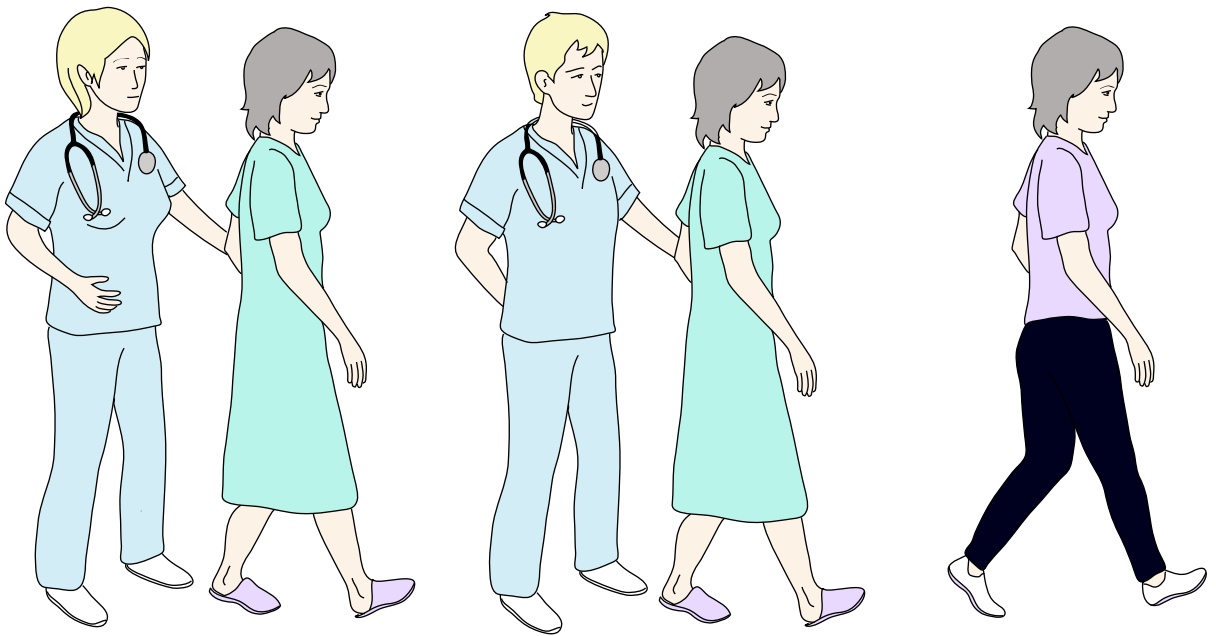


A Guide to Bowel Surgery



**Northern California Surgical
Quality Collaborative (NCSQC)**

We extend a special thank you to McGill University Hospital Centre (MUHC) Surgery Recovery Program and the Montreal General Hospital Clinical Care Pathway Patient Education Working Group as a whole for permission to adapt their model and content for this material.

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Alta Bates Summit Medical Center, Oakland & Berkeley, California
California Pacific Medical Center, San Francisco, California
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Mills-Peninsula Health Services, Burlingame, California

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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

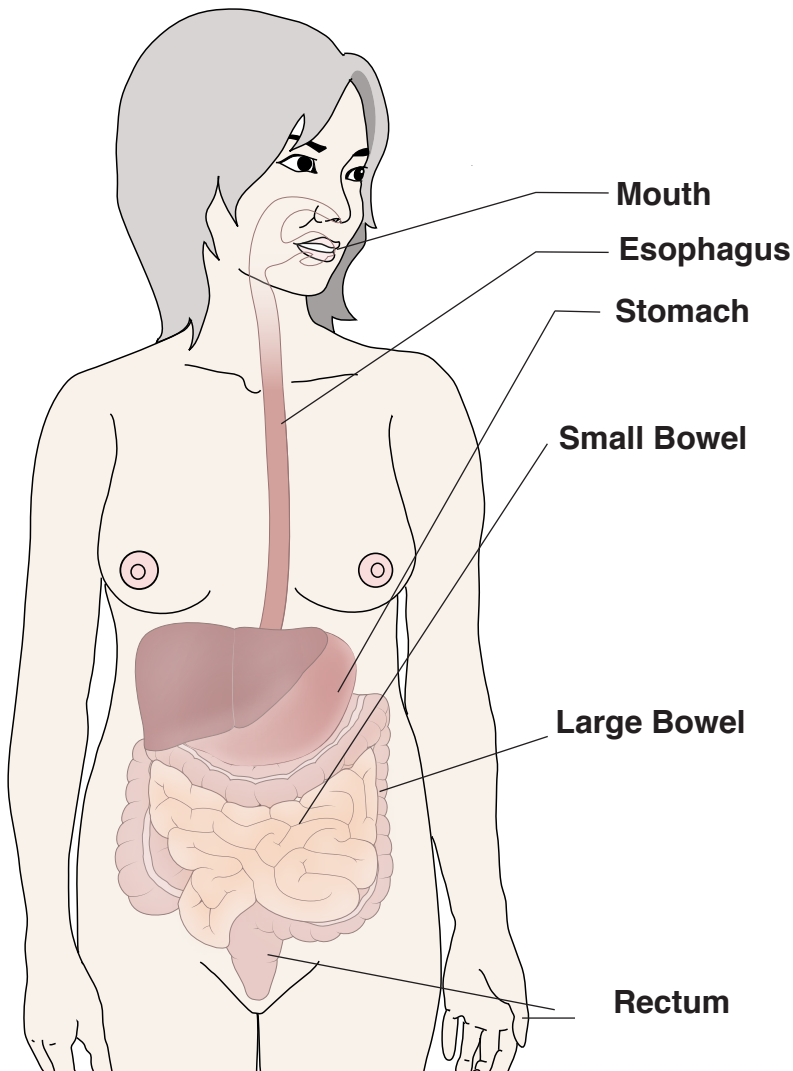
Research shows that you will recover faster if you do the things explained in this booklet. There are instructions about eating and drinking, physical activity, and controlling your pain. These things will help you to feel better faster and go home sooner.

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.

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.

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?

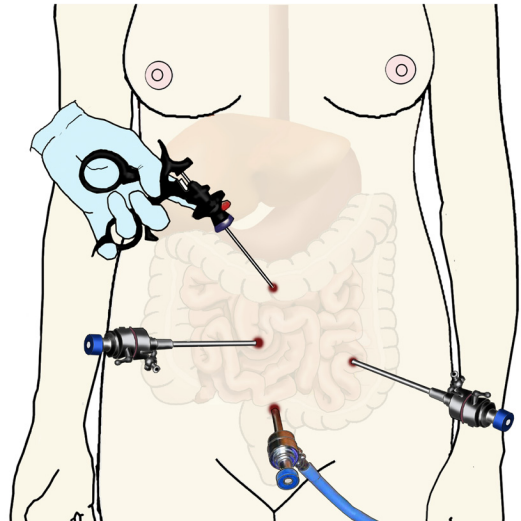
Bowel surgery, also called colorectal surgery, is removal of a diseased part of the bowel.

The surgery may be done 2 ways. Your surgeon will talk with you about the kind of surgery you need.

1. Minimally-invasive

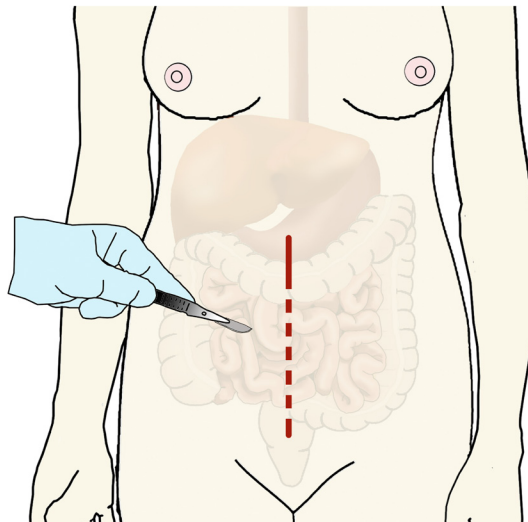
The surgeon works through 4 to 6 small cuts in your belly, using a camera and instruments. One of the cuts is used to remove the diseased part of the bowel.

This surgery is sometimes referred to as laparoscopic or robotic surgery, depending on what types of surgical instruments are used.



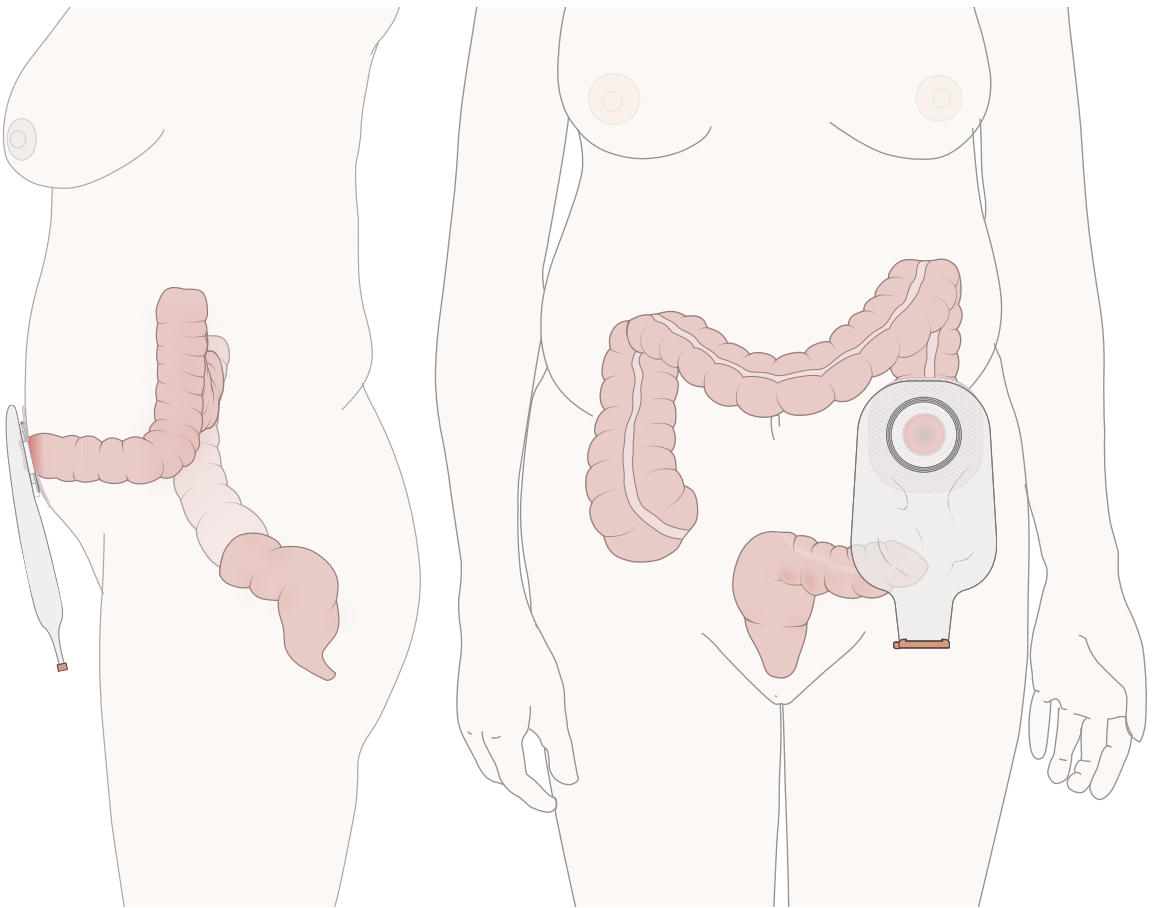
2. Open

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 may also meet with a nurse who will help you learn 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 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 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

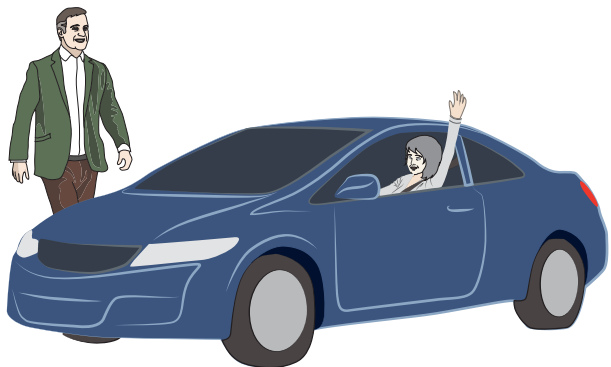
Plan ahead

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 as early as day 2 after your surgery. Tell your nurse if you have concerns about going home. Remember to arrange a ride.



Pre-operative visit or phone call

You may have a visit at the hospital, doctor's office or a clinic before surgery. During this visit, you may be seen by a nurse and/or a doctor to:

- Have blood tests
- Have an EKG (electrocardiogram)
- Learn how to get ready for surgery and what to expect while you are in the hospital
- Review your medication and your health. (If you have medical problems, you may be referred to another doctor (a specialist) before surgery).



If you do not need a pre-operative visit, you will receive a call from a nurse. He or she will give you information on how to prepare for surgery and what to expect in hospital over the phone.

You may need to stop taking some medicines and herbal products before surgery. One of your doctors will explain which medicines you should stop and which ones you should keep taking.

Your surgery date

We may ask you to arrive at the hospital up to 2 hours before your planned surgery time. The time of surgery is not exact. It may happen earlier or later than planned.



Date of surgery:

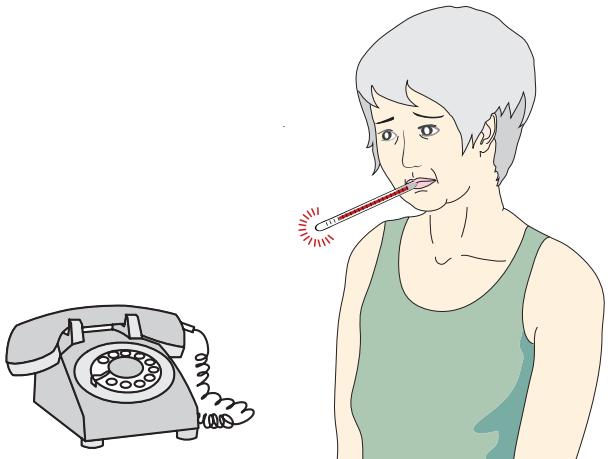


Time of arrival at the hospital:

Check-in location:

Cancelling

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



Washing

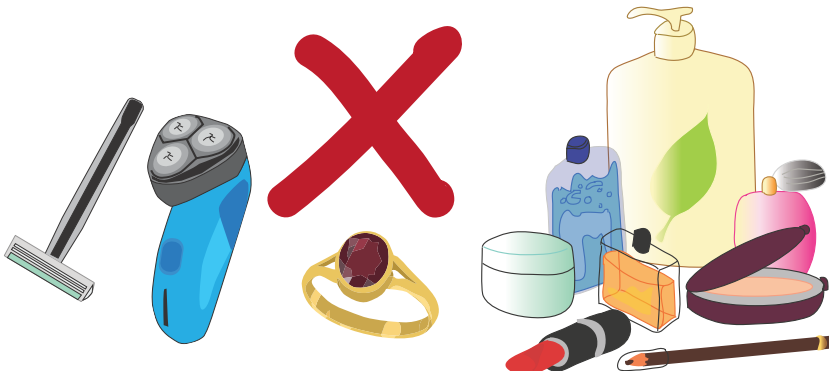
The night before surgery:

- Take a shower or bath using the washing supplies you may have been given or told to obtain.
- Wash your body from the neck down, including your belly button
- Wear clean clothes to bed
- Do not use chlorhexidine soap on your face, hair/scalp, and private/genital areas. Keep out of your eyes



The morning of surgery:

- Take a shower or bath using the washing supplies you were given or told to obtain
- Put on clean clothes
- Do not wear lotion, perfume, makeup, nail polish, jewelry or piercings
- Do not shave or wax the area where the operation will be done



Bowel Prep

Some people need to have a bowel prep (laxative) the day before their surgery, some need enemas a few hours before their surgery and some patients need nothing. Your surgeon will decide what you should have. If you need any, the prescription will be given and explained to you by your preoperative nurse.

Your preoperative instructions will explain what to eat and drink before your surgery to give you the energy and nutrients you need to recover quickly.

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
- Drink a carbohydrate drink (clear juice) during the evening

If you are not taking a bowel prep...

- Eat and drink normally until midnight
- Drink a carbohydrate drink (clear juice) during the evening
- After midnight, do not have any food, dairy products, or juice with pulp

Drink a carbohydrate drink given to you or choose one below:

Apple juice 850 ml (3½ cups)	Orange juice without pulp 1000 ml (4 cups)	Commercial iced tea 1100 ml (4½ cups)	Cranberry cocktail 650 ml (2¾ cups)	Lemonade without pulp 1000 ml (4 cups)
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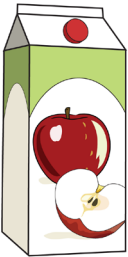
Eating and drinking

The morning of surgery:

- Do not eat any food
- Drink a carbohydrate drink (clear juice), stopping 2 hours before your arrival time or as directed by your care team
- Do not have any dairy products or juice with pulp

A small number of people should not drink at all on the day of surgery. Your doctor or nurse will tell you if you need to stop drinking at midnight. Most people should drink clear liquids until two hours before surgery.

Carbohydrate drinks: Choose only 1.



Apple juice
425 ml
(2 cups)



Orange juice
without pulp
500 ml
(2 cups)



Commercial
iced tea
550 ml
(2 $\frac{1}{3}$ cups)



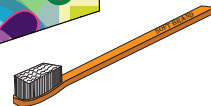
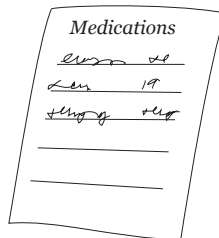
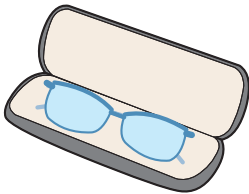
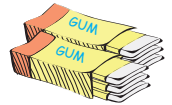
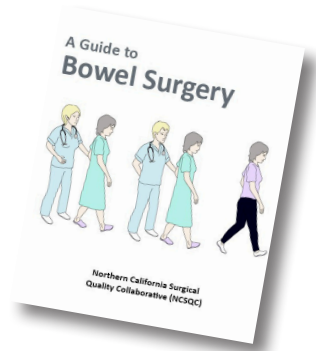
Cranberry
cocktail
325 ml
(1 $\frac{1}{3}$ cups)



Lemonade
without pulp
500 ml
(2 cups)

Things to bring to the hospital

- This booklet.
- Medicare card
- Private insurance information, if you have any.
- A list of your medications
- 2 packages of your favorite gum (unless you have dentures)
- 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.

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

At the hospital

Admitting area:

Report to the admitting area of the hospital at the time you were given. A room will be assigned to you after surgery.

Pre-operative area:

The nurse will ask you to change into a hospital gown and will complete a preoperative checklist with you. You may be asked to put on elastic stockings to help your circulation and prevent blood clots from forming. You should wear them until the nurse says you may take them off. We may also give you a warming blanket for the operating room to keep you warm during the surgery.



You will meet your anesthesiologist and other members of your surgical team. You will be asleep and pain-free during your surgery. They will take you to the operating room.

At the hospital

Waiting room:

Family or friends may wait for you in our designated waiting room. The space is small, so please limit the number of people who come with you. Family members may also leave a cell phone number for the surgeon to call when the surgery is over.



In the Recovery Room

After your surgery, you will wake up in the Recovery Room. This is a quiet area where patients are watched closely. You will be there for several hours.

You may have:

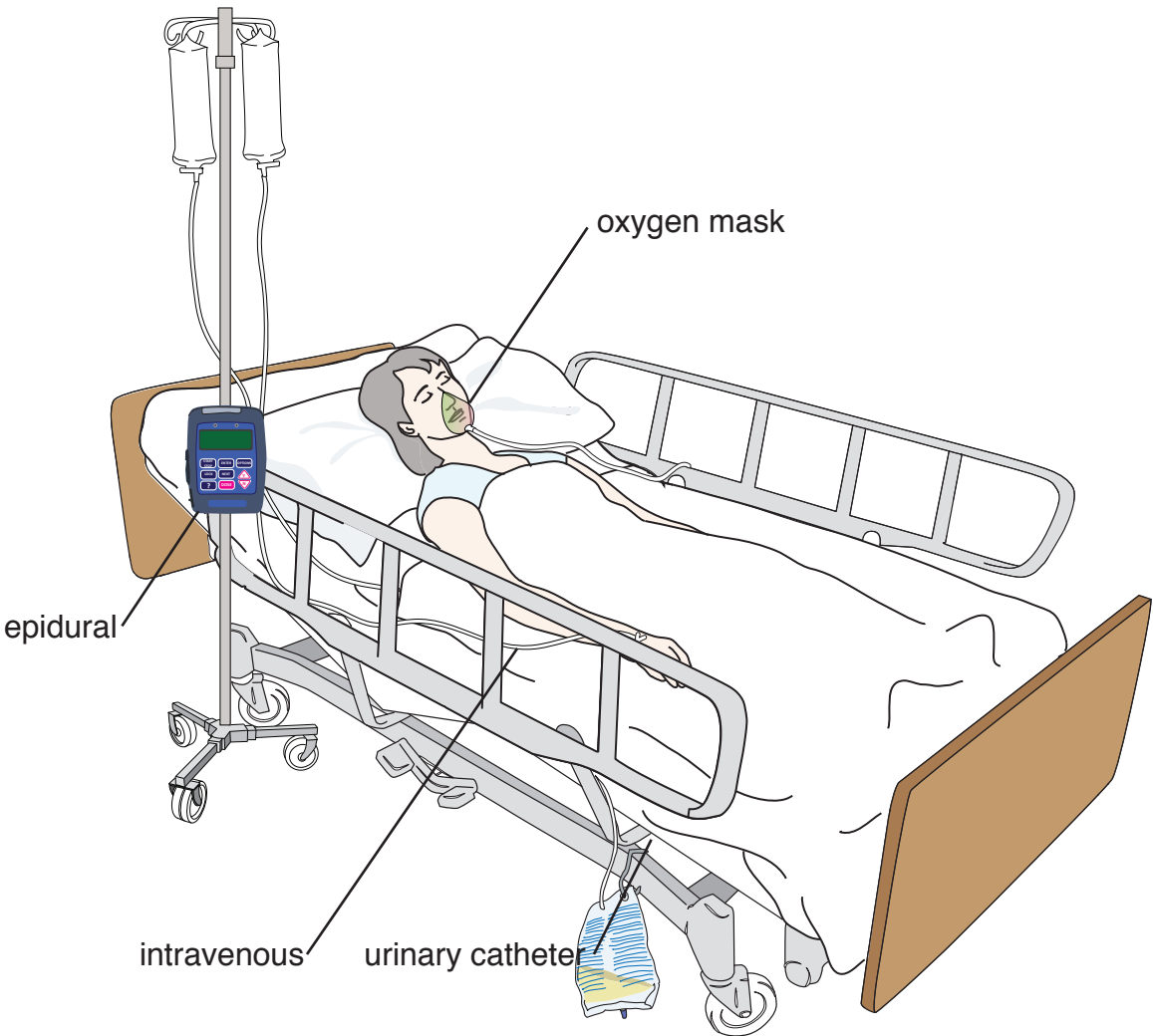
- A mask, giving you oxygen
- An intravenous (IV), giving you fluids
- An epidural (small tube in your back), giving you pain medicine
- A urinary catheter (tube), draining urine out of your bladder

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. There are no visitors in the Recovery Room. Your family may visit you once you are in your room.

In the Recovery Room

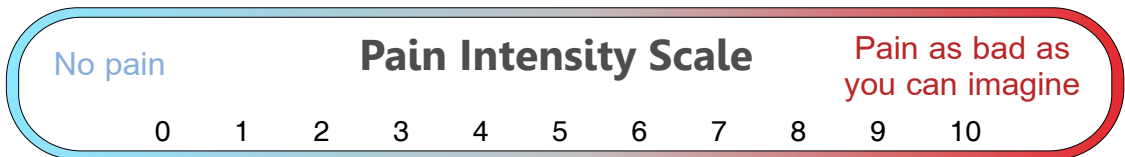


Pain control

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

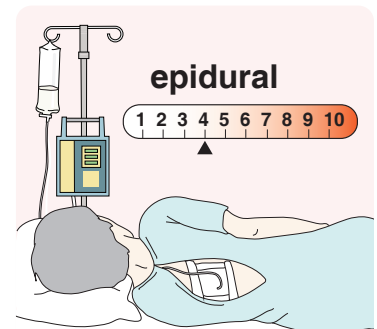
- Take deep breaths
- Sleep well
- Move more easily
- Recover faster
- Eat better
- Do things that are important to you

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 anesthesiologist 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 sometime around Day 2 after surgery.



Other pain medications

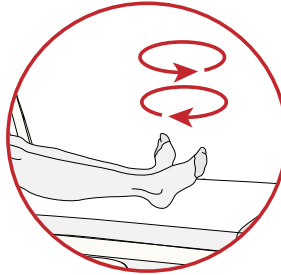
There are a number of pain medications that may be used during the recovery period after surgery. Some patients will have an epidural. Others will have IV pain medications, injections, or pills. Your care team will discuss the best pain control plan for you.

Exercises

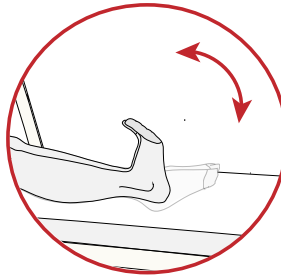
It is important to move around in bed to prevent pneumonia, blood clots, and muscle weakness. Start these exercises when you wake up and continue them while you are in the hospital.

Leg exercises

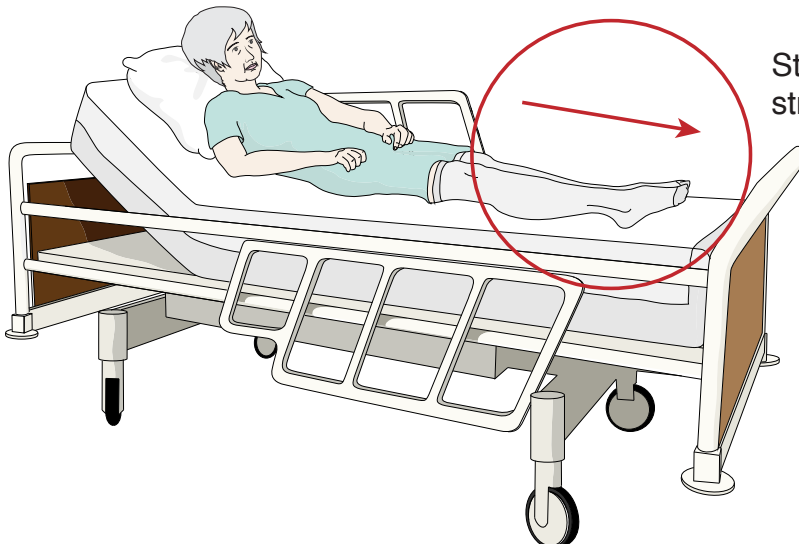
These exercises help your blood to circulate in your legs. Repeat each exercise 4 to 5 times every half hour while you are awake.



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:

You are encouraged to take deep breaths and cough when needed after your surgery. You may also be given an incentive spirometer. This device helps you breathe deeply to prevent pneumonia.

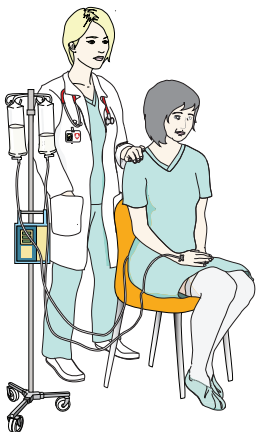
To use your incentive spirometer

- Put your lips around the mouthpiece, breathe in deeply.
- 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

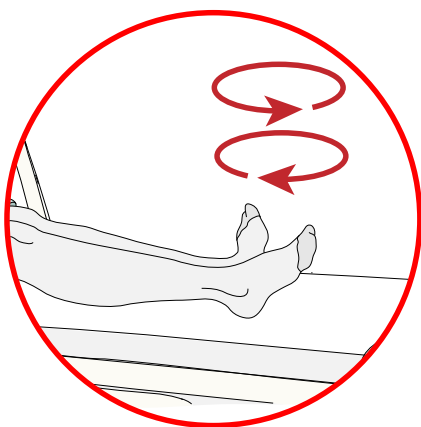
Goals for the evening of surgery



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



Drink liquids, as well as a protein drink if tolerated. Chew gum for 30 minutes to help your bowels start to work.



Do your leg exercises (see page 23).



Do your breathing exercises (see page 24).

Goals for Day 1

Breathing

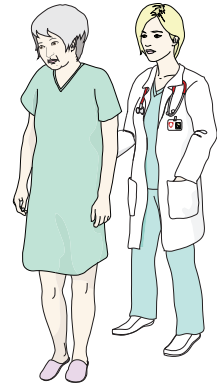
Do your breathing exercises.

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 tolerated.



Pain control

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



Eating and drinking

Drink liquids, including protein drinks.

Eat regular food, as tolerated.

Chew gum for 30 minutes 3 times a 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 for Day 2

Breathing

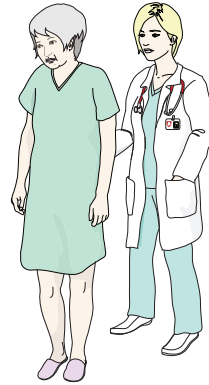
Do your breathing exercises.

Activities

Sit in a chair for meals.

Walk in the hallway at least 3 times,
or more, if you are able.

Be out of bed, off and on, for a total of 6 hours.



Pain control

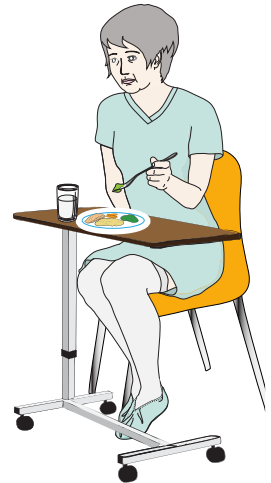
Tell your nurse if your pain reaches 4/10 on the pain scale.

Eating and drinking

Drink liquids, including protein drinks.

Eat regular food as tolerated.

Chew gum for 30 minutes 3 times a day.



Tubes and lines

Your IV will be removed when you are drinking well.

We will try pain pills for you today. If they work well to control your pain, we will stop your other pain medication (such as IV pain medication).



Some patients may go home today. Your care team will discuss if this is a possibility for you.

Goals for Day 3: Going home

Plan to go home today before 11AM.



We will give you information about your follow up appointment with your surgeon before you leave the hospital.

If you have clips or stitches, your surgeon will remove these at this next appointment.



At home

Pain

You may have pain for a few weeks after surgery. Take acetaminophen (Tylenol ®) and your anti-inflammatory medications, if these were prescribed to you, to relieve your pain.

If your pain is not controlled by acetaminophen (Tylenol ®) and the anti-inflammatory, add the narcotic that your doctor ordered.

If the anti-inflammatory or other pain medicine cause burning or pain in your stomach, stop taking them and call your surgeon.

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

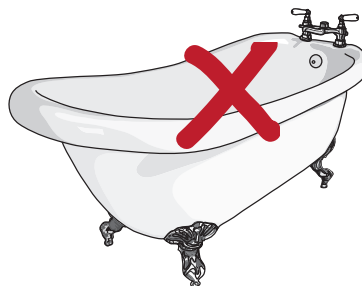
Pain medicine may cause constipation. To help your bowels stay regular:

- Drink more liquids
- Follow the diet instructions that we offered you.
- Get regular exercise (a 15-minute walk is a good start)
- Take stool softeners if they were prescribed to you.



Incision

Your surgeon will discuss with you when you can start taking showers again once you are home.



If you have stitches or clips, your surgical team will tell you when they can be removed. This is usually at your first visit to your surgeon's office.

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



Diet

Unless you were given special diet instructions by your nurse, doctor or dietitian, feel free to eat anything you want.

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.



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

Activity

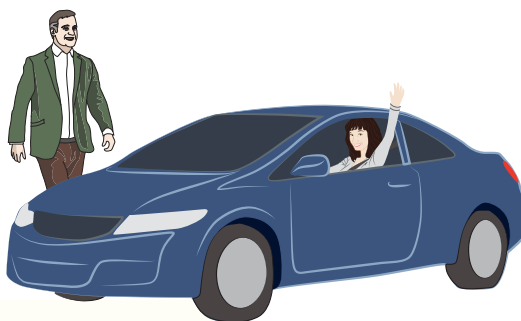
After you go home:

- Continue to walk several times each day. Gradually increase the distance until you reach your usual level of activity.
- Avoid any heavy lifting 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

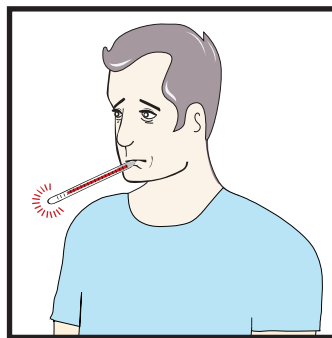


When to call your doctor

Call your surgeon if:



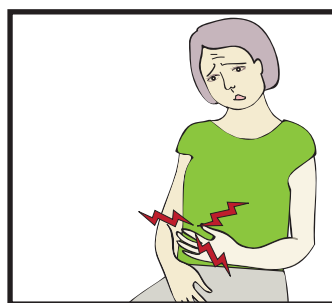
Your incision(s) becomes warm, red, or you see drainage coming from the incision



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.

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:

Sutter Health

www.sutterhealth.org

American Lung Association (800) LUNG-USA www.lungusa.com

California Smokers Help Line (800) NO-BUTTS

American Cancer Society (800) ACS-2345 www.cancer.org

Help Us Help Others

Help support the MUHC Patient Education Office! Donations make a huge difference. They help us create health information materials and programs to deliver the best care for life. All patient materials are freely available on the internet to MUHC patients, and to patients and families everywhere.

Make a donation through the Montreal General Hospital Foundation to:



**MUHC Patient Education
Dr. David Fleiszer**



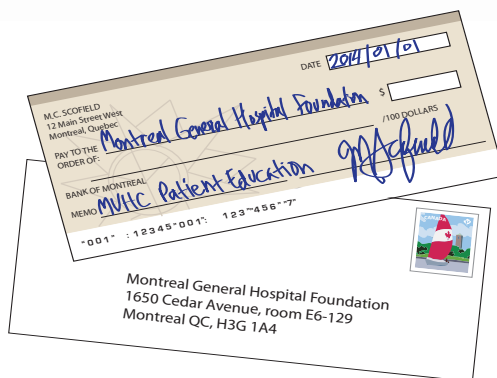
Online: mghfoundation.com

By Phone: 514-934-8230

LA FONDATION DE L'HÔPITAL GÉNÉRAL DE MONTRÉAL



THE MONTREAL GENERAL HOSPITAL FOUNDATION



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Thank you for your support!

MUHC Patient Education Office: muhcpatienteducation.ca