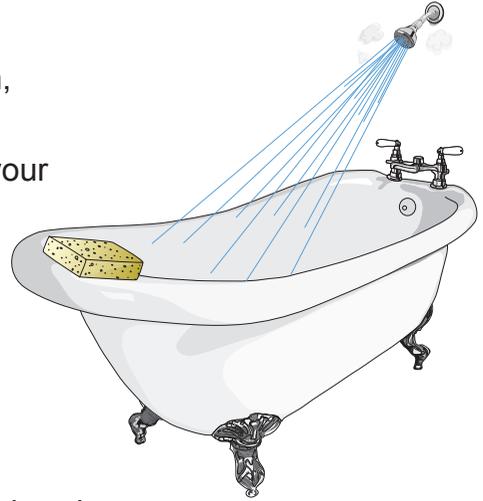


Your surgery may be delayed or cancelled because of an emergency. If this happens, your surgeon will rebook your surgery as soon as possible.

Washing

The night before surgery:

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



The morning of surgery:

- Take a shower or bath
- Put on clean clothes
- Do not wear makeup, nail polish and jewelry
- Do not apply talc, creams, lotions, body spray, aftershave, perfume or deodorants
- Remove all body piercing and acrylic nails - remove index fingernails, both hands
- Do not shave the area where the operation will be done
- Brush your teeth, but do not swallow toothpaste
- Take your regular medications as advised by the anaesthetic doctor with a small sip of water



Eating and drinking

The nurse in the Pre-admission 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. Your preop clinic nurse can also answer your questions.

The day before surgery:

If you are taking a bowel prep...

- Drink clear liquids all day (clear juice, clear broth, soft drinks, jello, coffee/tea with no milk)
- Do not have any food, dairy products, or juice with pulp
- Take your bowel prep as instructed

If you are not taking a bowel prep...

- Eat and drink normally until midnight
- After midnight you may drink water, but do not have any food, dairy products, or juice with pulp

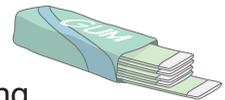
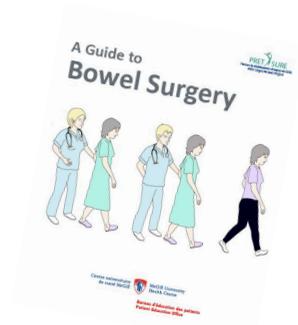
Eating and drinking

The morning of surgery:

- Do not eat any food
- Drink water up to 2 hours before surgery as instructed
- If you are given PreOp, take as directed. Do not have any dairy products or juice with pulp
- Stop drinking 2 hours before your surgery. This is usually the same time as you are asked to arrive at the hospital.
Exception: If you are asked to arrive at 6:30 am, stop drinking at 5:30 am

Things to bring to the hospital

- This booklet.
- Medicare and pension cards.
- Private insurance information, if you have any.
- Your medications in their original containers
- Any relevant Xrays or Scans
- Two packages of your favourite gum, do not consume prior to surgery.
- Bathrobe, slippers, pajamas, loose comfortable clothing
- Toothbrush, toothpaste, mouthwash, comb, deodorant, soap, shaving supplies, tissues, and perhaps earplugs
- Glasses, contact lenses, hearing aids, dentures, and their storage containers labeled with your name
- Cane, crutches, walker, labeled with your name



Please do not bring anything of value, including credit cards and jewelry. The hospital is not responsible for lost or stolen items.

Admitting area:

Report to the **Day of Surgery Unit** at the time you were given.

Pre-operative area:

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



Operating room:

A theatre staff will take you to the operating room. You will meet your anaesthetist (the doctor who will put you to sleep) and other members of your surgical team. You will be asleep and pain-free during your surgery.

At the hospital

Waiting room:

Family or friends may wait for you in the hospital area. It will be several hours before they will be able to visit you in your room. There are no visitors in the Post-Anesthesia Care Unit (PACU).

Other resources:

- Cafeteria – Located on the 2nd Floor



After your surgery, you will wake up in the **Post-Anesthesia Care Unit**. This is a quiet area where patients are watched closely. You will be there for several hours.

You may have:

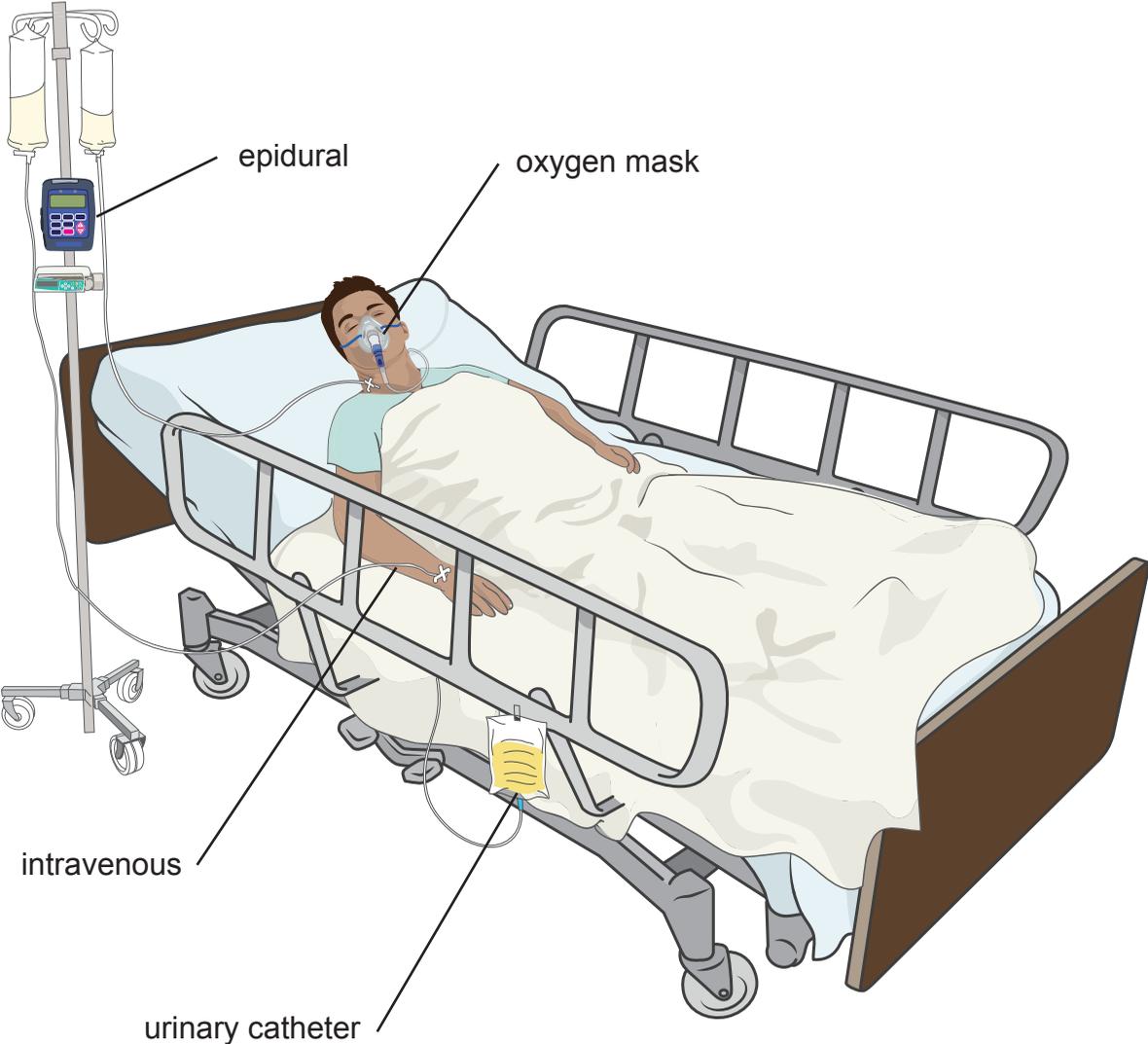
- A mask, giving you oxygen
- An intravenous (IV), giving you fluids
- An epidural (small tube in your back or other nerve block), giving you pain medicine
- A urinary catheter (tube), draining urine out of your bladder

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.

In the PACU



Pain control

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

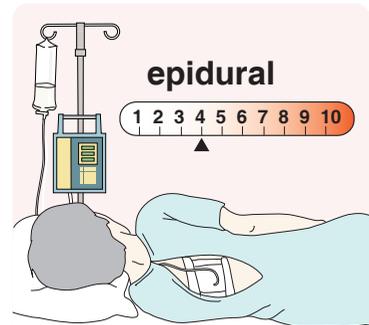
- Take deep breaths
- Sleep well
- Move more easily
- Recover faster
- Eat better
- Do things that are important to you

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.



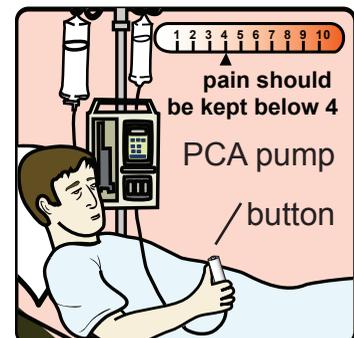
Epidural infusion:

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 usually removed on Day 2 after surgery. You may not have an epidural.



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. You may not have a PCA.

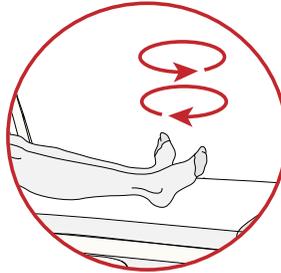


Exercises

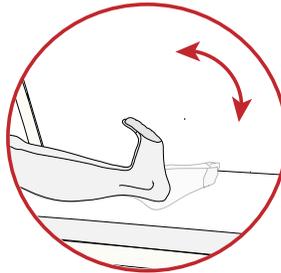
It is important to move around in bed to prevent pneumonia, blood clots, and muscle weakness. Start these exercises when you wake up and continue them while you are in the hospital.

Leg exercises:

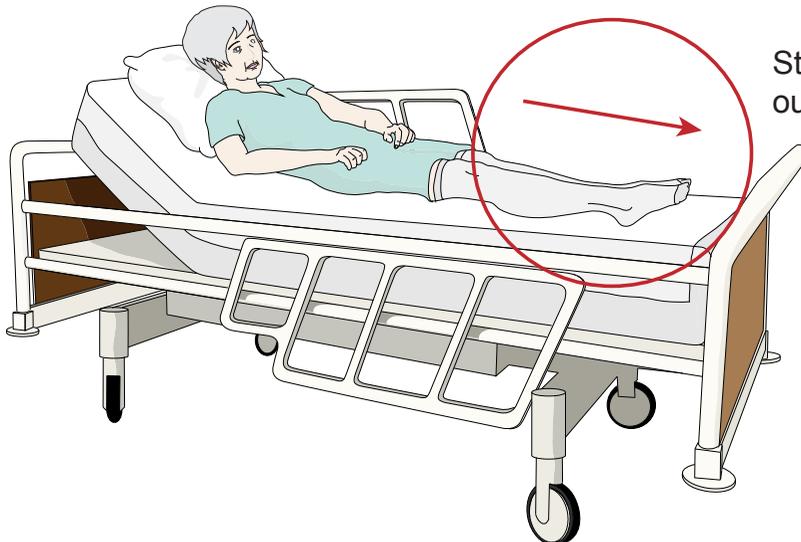
These exercises help your blood to circulate in your legs. Repeat each exercise 4 to 5 times every half hour while you are awake.



Rotate your feet to the right and left.



Wiggle your toes and bend your feet up and down.



Stretch your legs out straight.

Exercises

Deep breathing and coughing exercises:

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

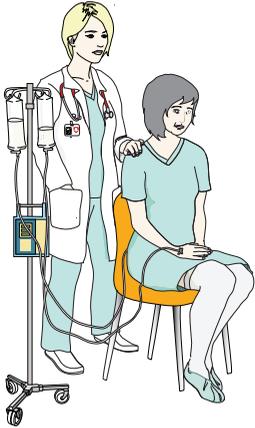


To use your inspiriometer:

- Put your lips 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 10 times every hour while you are awake
- Take a deep breath and cough using a small blanket or pillow to support your incision

In your room

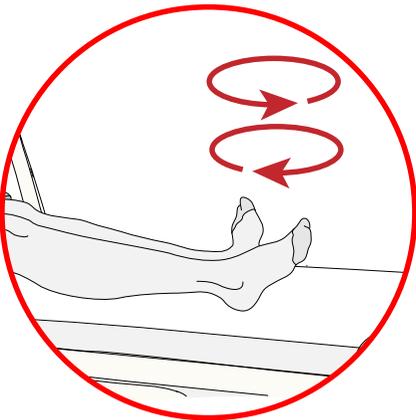
Goals for the evening of surgery:



Get up and sit in a chair with your nurse's help.



Drink liquids, as well as a protein drink like Ensure or Boost as advised by staff. Chew gum for 30 minutes to help your bowels start to work.



Do your leg exercises (see page 22).



Do your breathing exercises (see page 23).

Goals for Day 1

Breathing:

- Do your breathing exercises

Activities:

- Sit in a chair for meals
- Walk in the hallway 3 times, with help
- Be out of bed, off and on, for a total of 6 hours, as advised by staff



Pain control:

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



Eating and drinking:

- Drink liquids, including protein drinks like Ensure or Boost
- Eat regular food, as advised by staff
- 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.
- Your IV will be removed when you are drinking well
- Education will be given to you about your new Stoma by the Stoma Nurse



Goals for Day 2 & 3

Breathing:

Do your breathing exercises

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

Eating and drinking:

- Drink liquids, including protein drinks like Ensure or Boost
- Eat regular food as advised by staff
- 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 epidural, or other block, it may be removed today and you will take pills to control your pain.



Goals for Going Home

Plan to go home today before 11AM.



If you have clips or stitches to be removed, we will arrange for your GP to remove them.



At home

Pain:

You may have pain for a few weeks after surgery. Take pain-killers as advised to relieve your pain.

If your pain is not controlled, please see your GP.

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

Please keep track of your pain at home using **the Pain Diary** found on page 33.

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

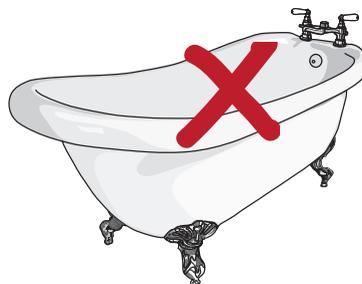


Incision

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

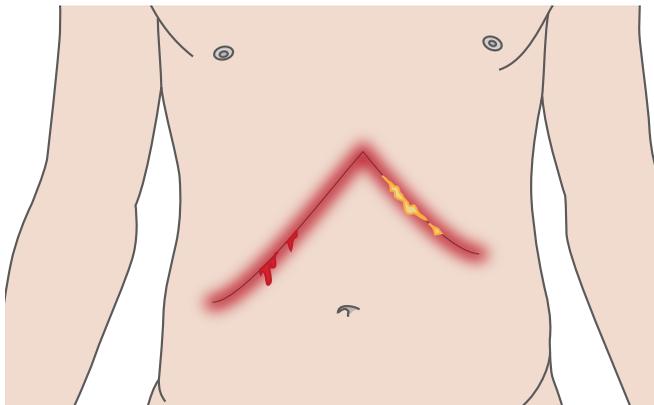
You may take a shower as directed by the medical staff:

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.



Your nurse will give you more information about your wound care at time of discharge.

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



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, see your GP.

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 2 kilograms 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.



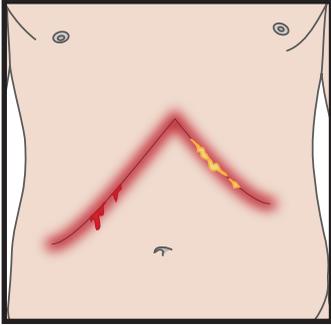
Ask your family and friends for help with:

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

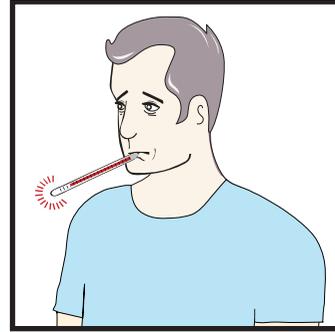


When to call your doctor

Call your GP if:



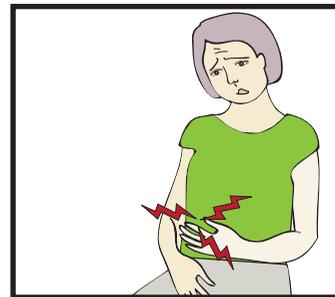
Your incision(s) becomes warm, red, or you see drainage coming from the incision



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



You cannot drink fluids or keep them down

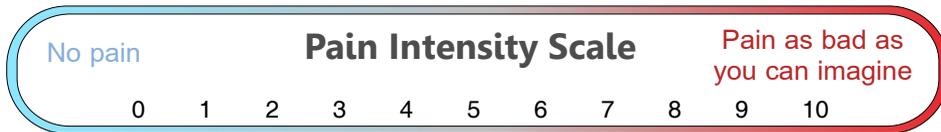


You have pain that your pain medicine does not help

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

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:

Quitline.com.au

