



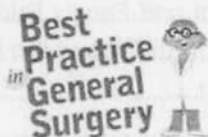
A Guide to Enhancing Your Recovery After Bowel Surgery

Your name: _____

Your Doctor's name: _____

Date of your surgery: _____

Please bring this booklet with you to your Preoperative Surgical Screening appointment and on the day you are having your surgery



Introduction

The information in this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional healthcare practitioner, or substitute medical care. Contact your surgeon if you have any specific questions about your care.

This booklet is part of the University of Toronto's Enhanced Recovery after Surgery (ERAS) program. The goal of this program is to increase your satisfaction, decrease postoperative complications and speed your recovery.

The ERAS program is part of the Best Practice in General Surgery (BPIGS) initiative which began in 2006. BPIGS' goal is to make sure that you receive the best care by standardizing general surgery practices based on the best evidence.

The ERAS program includes surgeons, anesthesiologists, nurses, dietitians and physiotherapists who are working together to provide you with the best care.

Acknowledgements

We would like to acknowledge all members of the ERAS steering committee for their work on developing this booklet. As well, we would like to acknowledge McGill University Health Centre and the UHN Patient and Family Education Program for helping us in the design and formatting of the booklet.

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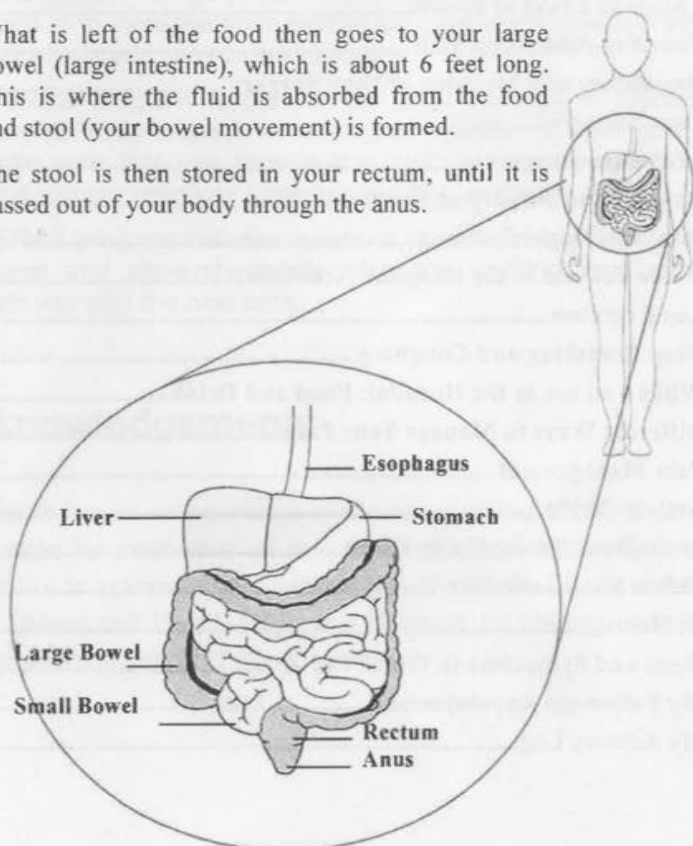
What is the Bowel?

When eating, food passes from your mouth, through the esophagus into your stomach.

From there it passes into the small bowel (small intestine). This is where your food and nutrients are absorbed.

What is left of the food then goes to your large bowel (large intestine), which is about 6 feet long. This is where the fluid is absorbed from the food and stool (your bowel movement) is formed.

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



What is Bowel Surgery?

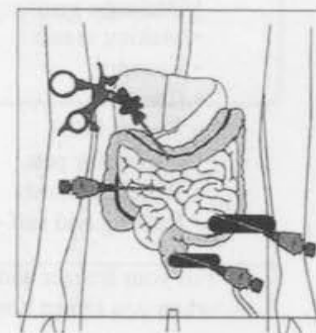
Bowel surgery (also known as colorectal surgery) is the removal of the diseased section of the bowel between your stomach and your anus.

Your surgery can be done in 2 ways:

□ Laparoscopic

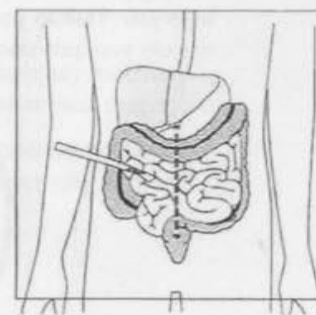
If your surgery will be done laparoscopically, the surgeon will make 4 to 6 small cuts (incisions) in your abdomen.

Your surgeon will use instruments and a camera to loosen (free-up) the diseased bowel and then make a small incision to remove it. The healthy ends of your bowel will then be sewn or stapled back together or a stoma will be created.



□ Open

If the surgery is done openly, your surgeon will make one 10 to 20cm cut (incision) in your abdomen to perform the surgery. The surgeon will remove the diseased bowel and sew the healthy ends of your bowel back together or a stoma will be created.



Preparing for Your Surgery

Plan ahead. Make sure that you know who is going to take you home. Also, make sure that everything is ready for you when you go home after your surgery. You should be able to walk and eat food and care for yourself as usual. You will likely need some help from friends and family when you first get home from the hospital.

You may need help with:

- Driving
- Making meals
- Laundry
- Cleaning
- Paying bills
- Caring for pets
- Watering plants
- Bathing and self-care

Fill your freezer and cupboards with easy to prepare meals so that when you return home, you will not have to go to the grocery store.

If you are a smoker, we strongly suggest that you stop smoking completely for 3 weeks before your surgery. This will reduce the risk of lung problems afterwards. There are many resources available to help you. Talk to your doctor or nurse if you would like information to help you quit smoking.



Remember...

If you stop smoking 3 weeks before your surgery, this can decrease any breathing problems, increase your healing and decrease any infection after surgery.

Talk to your doctor or nurse about quitting smoking!



How Long Will I be in the Hospital?

If you are having colon surgery and you do not have any problems after your procedure, you may go home 3 days after your surgery.

If you are having rectal surgery and you do not have any problems after your procedure, you may go home 4 days after your surgery.



Thing to Bring to the Hospital

- This booklet
- All the medications you are currently taking
- A bathrobe and loose comfortable clothing
- A credit card (if you want to rent a television or telephone in your room)
- Non-slip slippers or shoes
- Earplugs (if you wish)
- Reading glasses in a case labeled with your name
- Magazines or books to read
- Personal hygiene items like a toothbrush, toothpaste, hair brush, mouthwash, deodorant, lip balm and hand cream
- Cane, crutch or walker if you use these for walking. Label them with your name
- A sleep apnea machine if you use it for sleeping. Label it with your name
- Non-perishable, easily digestible food like cookies, crackers, cereal or pudding cups. Do not bring food that needs to be refrigerated as it will go bad
- 2 packs of your favourite gum. Chewing gum will help you recover from your colorectal surgery. If you cannot chew gum for any reason, please talk with your surgeon

Things to Leave at Home

- Large amounts of money
- Valuables (jewelry, including rings) Remove all nail polish
- Remove all body piercings

Your Pre-Admission Clinic Visit

You will be seen in a pre-admission clinic several days or weeks before your surgery. This is a place where information is shared: we will learn more about you and your health, and you will learn more about your surgery. You will be seen by a nurse and possibly an anesthesiologist (pain doctor) or other doctors if needed.



A nurse will go over the following with you:

- **Medications:** Your past medical history and current medications
- **Bowel preparation:** Your nurse will help you learn how to clear out your bowel before your surgery if indicated by your surgeon
- **Body cleansing:** Do not remove any body hair before your surgery (no waxing, shaving or clipping) because it can increase your risk of infection. You may be asked to shower with special soap before your surgery
- **Diet:** When you should stop eating and drinking before your surgery and what and when you can eat after surgery
- **Activity level:** How much you should be moving around after your surgery
- **Going home after surgery:** You will be asked about your home and any supports you already have in place (family, friends). This will help to plan for your return home with the services you may need

An anesthesiologist will go over the following with you:

- Which anesthetic will be given to put you to sleep for your surgery
- Your options for pain management

Remember...

Shaving before surgery can increase your chance of getting an infection. If hair needs to be removed for your surgery, a clipper will be used once you get to the hospital.

Do not remove any body hair before your surgery.



Day Before and Morning of Your Surgery

- You can eat solid foods until 12 midnight the night before your surgery (unless you had a bowel prep)
- You can drink clear liquids up to 3 hours before your surgery
- A clear liquid is any liquid you can see through. Examples of clear liquids are water, grape juice or apple juice. Milk and orange juice are not clear fluids and should not be taken

High carbohydrate drinks before your surgery

- A drink that is high in carbohydrates are drinks that have a lot of sugar. It is important to have sugary drinks before your surgery because it will help you feel stronger after your surgery and recover faster
- Drink 3 glasses (800ml) of a high carbohydrate drink at bedtime the night before surgery
- Drink 1.5 glasses (400ml) up to 3 hours before your surgery
- Examples of high carbohydrate drinks are:



Apple Juice



Cranberry Cocktail



Iced Tea



Grape Juice

Your Surgery

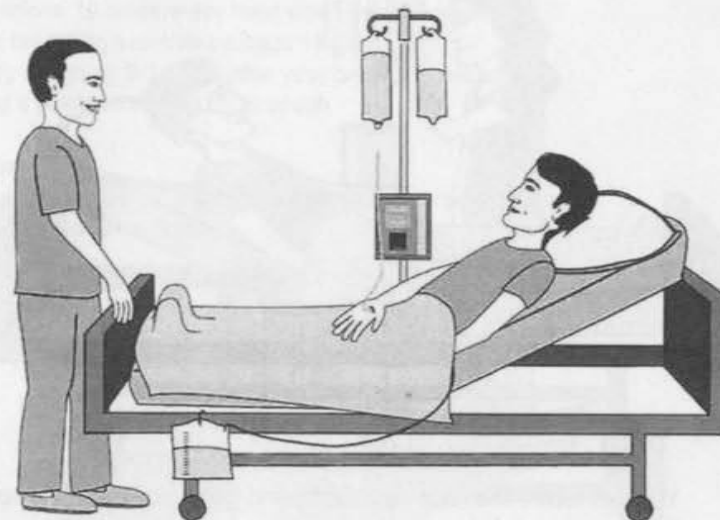
When you arrive at the hospital:

- You will be admitted
- You will see a surgeon, a nurse and an anaesthetist. They will answer any questions you may have. They will ask you a few questions to make sure you are safe to have your surgery
- You may be given pain medicine to take by mouth before your surgery
- You may get cold, so bring your bathrobe and slippers or shoes



In the operating room:

- You will walk into the operating room with a nurse or be wheeled in on a stretcher (bed)
- If you are to receive an epidural (small tube in your back) or spinal anesthetic it will be inserted before you are put to sleep
- The anaesthetist will put you to sleep. This is not painful
- Antibiotics and anticoagulants (blood thinners) will be given to help decrease your chance of infection and blood clots
- While you are asleep, you may have a tube (catheter) put into your bladder to drain your urine



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Adapted for use at RVHS from Best Practice in General Surgery (BPGS) Group 2012

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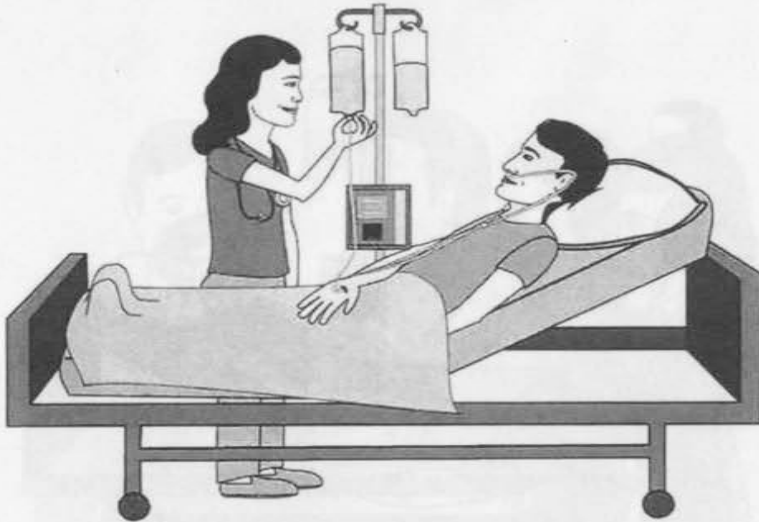
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After Your Surgery

In the recovery room, you may have:

- An intravenous (IV) drip to give you fluid and medicine
- Pain medicine: either an epidural or IV pain medicine
- A nurse ask about your pain level. Please tell the nurse if your pain changes or gets worse
- Oxygen through an oxygen face mask or nasal prongs
- A catheter to drain the urine out of your bladder
- Your vital signs checked very often (heart rate, blood pressure)
- Your nurse check your bandage (dressing)



You will leave the recovery room and go to your room when the nurse and doctors are sure you are awake, breathing properly and that your pain is well managed.

Day of Your Surgery on the Ward

Lying in bed without moving may cause many problems like pneumonia, blood clots and muscle weakness. It will also slow down your recovery. The more often you get up, the better you will feel!

Leg exercises

If right for you, you will be helped to do the following exercises by your healthcare team:

- Sit up and dangle your legs at the side of the bed
- Start your leg exercises — see leg exercises on page 18

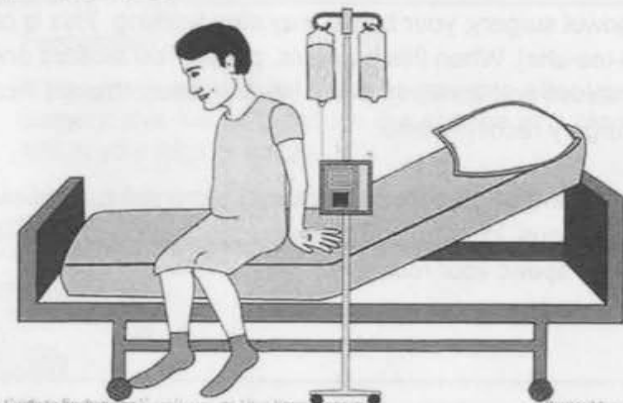
Breathing exercises

If right for you, you will be shown how to do deep breathing exercises by your healthcare team

- Perform 10 times every hour when you are awake — see breathing exercise on page 19
- Try coughing 2-3 times after your breathing exercises. Hug a pillow when you try to cough

Drinking

As soon as you are on the ward after your surgery, you can have sips of clear fluids.



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Adapted for use at VUTH from Best Practice in General Surgery (BPGS) Group 2012

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Adapted for use at VUTH from Best Practice in General Surgery (BPGS) Group 2012

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You Might Feel...

1) Nervous about getting up

- This is a normal feeling. Your nurse will help you to walk with the IV pole and tubes

2) Hungry or Not hungry

- It is safe to have fluids the night of your surgery and food the day after surgery
- Just eat and drink amounts that are comfortable
- You will usually feel like eating and drinking more each day

3) Tired

- This is normal because your body is trying to heal
- After your walks, it is important to rest

Why is Moving Around After Surgery Important?

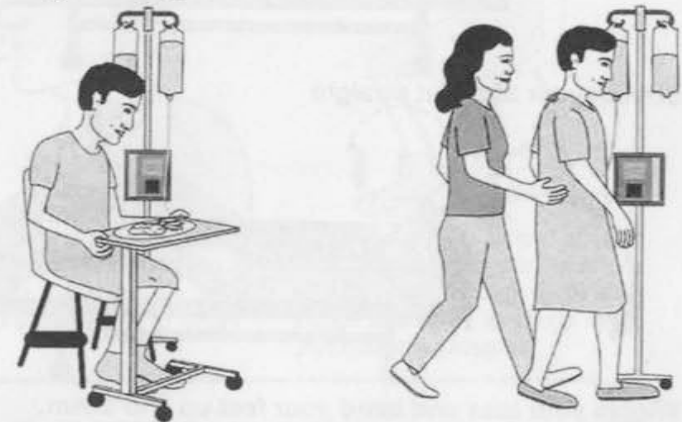
After bowel surgery, your bowel may stop working. This is called ileus [i-lee-uhs]. When this happens, people feel bloated and may have nausea and vomiting. If you have an ileus, this will increase your surgery recovery time.

Pain medicine which contain opioids, like morphine, increase the chance of ileus. Walking and chewing gum help the bowel work faster and speed your recovery.

While You are in The Hospital: Activities

With the help from nurses, physiotherapists, a volunteer or your family members, you will:

- Sit up in a chair for all of your meals
- Be out of bed, either walking or sitting frequently for increasing periods of time
- Do your deep breathing exercises
- Do your leg exercises



Remember...

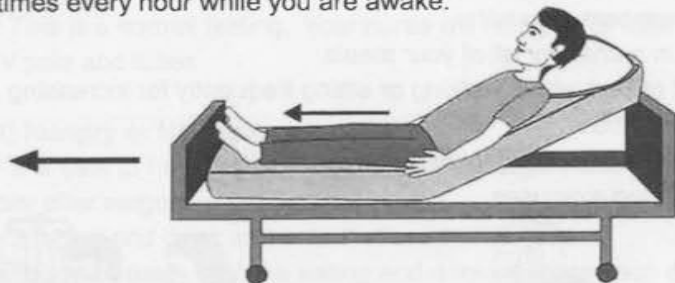
If you move around as much as you can after your surgery, this will help reduce the chance of a blood clot in your legs or lungs.

Do your leg exercises every hour you are awake!

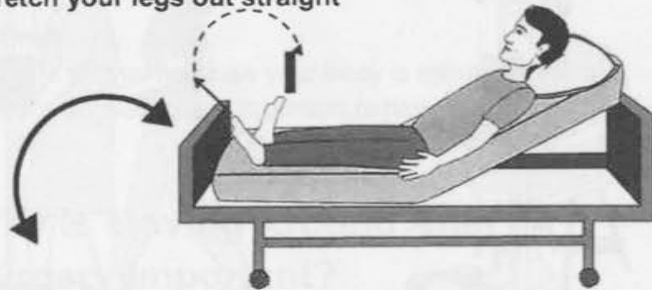


Leg Exercises

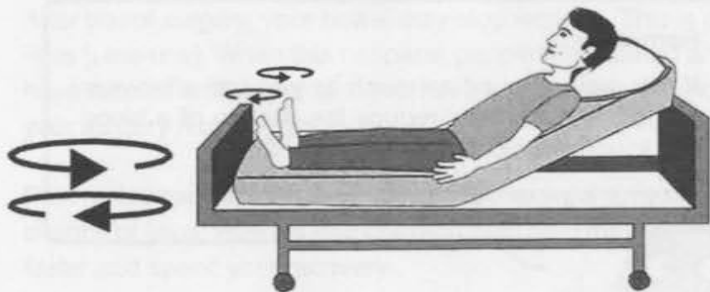
These will help blood circulation in your legs. Repeat these 4-5 times every hour while you are awake.



Stretch your legs out straight

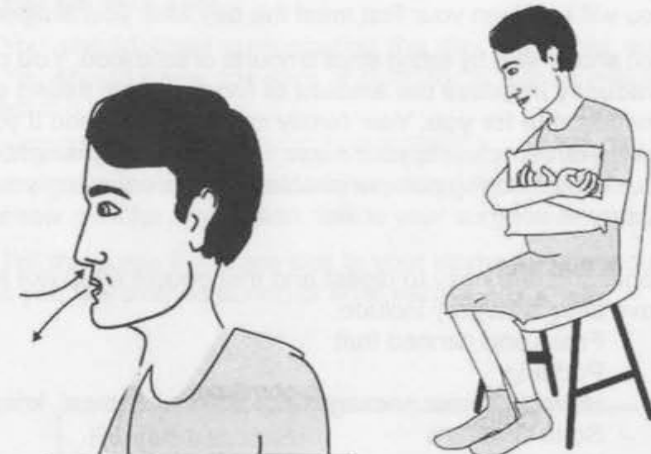


Wiggle your toes and bend your feet up and down.



Move your feet in circles.

Deep Breathing and Coughing



Breathe in slowly and deeply through your nose, then breathe out slowly through your mouth with your lips pursed. Repeat 10 times every hour.

While holding a pillow against and supporting your incision, give 3 strong coughs. If your cough is wet, try to cough more and clear the phlegm.

Remember...

Breathing exercises and coughing help to prevent pneumonia or other infections in your lungs.

Remember to do your breathing exercises every hour!



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A Guide to Optimizing Your Recovery After Knee Surgery
Adapted for use at RWTH from Best Practice in General Surgery (BPGS) Group 2012

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Adapted for use at RWTH from Best Practice in General Surgery (BPGS) Group 2012

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While You are in the Hospital: Food and Drink

You will be given your first meal the day after your surgery.

You should start by eating small amounts of solid food. You can gradually increase the amount of food you are eating as is comfortable for you. Your family can bring you food if you prefer, but check with your nurse first about what is right for you. You can bring non-perishable foods to eat when you are hungry.

Foods that are easy to digest and that people often like to have after a surgery include:

- Fresh and canned fruit
- Pudding
- Hot/cold cereal packages-cornflakes, oatmeal, krispies
- Soda Crackers
- Yogurt
- Muffins (NO BRAN)
- Cheddar cheese/peanut butter
- Sandwiches
- Plain cookies (digestives, social teas, arrowroots)

Your hospital diet will be digestive soft which **excludes** (avoids) foods such as:

- Corn/Peas/Raw & Gassy vegetables
- Bran
- Dried Fruit/Hard Fruit
- Legumes (dried peas, beans and lentils)
- Nuts & seeds
- Fruit skins (e.g. grapes)
- High fat food choices
- Citrus juices
- Salads

You should always sit in a chair at meal time, even if you eat very little.

You should chew gum starting the day after your surgery. You should chew one stick of gum, for at least 5 minutes, at least 3 times per day.

Chewing gum after surgery will help you pass gas, which is a sign that your bowels are working. Again, if you cannot chew gum for any reason, talk to your surgeon or nurse.

Tell the nurse if you are sick to your stomach (nauseous) or if you feel bloated during or after eating.

Remember...

Chewing gum after surgery will help you pass gas, which is a sign that your bowels are working.

Chew gum at least 3 times a day!



Different Ways to Manage Your Pain

There are different medicines you can take after surgery to help manage your pain. There are also different ways of receiving your medicine. You and your pain team will discuss your different options before your surgery and together you will decide which options are best for you. Sometimes, you may receive more than one type of medicine and more than one way of receiving it. The most common ways to receive medicine are:

Intravenous (IV) Pain Medicine

Pain after surgery is frequently treated with strong medicine (opioids) given through your intravenous (IV). Most likely you will be given a pain pump to use. This method of pain relief is called PCA (Patient Controlled Analgesia). Pain medicine from the PCA pump goes into your IV and then into your body. When you use PCA, you are in control of how much pain medicine you get and when you get it. If you are having pain, you push a button that is attached to the pain pump. You can push the button at any time you think that you need more pain medicine. You will hear a beep from the pump to let you know that the pain medicine is going into your intravenous. After the beep, it takes only a few minutes for the medicine to work. You do not need to call the nurse to get pain medicine. The pump is set up to make sure that you do not get too much. However, it is very important that only you and no one else push the button on the pain pump. Do not let your family or friends push the button!

If you have a PCA pump, your nurse in the recovery room will give the pain medicine to you until you are awake enough to use it yourself. If you choose a pain pump, you will have it until you are able to drink fluids and swallow pills by mouth.

If for some reason you are unable to use your pain pump, your nurse will give you the pain medicine that you need. Your nurse will check with you if you are in pain and will give you medicine if needed. If you are in pain call

for a nurse to request your IV pain medication.

You may also be given pain pills by mouth in addition to using the IV pain pump. The IV pain medicine will be given until you are able to drink fluids.

Epidural Analgesia

An epidural is a small tube placed in your back by an anesthesiologist. It is placed in a space outside your spinal cord to give you medicine to reduce your pain after surgery.

Medicine is given through the tube to provide pain relief. This medicine is usually local anesthetic or "freezing" plus an opioid. Epidurals are usually inserted before your surgery.

After your operation, your epidural will be connected to an epidural pump, which will deliver a steady dose of pain medicine. If you choose an epidural, you will have it for the first 48-72 hours after your surgery.

Oral Pain Medicine

You will be given different types of pain medicine on a regular basis after your surgery, including acetaminophen, to help manage your pain. Each pill works differently in your body and reduces the need for large amounts of strong pain medicine, such as opioids. If the medicine does not control your pain, please tell your nurse. Additional or different pain medicine can be given. Examples of oral pain medicine include: extra strength Tylenol and anti-inflammatory pills.



Pain Management

Pain is an unpleasant feeling that is different for every person. There are many words people use to describe pain like: 'soreness', 'discomfort', or 'aching'.

Having your pain well controlled is important because it helps you to:

- Decrease the stress in your body so you can recover faster
- Breathe and cough more easily
- Move more easily
- Sleep better
- Recover faster
- Do things that are important to you

When do I treat my pain?

A pain rating scale can help you decide when to do something to relieve your pain. You can use a scale from 0 to 10 to determine how much pain you are having.



You may find that your pain is less when you are resting and more when you are moving. If your pain is 4 (moderate) or more you should treat your pain. If the pain is stopping you from moving, you should treat your pain.

Activity Table: Your Surgery at a Glance

Day/Evening of Surgery

Day 1 : After Surgery

Food



Clear Fluids



Solid food, Chew gum

Activities:
Movement



Sit up in bed and dangle your legs.



Up in chair for all meals; Walk in Hallway

Activities: Heavy Breathing and Coughing



10 times every hour you are awake



10 times every hour you are awake

**Day 2
After Surgery**

**Day 3+
After Surgery**



Solid food,
Chew gum



Solid food,
Chew gum



Up in chair for all
meals; Walk in
hallway



Up in chair for all
meals; Walk in
hallway



10 times
every hour
you are awake



10 times
every hour
you are awake

Activity Table: Your Surgery at a Glance

**Day/Evening
of surgery**

**Day 1
After Surgery**

Pain Control



Your pain should be (at
an acceptable level?)
under 3, based on a
0-10 scale



Your pain should be (at
an acceptable level?)
under 3, based on a
0-10 scale

Tubes and Lines



Day 2 After Surgery



Your pain should be (at an acceptable level?) under 3, based on a 0-10 scale

Day 3+ After Surgery



Your pain should be at an acceptable level?) under 3, based on a 0-10 scale



Your Checklist for Going Home

- You should have no nausea or vomiting
- You should be able to eat and drink as usual
- You should be passing gas
- You do not have to have a bowel movement before you go home
- You should be passing your urine well
- You should be able to get in and out of bed on your own
- You should be walking like you did before surgery. You may not be able to walk far and that is fine
- If you have stairs in your home, you should have enough strength and energy to go up and down the stairs
- You should have everything organized at home (for example, have food to eat)
- All of your questions or concerns about your ongoing recovery at home have been answered by your healthcare team

Remember...

Passing gas is a better sign that your gut is working than having a bowel movement.

You do not need to have a bowel movement before you leave the hospital.



Before You Leave, You Need to know:

- About the medicine you were on before your surgery and any new medicine you will need to take now
- If you need a prescription for any pain medicine or other medicine you may need to take at home
- About what to eat and drink
- How to take care of your surgical incision (cut)
- When to go back to regular activities (for example, driving, exercise, lifting)
- What symptoms are considered medical emergencies and what signs to watch for
- Who is going to help take care of you once you are home. If you require home care services or any other items to help in your recovery at home (such as a walker or bathroom equipment), you will need to be sure you have confirmation that this has been arranged for you
- Who to call if you have questions or concerns

Discharge Information:

Your Follow up Appointment Time and date you will be discharged from the hospital: _____

Name and contact information of person picking you up from the hospital:

At Home

What I cannot do

- Do not lift more than 10 pounds (1 laundry bin or 2 small bags of groceries) for the first 4-6 weeks after surgery
- Do not do abdominal exercises, high intensity aerobic activities or weight training for 4-6 weeks after surgery

What I can do

- When you get home, you should continue to be active (walk, participate in personal care, socialize). Gradually increase your activity level over the next several weeks
- It is normal to feel tired after surgery. Listen to your body and take frequent rest breaks as needed throughout the day
- You can resume most normal activities once you are pain free, including sexual intercourse
- You may start to drive when you are no longer taking opioid pain medicine
- Your surgeon will tell you when you can return to work. This will depend on your recovery and your type of work
- You can shower or take a bath. You do not need to cover your surgical incision (cut) to have a shower or a bath
- You might go home with staples in your skin that hold your surgical incision (cut) together. If so, talk to your nurse about when they need to be taken out

Ask your family and friends to help you with:

- Getting meals ready
- Grocery shopping
- House cleaning
- Laundry



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