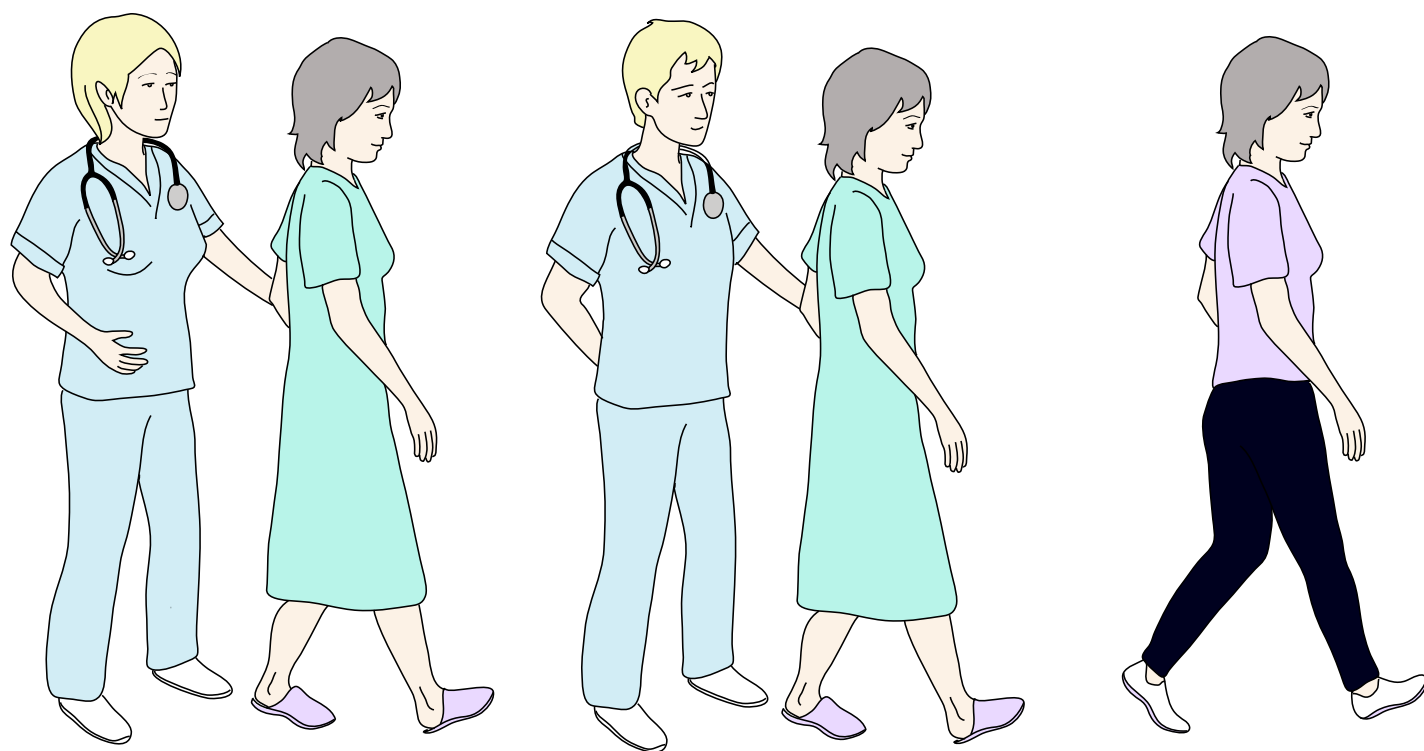


# A Guide to Bowel Surgery



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# Welcome

Thank you for entrusting us with your care.

As a bowel surgery patient, you will be part of a clinical care pathway called Enhanced Recovery After Surgery (ERAS). 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 before and 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.

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.

We would also like to recognize the MUHC Patient Education Office for their support throughout the development of this booklet, in particular, the writing, design, layout, and the creation of all the images.

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Alta Bates Summit Medical Center, Oakland & Berkeley, California (Sutter Health)  
California Pacific Medical Center, San Francisco, California (Sutter Health)  
John Muir Medical Center, Walnut Creek & Concord, California  
Mills-Peninsula Health Services, Burlingame, California (Sutter Health)

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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.



Centre universitaire  
de santé McGill



McGill University  
Health Centre

Office d'éducation des patients  
Patient Education Office

Date / Time of surgery: \_\_\_\_\_ 

Check-in time at hospital: \_\_\_\_\_ 

Mills-Peninsula Health Services, 1501 Trousdale Drive, Burlingame, CA 94010  
(Go to Admitting on the first floor of the hospital. See map on back of booklet.)



**1. Bowel Prep:** Follow instructions as given by your doctor's office for bowel prep (and, if prescribed, oral antibiotics).

**2. No solids after:**

- 1:00 PM day prior to surgery (if you are taking a bowel prep)
- 11:59 PM day prior to surgery (if you are NOT taking a bowel prep)

**3. Drinking instructions (see p. 11-12 for more info):**

In preparing for your surgery, it is important to stay hydrated and get some carbohydrates for energy. You may consume **clear liquids** (clear juice without pulp, clear broth, soft drinks, jello, coffee/tea with no milk) all day as you wish the day prior to your surgery and up until two hours before your scheduled surgery the day of the procedure. Specifically, we ask you to do the following:

- Evening before your surgery:** Drink 29 oz of apple juice (about 3.5 cups) around 8 PM. (Exception: If you are taking a Miralax-Gatorade bowel prep, skip this evening drink, as Gatorade has carbohydrates.)
- Day of your surgery:** Drink 16 oz of apple juice (or 2 cups) around 2.5 to 3 hours before your surgery. Time: \_\_\_\_\_ 
- STOP drinking clear liquids TWO hours before your scheduled surgery time!**  
Time: \_\_\_\_\_ 

**4. Don't smoke for at least 12 hours before your surgery.**

**5. Medication instructions:**

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**6. Washing instructions:**

Use the chlorhexidine soap provided by your doctor's office

- The evening before surgery       The morning of surgery

**7. Exercise:**

In the days leading up to your surgery, even walking 15 minutes a day helps!

**8. Cancellations:**

If you have any sign of flu, fever, cold or respiratory infection or if you become pregnant, call your doctor as soon as possible.

**9. Planning Ahead.**

You may be back home in as few as 2 to 3 days after surgery. Are your home and ride ready?

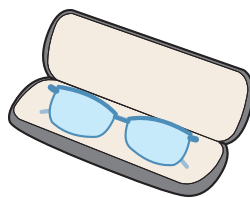
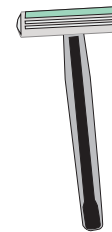
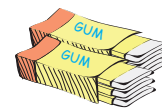
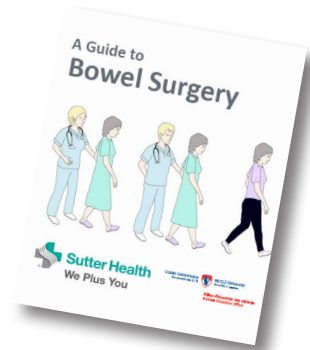
**Questions?**

Pre-admission Testing Nurse: (650) 696-5754, 8:30 AM – 5 PM

Surgery Center: (650) 696-5594, 5:30 AM – 7 PM

## Ask a family member or friend to bring to your post-operation room:

- This booklet.
- Two packages of your favorite chewing gum — unless you have dentures. (Chewing gum can help with the return of bowel function after surgery.)
- Personal and grooming items, such as shaving supplies, deodorant, earplugs. (Note: A toothbrush, toothpaste, mouthwash, soap and comb will be available in your room.)
- (Optional) Bathrobe, slippers, pajamas, loose comfortable clothes
- Glasses, contact lenses, hearing aids, dentures, and their storage containers labeled with your names
- Cane, crutches, walker, if applicable, labeled with your name
- A set of clothes for going home



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, translation services can be provided upon request.

Prior to your surgery, you will have a pre-operative visit at the hospital.

We encourage you to bring a family member with you. During the pre-operative 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 a specialist before your surgery).

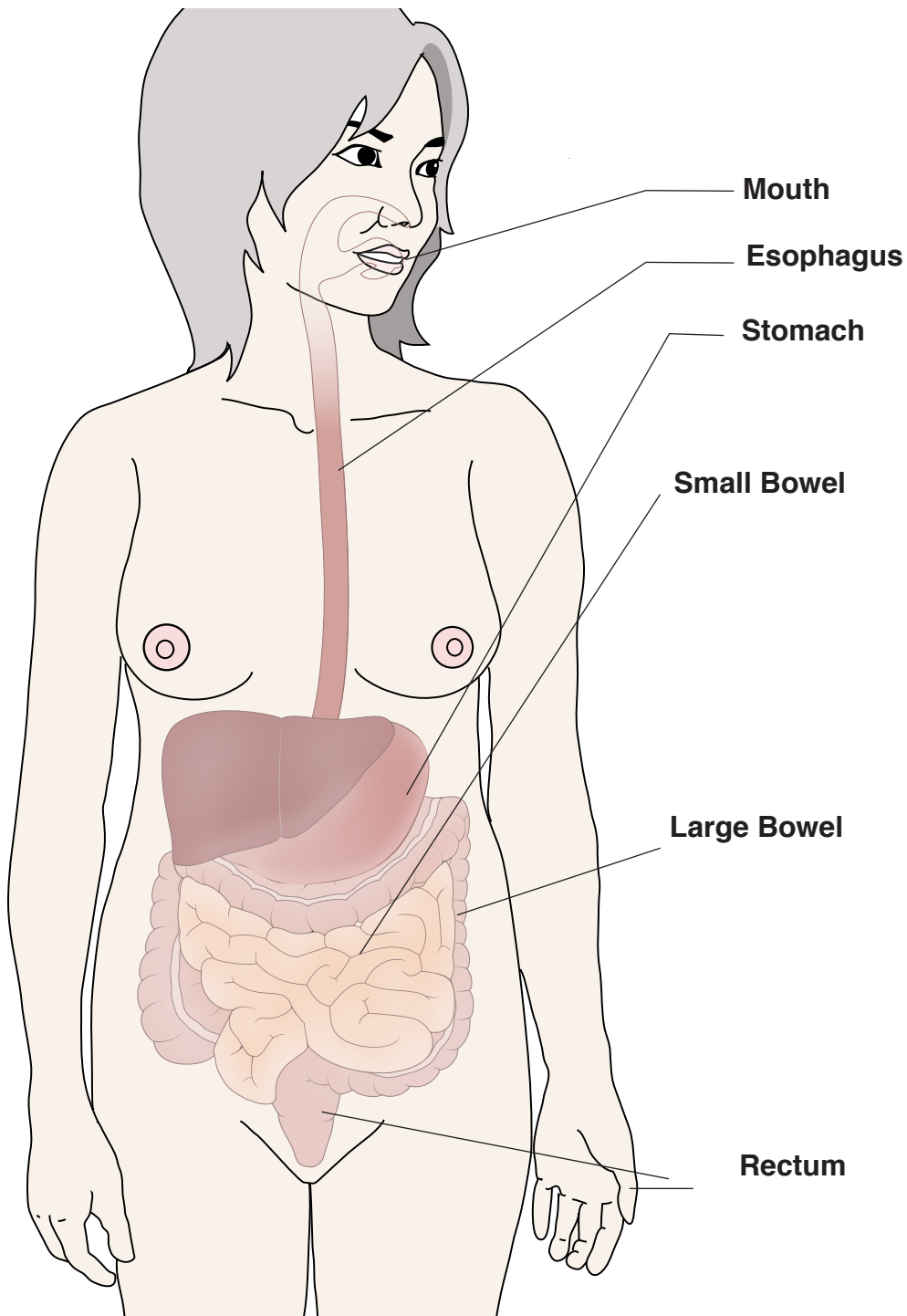


You may need to stop taking some medicines and herbal products before surgery. One of your clinicians will explain which medicines you should stop and which ones you should keep taking.



# What is a 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.

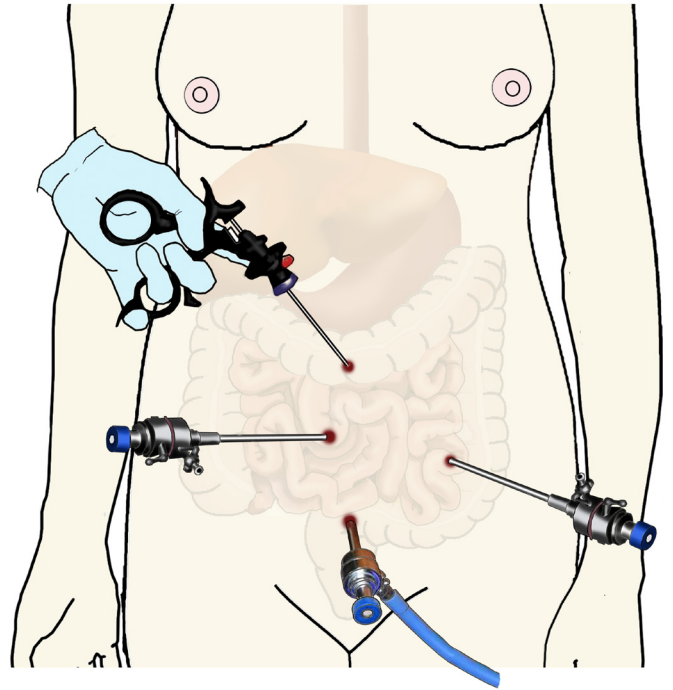


Bowel surgery, also called colorectal surgery, is removal of a diseased part of the bowel. The surgery may be done two ways. Your surgeon will talk with you about the kind of surgery you need.

## 1. Minimally-invasive

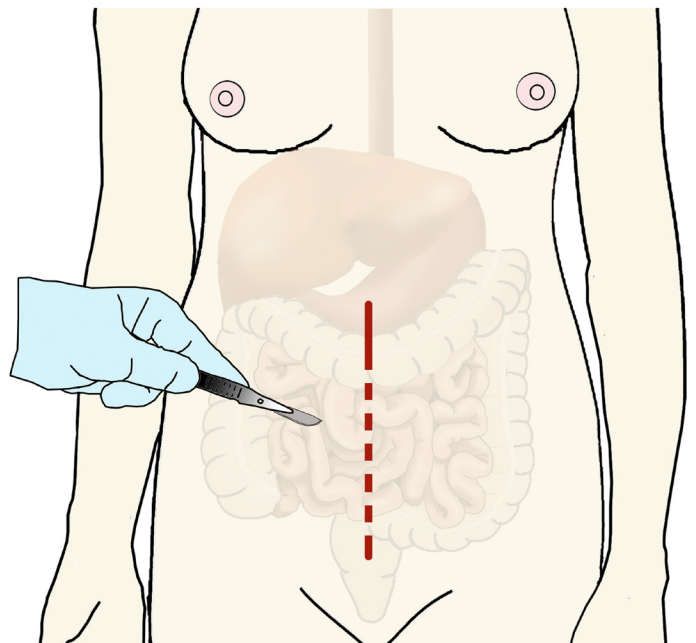
The surgeon works through 4 to 6 small cuts in your belly, using a camera and instruments. One of the cuts is used to remove the diseased part of the bowel.

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



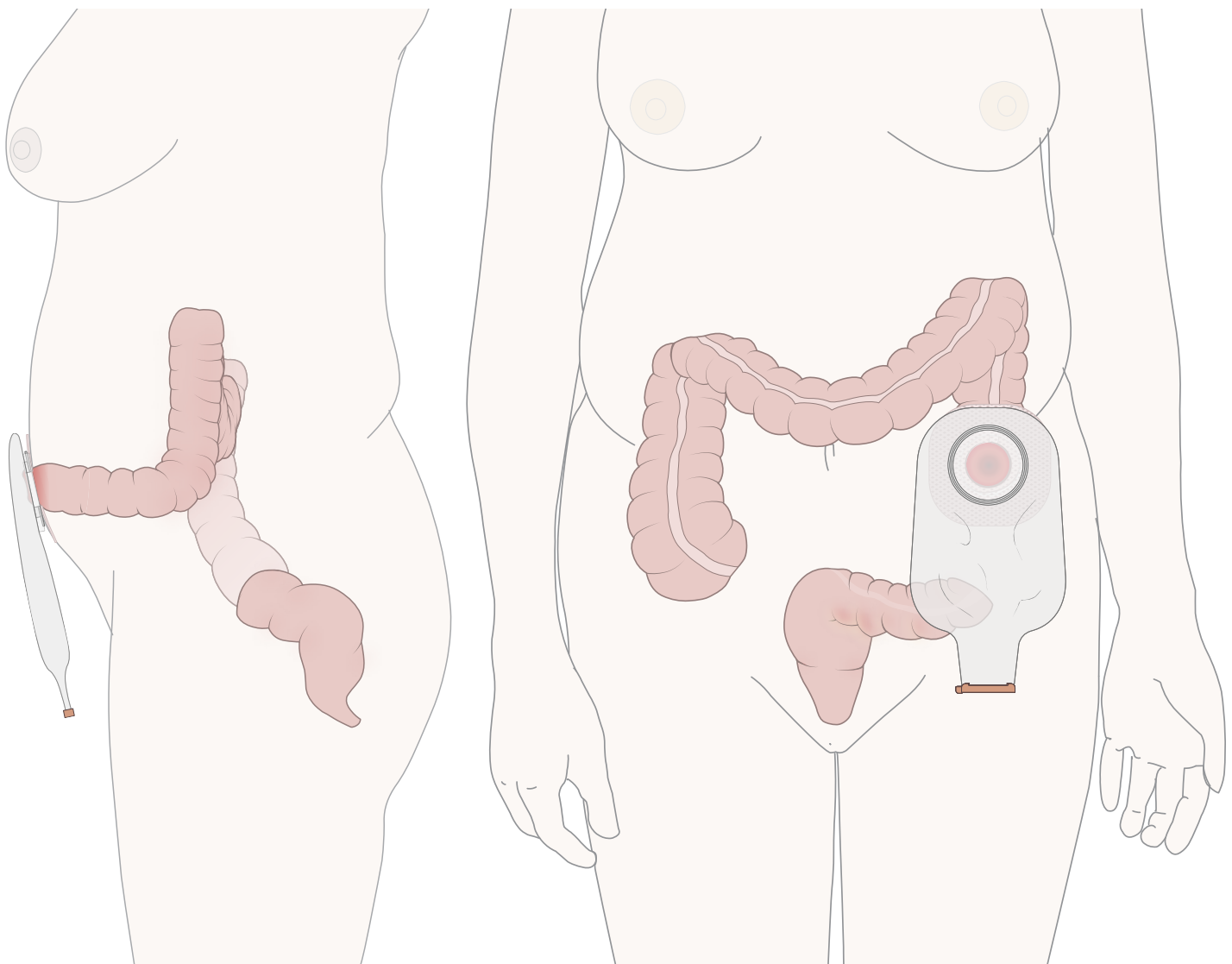
## 2. Open

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.





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.

The following 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
- Do not have any food, dairy products, or juice with pulp after 1 PM
- Take your bowel prep as instructed
- Drink 29 oz of apple juice (850 mL or 3.5 cups) around 8 PM. (Exception: If you are drinking a Miralax-Gatorade bowel prep as ordered by your physician, you do not need to drink apple juice.)

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

- Eat and drink normally until midnight
- Drink 29 oz of apple juice (850 mL or 3.5 cups) around 8 PM
- Do not have any food, dairy products, or juice with pulp after midnight

## What are clear liquids?

### Clear liquids include

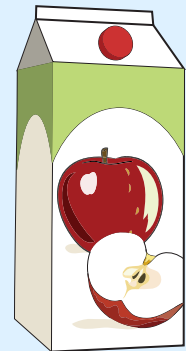
Water, fruit juices without pulp, soft drinks, tea or coffee (with no milk)

### Clear liquids exclude

Milk, milk substitutes, juices with pulp

## THE DAY OF SURGERY:

- Do not eat any food, dairy products or juice with pulp.
- About 2.5 to 3 hours before your scheduled surgery time, drink **16 oz of apple juice** (425 ml or 2 cups) to get energy from carbohydrates.



- You may drink clear liquids as you wish the day of surgery, but you must **STOP drinking TWO hours before your scheduled surgery time.**
- Take nothing by mouth after this time except prescribed medications, as advised by your physician, with small sips of water.



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.

### Clear liquids include

Water, fruit juices without pulp, soft drinks, tea or coffee (with no milk)

### Clear liquids exclude

Milk, milk substitutes, juices with pulp

The night before surgery:

- Take a shower or bath using the washing supplies (e.g. chlorhexidine soap) 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



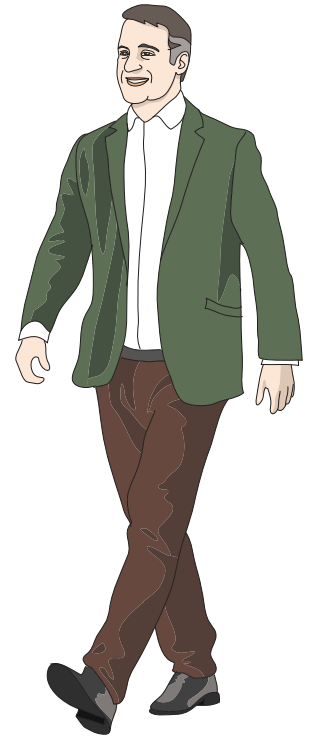
The morning of surgery:

- Take a shower or bath using the washing supplies (e.g. chlorhexidine soap) 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



## 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.

Mills-Peninsula offers a smoking cessation program. Call (650) 696-4308 for more info.



## 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.





## 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.



### 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 pre-operative 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.

### 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.

If during your preoperative visit you gave a phone number for a family member or friend, a staff member or your surgeon may call this number after your surgery is done.

Surgery Center: (650) 696-5594, 5:30 AM – 7:00 PM





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.

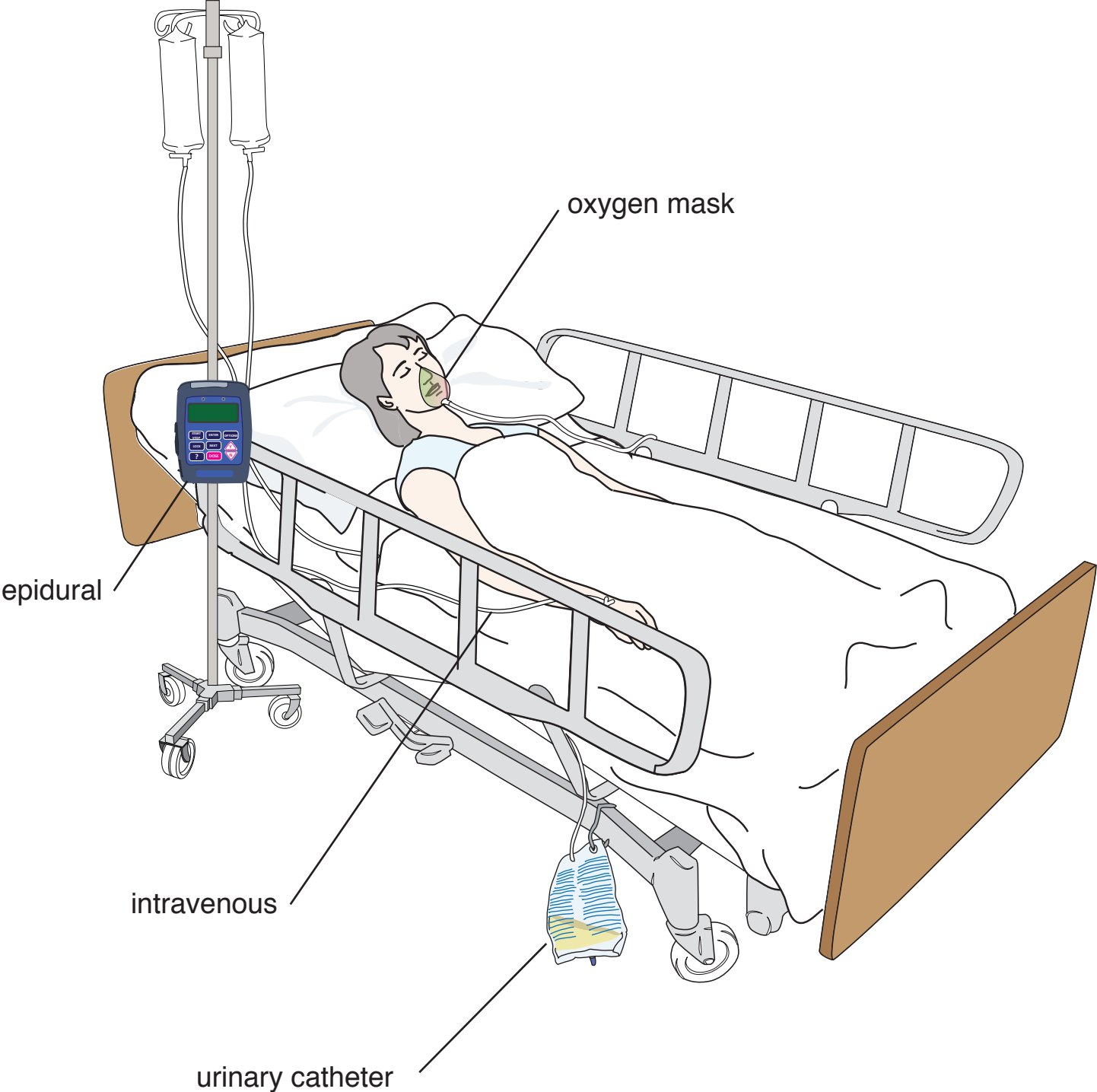
You may have:

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

A nurse will:

- Check your pulse and blood pressure often
- Check your bandage(s)
- Make sure you are comfortable

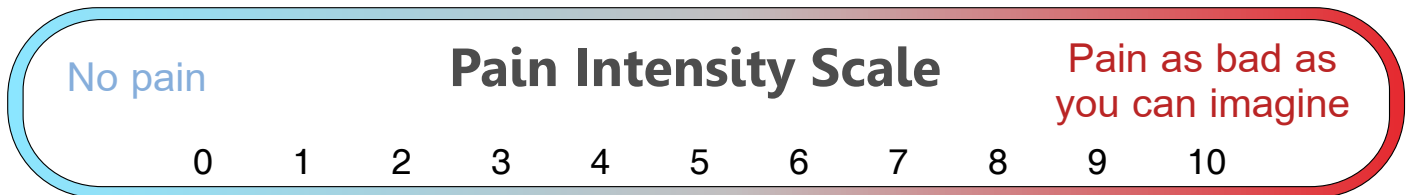
When you are ready, you will go to your room. There are no visitors in the Recovery Room. Your family may visit you once you are in your room upstairs.



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

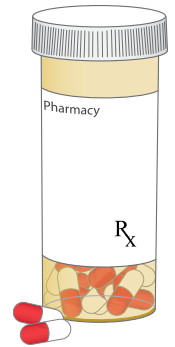
- Take deep breaths
- Move more easily
- Eat better
- Sleep well
- Recover faster
- Do things that are important to you

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.



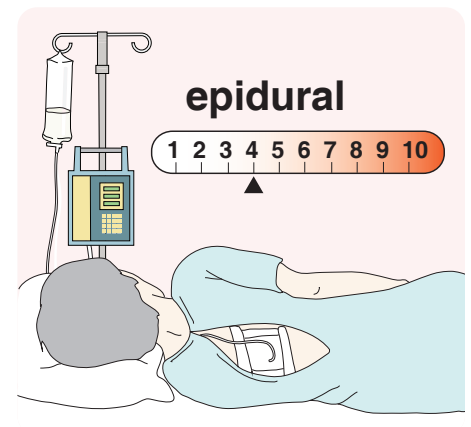
## Pain medications:

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.



## Epidural infusion:

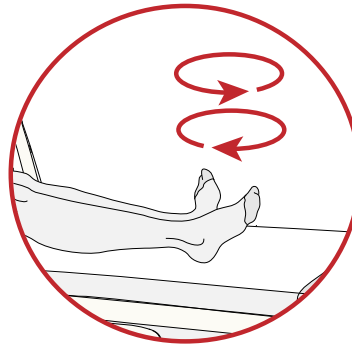
If you get an epidural infusion (a small tube in your back to give continuous pain medicine), it is usually started in the operating room before you go to sleep. It is removed sometime around Day 2 after surgery.



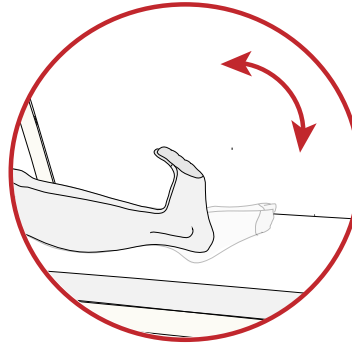
It is important to move around in bed to prevent pneumonia, blood clots, and muscle weakness. Start these exercises when you wake up and continue them while you are in the hospital.

## Leg exercises:

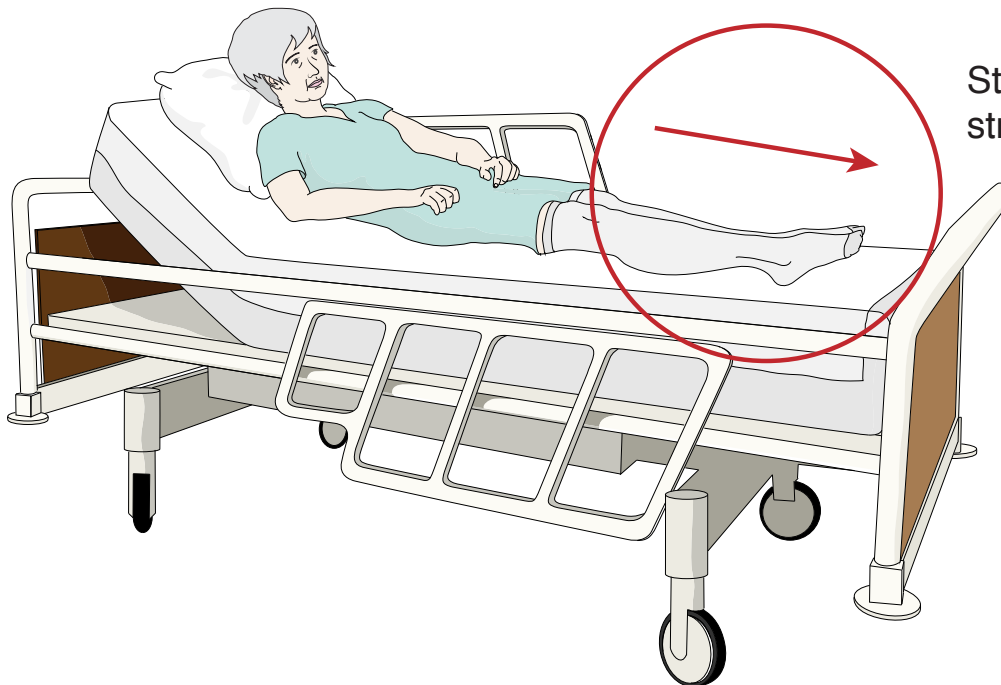
These exercises help your blood to circulate in your legs. Repeat each exercise 4 to 5 times every half hour while you are awake.



Rotate your feet to the right and left.



Wiggle your toes and bend your feet up and down.



Stretch your legs out straight.



## Deep breathing and coughing exercises:

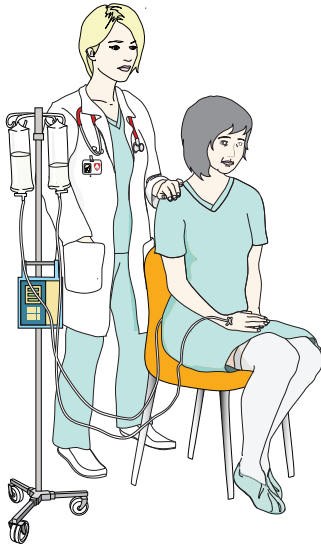
You are encouraged to take deep breaths and cough when needed after your surgery. You may also be given an incentive spirometer. This device helps you breathe deeply to prevent pneumonia.



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

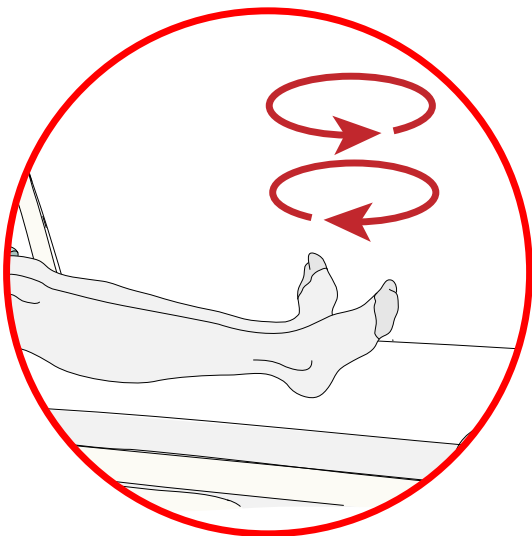
## Goals for the evening of surgery



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



Drink liquids. Chew gum for 30 minutes to help your bowels start to work.



Do your leg exercises.



Do your breathing exercises.

### Breathing

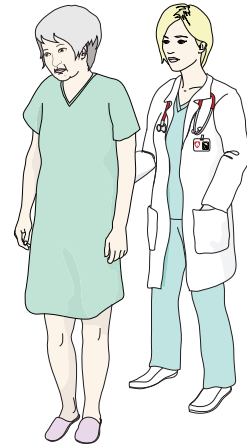
Do your breathing exercises.

### 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 3 to 6 hours, as tolerated.



### Pain control

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



### Eating and drinking

Drink liquids.

Eat regular food, as tolerated.

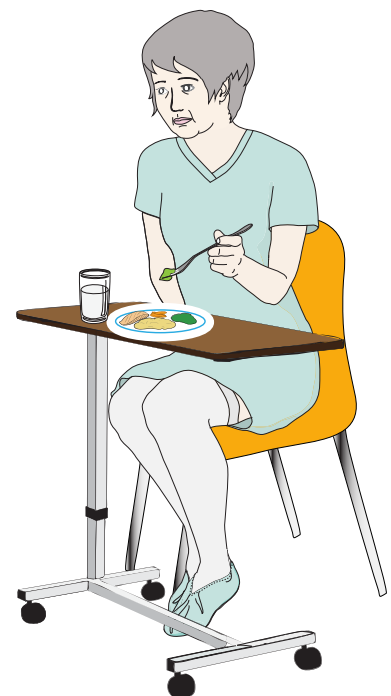
Chew gum for 30 minutes 3 times a day.



### 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

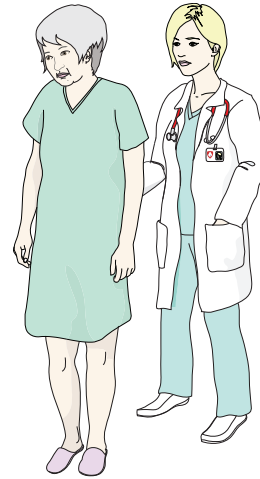
Do your breathing exercises.

## 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 4 to 6 hours.



## Pain control

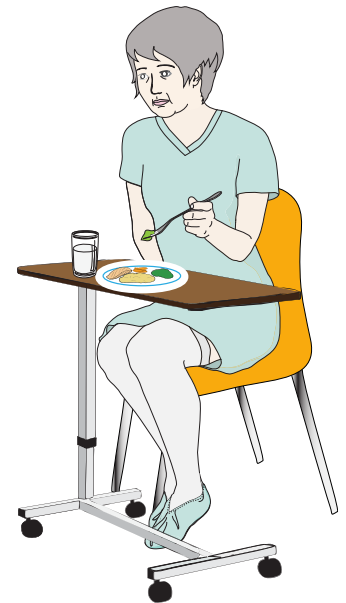
Tell your nurse if your pain reaches 4/10 on the pain scale.

## Eating and drinking

Drink liquids.

Eat regular food as tolerated.

Chew gum for 30 minutes 3 times a day.



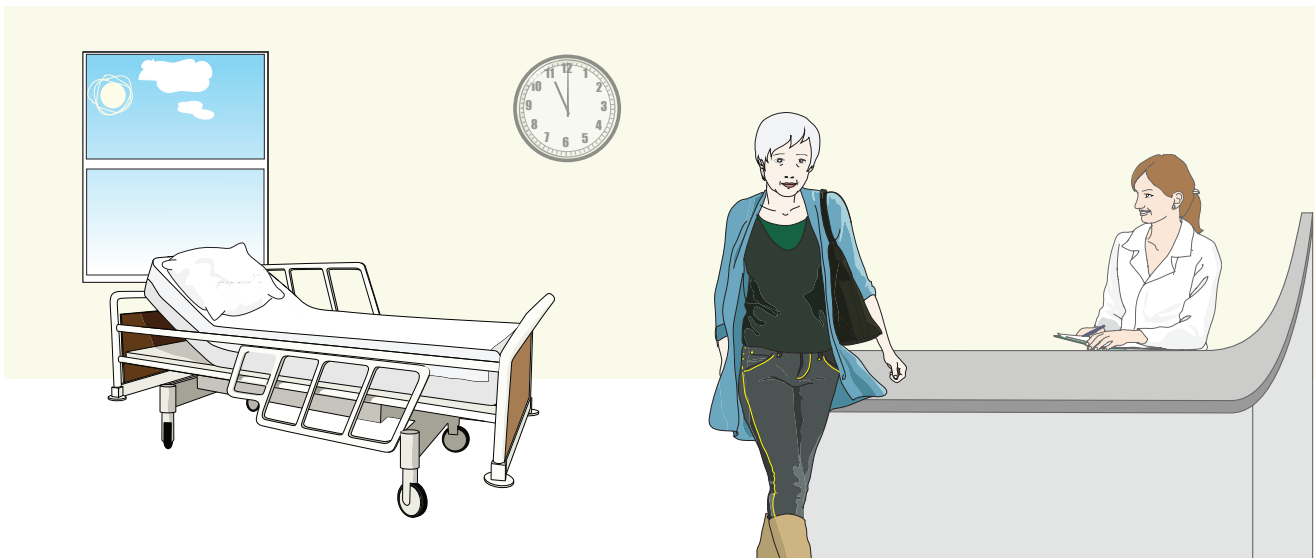
## Tubes and lines

Your IV will be removed when you are drinking well.

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 11 AM.



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.





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

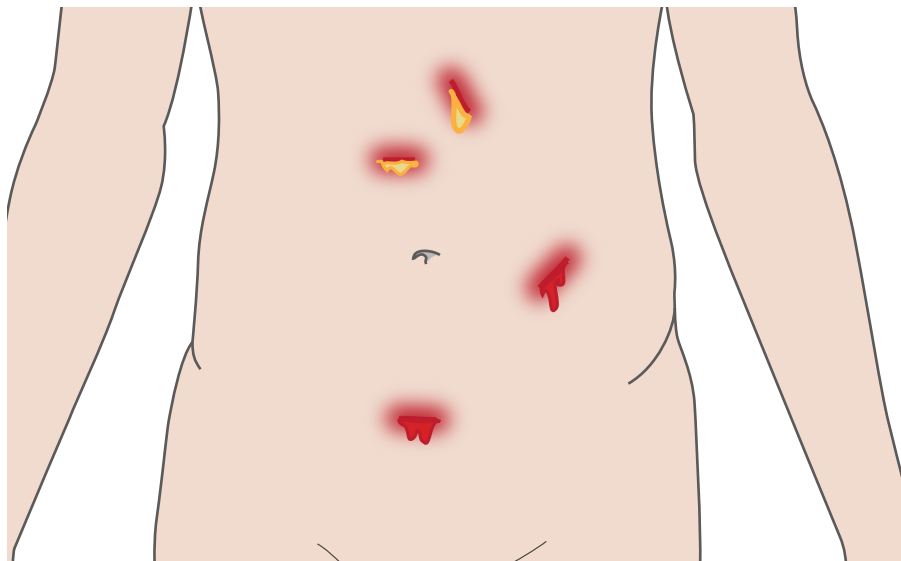


Your surgical team will discuss with you when you can start taking showers again, if you haven't already.



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.





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.**

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.

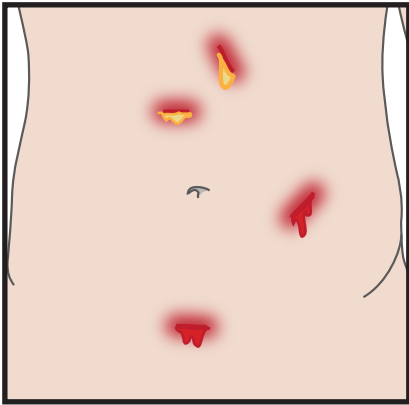


Ask your family and friends for help with:

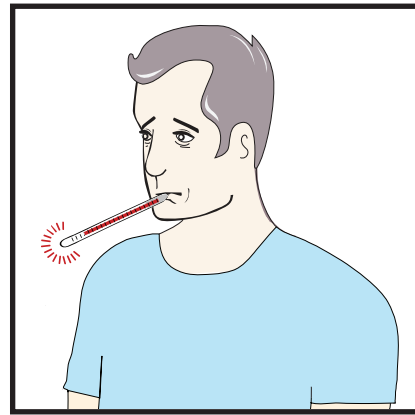
- Transportation
- Meal preparation
- Laundry
- Grocery shopping
- House cleaning



Call your surgeon if:



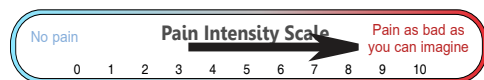
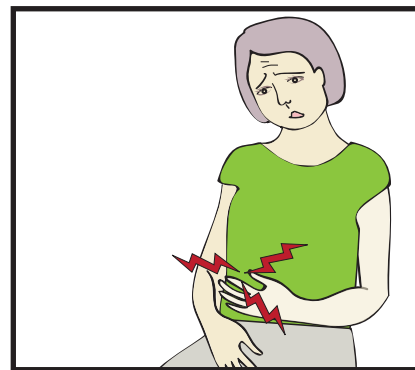
Your incision(s) becomes warm, red, or you see drainage coming from the incision



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



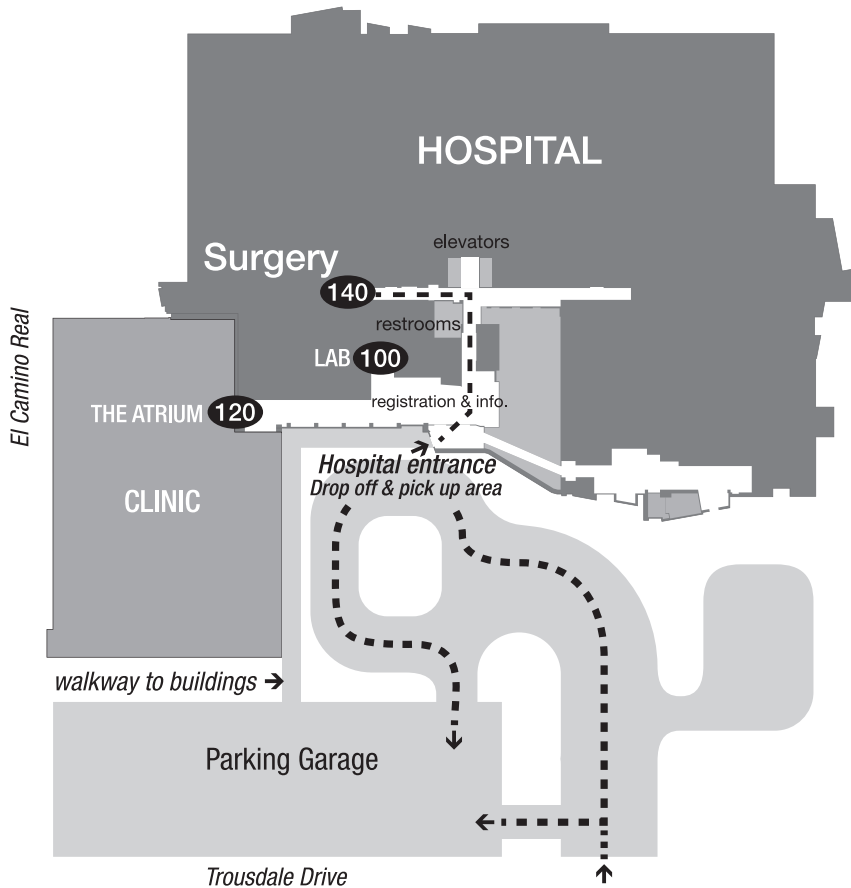
You cannot drink fluids or keep them down



You have pain that your pain medicine does not help

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

# MAP OF MILLS-PENINSULA HEALTH SERVICES



## How to park and enter Mills-Peninsula Medical Center:

- Enter the campus from Trousdale Drive.
- Drive to the front of the hospital and drop off the patient. From here, continue on the circular drive to enter the top floor (P1) of the parking garage (shown in curved dotted line on map).
- Or: Park first in the parking garage and walk into the hospital:
  - On entering the campus from Trousdale, turn left at first opportunity and enter the second level (P2) of the parking garage. Continue up the ramp to (P1) or park on levels 2–4 and take the elevator to the top floor (P1).

The Atrium/Food Court hours:  
7 a.m. – 7 p.m.

[mills-peninsula.org/surgery](http://mills-peninsula.org/surgery)



Mills-Peninsula Health Services, 1501 Trousdale Drive, Burlingame, CA 94010

Pre-admission Testing Nurse: (650) 696-5754, 8:30 AM – 5 PM

Surgery Center: (650) 696-5594, 5:30 AM – 7 PM

Your Surgeon: \_\_\_\_\_

