

Your Guide to Colorectal Surgery



Preparing for Colorectal Surgery

Welcome to Sharp Rees-Stealy, where it is our goal to seamlessly coordinate the specialty care you need. We know that preparing for surgery can be overwhelming. You may be receiving a lot of information leading up to and after your surgery. Know that our colorectal surgery team is here to help you throughout the process.

This booklet will guide you through the stages of surgery, including:

1. Getting ready for your surgery.
2. What to expect on the day of surgery.
3. Planning for recovery and going home after surgery.
4. What to expect once you are home.

It is important to remember that every patient is different. Your care team will tailor your recovery program to your specific needs.

Please try to read this booklet as soon as you are able to, and bring it with you to all your appointments and hospitalizations related to your colorectal surgery. Keep track of your questions so you can ask your surgical team when you see them, or call our office at **858-939-8350**. It is important for you, your family and your friends to understand what to anticipate so that everyone can fully participate in your recovery.

In good health,

Your Sharp Rees-Stealy Colorectal Surgery Team

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Adapted from a patient guide developed by The Johns Hopkins Hospital.

Your Name _____

Surgeon's Name _____

Date of Surgery _____

Location _____

Your Pre-Surgery Planner

Use this calendar to keep track of your appointments and surgery.

1. Start by marking the date of your surgery in the last row of the calendar on the appropriate day of the week.
2. Then add each of your appointments leading up to surgery (e.g., anesthesia clinic and primary care provider visit).
3. Add any reminders for the activities you will need to do in the days leading up to your surgery.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Scheduling Your Surgery

After you have met with your surgeon and decided to proceed with surgery, our office will contact you to schedule the surgery and provide necessary education. After your surgery date is set, you will come in for a preoperative appointment. You will meet with your surgeon and have an opportunity to ask any remaining questions you may have.

Bring this booklet, your insurance card, a complete list of medications, contact information for your primary care doctor and all pertinent medical information to your preoperative appointment. It is a good idea to bring a family member or friend who will be helping with your recovery to this appointment, so they can understand what to expect after your operation as well.

Before Surgery

The Sharp Memorial Hospital Pre-Anesthesia Evaluation Services Department will contact you for a phone appointment and, on the day of surgery, you will meet with your anesthesia providers in the Surgical Procedural Area (SPA) at the hospital. These meetings may include:

- Review of your medical history
- Review of your anesthesia plan and pain relief for your surgery
- Review of your medications to take the morning of surgery
- Bloodwork, if ordered

If appropriate, your surgical team and prescribing doctor will plan the management of your blood thinners, such as warfarin, clopidogrel and aspirin.

Insurance Authorization

Our precertification team will be contacting your insurance company to secure authorization for your surgery. Please notify your surgery scheduler immediately if there have been any changes in your insurance since your last visit. The Patient Financial Services team at Sharp Memorial Hospital will contact you regarding any deductible or copayment. **You will need to pay any deductible or copayment on the day of your surgery.**

If your policy is an HMO, you may need a referral from your primary care physician (PCP) for services. Please contact the customer service number on the back of your insurance card for clarification. If you will be admitted to the hospital and have questions regarding your insurance, please call the Sharp Memorial Hospital Admissions Office at **858-939-3700**.

Advance Health Care Directives

An advance directive is a legal document that allows you to make your health care preferences known in the event you cannot make decisions for yourself. In your advance directive, you can name a health care agent — someone you trust to make health care decisions for you — and what your preferences are about treatments that may be used to sustain your life. Advance directives are optional and can be removed or revised at any time. If you have an advance directive, please bring a copy to the hospital prior to your next visit or admission. To learn more and download a form, visit sharp.com/advancedirective.

Getting Ready for Surgery

Two Weeks Before Surgery

You should plan to be in the hospital for three to five days after surgery, unless your surgeon tells you to expect otherwise. It is likely that you will need some assistance from family members or friends immediately after leaving the hospital. If home assistance is limited, some patients require a brief stay in an intermediate care or rehabilitation facility. These facilities will provide assistance for a short period while you regain your strength. You, along with the medical, nursing and therapy team responsible for your care, will make this decision.

Pick one family member or friend who can be part of the team to help you make decisions and coordinate your care before, during and after surgery.

If you do not have the assistance you will need at home, here are a few simple things you can do before coming to the hospital to make things easier for you when you get home:

- Place often-used items between waist and shoulder height to avoid having to bend down or stretch to reach them.
- You WILL be able to climb stairs after surgery. However, if you have a multistory home, it may be easier for you to bring the things you are going to use during the day downstairs.
- Stock up on food and other items, as shopping may be difficult when you first get home.

Eat a healthy diet leading up to your surgery, as this helps you recover more quickly. Get plenty of exercise so that you are in good shape for surgery.

If you smoke, talk to your doctor about the benefits of quitting. We advise that you stop smoking for at least two weeks prior to surgery.

One Day Before Your Surgery

Bowel Preparation

Your doctor will prescribe a bowel preparation to be taken by mouth one day before your surgery. This will help you empty your bowels to reduce the risk of infection. Please ask your surgery scheduler what you should use if you have not been given instructions.

Your surgeon will also prescribe antibiotics to be taken the day before your surgery to reduce the risk of infections. These will be called into your pharmacy.

Eating and Drinking

Beginning with breakfast one day before your surgery, you will need to start your clear liquid diet. Consume only the allowed clear liquids listed below. You may use salt and pepper.

These clear liquids items **are allowed**:

- Water
- Clear broth: beef or chicken
- Sports drinks (not red or purple)
- Lemonade
- Soda, tea, coffee (no cream, milk, sugar, honey or other sweeteners)
- Gelatin (without fruit)
- Ice pops (without fruit or cream)
- Italian ice
- Juice without pulp: apple, white grape juice

These liquids are **NOT allowed**:

- Milk or cream
- Milkshakes
- Tomato juice
- Orange juice
- Grapefruit juice
- Cream soups or any soup other than broth
- Anything red or purple

DO NOT eat mints or candy, or chew gum, once you have started the clear liquid diet.

Note: It is important to stay well-hydrated during your bowel preparation. Please drink plenty of the allowed clear liquids.

Skin Preparation

You will need to take two chlorhexidine showers or baths — one the night before surgery and the second on the morning of surgery.

This will help decrease the risk of infection. We will provide you with the two bottles of chlorhexidine scrub at your preoperative visit, or you can purchase them at any pharmacy without a prescription. It is important that you use the scrub according to the directions on the side of the bottle.

Do not shave or otherwise remove body hair on your abdomen or groin area for at least one week prior to surgery. Your doctors and nurses will remove body hair near the surgical site with an electric hair clipper prior to your surgery, if needed.

Morning of Surgery

Eating and Drinking

You may continue to drink clear liquids up until the time you leave to come to the hospital. If you have been told to drink 28 ounces of original sports drink (not red or purple), you should do so four hours before you are scheduled to be in the operating room, and you may drink it on the way to the hospital.

DO NOT eat any solid food. **DO NOT** drink any thick liquids, such as milk or pulped juices, or add any cream, milk, sugar, honey or other sweeteners to any clear liquid drink.

Skin Preparation

Take your second shower or bath using the second chlorhexidine that you were given or purchased, and follow the directions on the bottle.

Medications

On the morning of your surgery before you leave for the hospital, take medications as directed by your preoperative nurse with a sip of water.



Your surgeon will also prescribe antibiotics to be taken the day before your surgery to reduce the risk of infections.

Your Checklist

Use this checklist as a guide to what you need to do to prepare for your surgery and recovery.

Within the month before surgery:

- Bring your medical records to your appointments with your surgeon.
- Meet with your doctors and nurses to review your medical history.
Your doctor will tell you if you need to stop or change any medications.
- Complete blood work at any Sharp Rees-Stealy laboratory as instructed.

A few days before surgery:

- Receive phone call to remind you what time to arrive for your surgery, review medications to take the day of surgery, and answer last-minute questions.
- Ensure you have all supplies needed for your bowel preparation as instructed.
- Ensure you have two bottles of chlorhexidine scrub for your skin preparation.

One day before surgery:

- Perform your bowel preparation as instructed by your surgeon.
- Begin your clear liquid diet.
- The night before your surgery, shower and use the entire first bottle of chlorhexidine scrub following the directions on the bottle.

Morning of surgery:

- Take medications as instructed.
- Use the entire second bottle of chlorhexidine scrub, following the directions on the bottle.
- If instructed to do so, drink 28 ounces of original sports drink (not red or purple) at least four hours before you are scheduled to be in the operating room.
- Leave valuables at home.

Your Checklist *continued*

After surgery:

- Two hours after your surgery is over, get out of bed — with assistance — to take a few steps and sit in a chair.

First day after surgery:

- Spend at least six hours out of bed. Walk at least twice in the hallway.
- Participate in your ostomy care. Work with your nurse to understand how to care for yourself after you leave the hospital.

Second day after surgery:

- Spend at least six hours out of bed. Walk at least three times in the hallway.
Learn from your nurse how to:
 - Empty your ostomy bag and care for the skin around your stoma.
 - Measure ostomy liquid output.
 - Avoid dehydration at home by drinking plenty of liquids.

Third day after surgery:

- Spend much of the day out of bed and walking.
- Talk to your care team about how to manage your pain at home.
Talk to your nurse about:
 - Signs and symptoms of infection and what to do if you think you have an infection.
 - Which foods you can eat to make your ostomy output thicker and prevent dehydration.
 - How to remove an ostomy bag and apply a new one.
- Check that you have ostomy supplies for use at home. Learn how to order additional supplies so you don't run out of supplies at home.

Before you leave the hospital, ensure you have:

- Hospital discharge instructions.
- An outpatient appointment with your surgeon within two weeks of leaving the hospital.
- Any prescriptions you may need and a plan to pick them up from the pharmacy.
- A hospital bag containing ostomy supplies, if needed, and a plan for how to get additional supplies delivered to your home.

Day of Surgery

If you have any questions about where to go on the day of surgery, please contact Sharp Rees-Stealy Department of Surgery at **858-939-8350**.

Your Hospitalization

Once your team is ready, you and one friend or family member, if desired, will be brought to the pre-surgery area. Here, the nurses and anesthesia providers will check you in and make sure everything is set for your surgery.

A nurse will place an intravenous (IV) catheter in your arm and measure your weight. They will give you several medications to help manage your pain and nausea during and after surgery, such as celecoxib, acetaminophen, gabapentin and oxycodone.

If it is appropriate for your procedure, the anesthesiologist will perform an epidural anesthetic by using a small needle to inject medications directly into the pain fibers in your back. This is important, because we would like to minimize the amount of narcotics, such as oxycodone or hydromorphone, that reduce pain but cause constipation and nausea after colorectal surgery. The use of these narcotics can significantly delay your recovery after surgery. You will then be taken to surgery, and your family will be taken out to the family lounge.

Operating Room

Many patients do not recall being in the operating room because the medications they are given during surgery can cause amnesia. You will be given antibiotics to prevent a wound infection and a general anesthetic, which will cause you to go to sleep.

Once you are asleep, your surgery will begin. Most operations last two to four hours, but do not worry if the procedure takes longer. Please leave a phone number with your operating room nurse in case we need to reach your contact person during your surgery for updates.

Recovery Room

After surgery, you will be taken to the recovery room where you will wake up from anesthesia. Once awake and stable, you will be given water or juice to drink. The surgeon will talk with your family or friend after your surgery and let them know about the operation. Most patients remain in the recovery room for about two hours. If you are in the recovery room for more than two hours, you will sit in a chair. It is very important to get you moving as soon as possible after surgery. Being mobile helps speed up your recovery and prevent blood clots and pneumonia.

Surgical Unit

From the recovery room, you will be sent to one of the surgical units, which for most patients is the 6 North Unit. The concierge in the family lounge will tell your visitors your room number, and they will be able to see you at this time. If you choose to have visitors, we recommend only close family and friends visit on the day of surgery, as you will still be quite drowsy. This is a good time for your loved ones to bring any necessary personal belongings, though we recommend leaving all valuables at home.

A family member or other companion may stay with you in the room. Visiting hours are 24 hours a day, but please check with your nurse as they may ask visitors to leave the room during certain patient care activities.

In most cases, you will have a small tube in your bladder called a Foley catheter. This is so we can measure how much urine you are making and how well your kidneys are working. You may also be given oxygen. You will have an IV in your arm giving you fluids. You will be allowed to drink once you are in the surgical unit.

You will receive your regular medications except for some diabetes, blood pressure and blood-thinning medications. You will receive a low dose of blood-thinner medication by injection to help prevent blood clots. The nursing staff will help you out of bed and will check your temperature, pulse and blood pressure regularly.

Recovering in the Hospital and at Home

Your Recovery Planner

1. Add today's date in the appropriate day of the week on the first row of the calendar.
2. Mark on the calendar the date you will leave the hospital.
3. Mark any follow-up appointments you have on the calendar.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Recovering in the Hospital

Your Care Team

In addition to the hospital nursing staff, the colorectal surgery team will care for you. Although you may see your surgeon only once per day, the nursing staff is monitoring you constantly and is able to contact your surgeon or the surgeon on call for any issues that may arise.

Pain Relief

While you may not be pain-free at all times during your stay, our staff members will do everything they can to help safely manage your pain. Your pain will be assessed regularly on a scale from zero to 10. Pain assessment is necessary to guide your pain relief. It is essential that you are able to take deep breaths, cough and move. Prevention or early treatment of pain is far more effective than trying to treat severe pain.

Therefore, we have created a specialized plan to stay ahead of your pain and use almost no narcotics, which can slow down your recovery process. If you have an epidural catheter, you will receive a constant drip of pain medication through your epidural. You will also be given acetaminophen and an ibuprofen-like medication to help control your pain. When you feel pain, tell your nurse or doctor right away. We want you to be able to participate actively in your recovery. We encourage you to take oral pain medication as soon as you feel you are ready, as this will provide you with the best pain relief after surgery.

One Day After Surgery

Focus on drinking and walking. You will start drinking liquids after surgery. We will stop IV fluids and may remove the catheter from your bladder.

Your recovery plan will be to get out of bed with the nurse's or assistant's help, sit in a chair for meals and start to walk in the hallways.

You may also meet with a case manager to assess your needs for after you leave the hospital. Please let us know if you are going somewhere other than your home when you leave the hospital. If you need rehabilitation at a facility after you leave the hospital, a social worker will assist with this.

Your doctor may order home care to assist with your transition home. Through home care visits, you can learn about your treatments as well as how to monitor medications, perform clinical assessments and make reports to your doctor. A home care coordinator can visit with you while you are in the hospital to discuss your options. A case manager can assist you with other services, such as physical therapy and ordering medical equipment.

If you have any questions, please ask your nurse while you are in the hospital.

Two Days After Surgery

You will start eating a soft diet and change to a more solid diet as you feel up to it. We will remove the catheter from your bladder if we have not already done so. If there is a dressing on your wound, we will remove it. We will disconnect the tubing from your IV if we have not already done so. If you have a new ostomy, one of the ostomy nurses will teach you how to care for your ostomy.

Your recovery plan includes being out of bed for the majority of the day and walking at least three times in the hallway, with assistance as needed.

Three Days After Surgery

You will continue to eat your solid-food diet. You may be ready to go home if you are drinking enough to keep yourself hydrated, your pain is well controlled, you are not belching or nauseated, you are passing gas, and you are able to get around on your own. However, we will not discharge you from the hospital until we are sure you are ready.

Leaving the Hospital

You will need to arrange for someone to meet you at the hospital and go home with you. For your safety, we will not release you without someone present.

When you are preparing to go home, you will receive:

- Detailed instructions with information about your operation and medications.
- All prescriptions for medications you need at home.
- Ostomy supplies if necessary.
- An appointment to see your surgeon or provider for follow-up one to two weeks after you leave the hospital.

Please keep in mind that we strive to get patients ready to go home as quickly as possible. There may be delays for a variety of reasons, including complications that could prolong your hospital stay.

Possible Complications

- **Nausea and vomiting:** It is very common to feel sick to your stomach after your surgery. We give you medication to reduce this. However, if you feel sick, you should reduce the amount of food and drink you are consuming. Small, frequent meals or drinks are best in this situation. As long as you can drink and keep yourself hydrated, the nausea will likely pass.
- **Ileus:** Following surgery, the bowel can shut down, making it difficult for food and gas to pass through the intestines. This is called an ileus. We have designed our care program to do everything possible to reduce the likelihood of an ileus. If you do develop an ileus, it usually only lasts two to three days. However, it may require a small tube down your nose to decompress the stomach. **The best way to avoid an ileus is to limit the amount of narcotic pain medications, get up as much as possible after your surgery, and stimulate the bowel early after surgery with small amounts of food and liquids.**

- **Anastomotic leak:** This is a rare but serious complication. Anastomotic leaks can develop five to seven days after surgery. They happen when two ends of the bowel that were joined fail to heal completely, leaving a small hole. Patients usually have severe abdominal pain, fever and vomiting. This often requires another operation.
- **Wound infection:** If a wound infection develops, it usually happens three to 10 days after surgery. If you have any redness or foul-smelling discharge, call your surgeon's office and let them know.
- **Urinary retention:** Anesthesia, pain medication and decreased activity can cause you to be unable to urinate on your own. If you are unable to urinate after your catheter is removed, the catheter may need to be reinserted until you are able to urinate on your own.



Recovering at Home

Call us anytime at **858-939-8350** if you are worried about your recovery.

If you call during regular office hours, a nurse in our department can address your questions. If it is after hours, you will be transferred to Sharp Nurse Connection®. A surgeon is always on call for any emergency needs.

Call us immediately if:

- You have a fever higher than 101.5° F.
- Your wound is red or more painful than when you were in the hospital, or it has drainage.
- You are nauseated, vomiting or cannot keep liquids down.
- Your pain is worse or uncontrolled with the medications you were sent home with.
- You are running low on any of your medications. It may take time to get the prescription, so be sure to call the nurse a few days before you will run out.

Call 911 or go to the nearest emergency room if you believe you have a true emergency, such as severe abdominal pain, chest pain, shortness of breath or any other serious problems. Have the emergency room team contact us once you are stable.

Concerns Following Your Surgery

Bowel Function

Your bowels will take several weeks to settle down and may be unpredictable at first. Your bowel movements may become loose or you may be constipated. The vast majority of patients return to normal function with time. Make sure you eat nutritious meals, drink plenty of fluids and take regular walks during the first two weeks after your operation.

Abdominal Pain

You may suffer gripping pains (colic) during the first week after your surgery, the result of spasms in your abdominal muscles. This pain usually lasts for a few minutes but goes away between spasms. If you have severe pain lasting more than one to two hours, or if you have a fever and feel generally unwell, you should contact us at **858-939-8350**.

Diarrhea

The first step to improving your frequent or loose stools is to add foods such as peanut butter, marshmallows, bread and bananas to your diet. These foods will add bulk to your stools.

The second step is to add a fiber supplement. Psyllium is the most common type of fiber available at any drugstore.

Start with 1 teaspoon mixed into food such as yogurt or oatmeal in the morning and evening. Try not to drink any fluid for one hour after you take the fiber. This will allow the fiber to act like a sponge in your intestines, soaking up excess water. Continue this for three to five days.

You may increase by 1 teaspoon every three to five days until you notice the desired effect. Do not take more than 1 tablespoon twice a day.

Urinary Function

After bowel surgery, you may get a feeling that your bladder is not emptying completely. This usually resolves with time. However, if you are concerned, call our office at **858-939-8350**.

Wound Care

For the first few weeks following surgery, your wound may be slightly red and uncomfortable. You may shower and let the soapy water wash over your incision, but do not scrub it. Avoid soaking in the tub for at least two weeks following surgery, until the wound is well-healed. It will take the wound several months to “soften.” It is common to have bumpy areas in the wound near the belly button and at the ends of the incision.

If you have staples, they should be removed at the follow-up appointment with your surgeon. You may have a glue-like material on your incision. It will come off over time. It is the surgical glue used to close your incision. You also have sutures (stitches) inside you that will dissolve over time.

Post-Surgery Diet

Attention to good nutrition after surgery is important to your recovery. If you had no dietary restrictions prior to the surgery, you will have no special dietary restrictions after the surgery. However, consuming enough protein, calories, vitamins and minerals is necessary to support healing. Some patients find their appetite is reduced after surgery. If this is the case for you, try eating frequent, small meals throughout the day.

It is common to lose 10 to 15 pounds after surgery. However, by the fourth or fifth week, your weight loss should stabilize.

It is normal after surgery that certain foods taste different and certain smells may make you nauseous.

Attention to good nutrition after surgery is important to your recovery.

Over time, you will be able to increase the amount of food you can comfortably consume. You should try to eat a balanced diet, which includes:

- Foods that are soft, moist, and easy to chew and swallow.
- Canned or soft-cooked fruits and vegetables.
- Plenty of soft breads, rice, pasta, potatoes and other starchy foods (lower fiber varieties may be easier to tolerate initially).
- High-protein foods and beverages, such as meats, eggs, milk, cottage cheese or a supplemental nutrition drink such as Boost or Ensure.
- Plenty of fluids — at least 8 to 10 cups per day. This includes water, fruit juice, sports drinks, milk and decaffeinated tea or coffee. Drinking plenty is especially important if you have diarrhea.

Additional dietary tips include:

- Avoid drinking a lot of caffeine, as this may dehydrate you.
- Avoid fried, greasy and highly seasoned or spicy foods.
- Avoid carbonated beverages in the first couple of weeks.
- Avoid raw fruits and vegetables.

Exercise and Activities

Listen to your body. Walking is encouraged after your surgery. You should plan to walk regularly but avoid vigorous exercise until seen by your surgeon and cleared for regular activity.

Walk several times a day and gradually increase your activity during the four weeks following your operation until you are back to your normal level. You may climb stairs. The most important thing is to avoid strenuous activity until you’ve seen your surgeon at your follow-up appointment.

Generally, you can return to hobbies and activities soon after your surgery. This will help you recover.

It can take up to two or three months to recover fully. Fatigue may occur, requiring an afternoon nap for up to eight weeks following surgery. Your body is using this energy to help you heal. Set small goals for yourself and try to do a little more each day.

Work

It is normal to return to work four to six weeks following your operation. If your job involves heavy manual work, then you should wait six weeks. However, you should check with your employer regarding rules, which may be relevant to your return to work.

If you need a return-to-work form from your employer or disability papers, bring them to your follow-up appointment or fax them to our office at **858-939-8358**. If you have filled out the online disability forms, please let our office know so that we can complete our portion and submit it.

Driving

You may drive once you are off narcotics and pain-free enough to react quickly with your braking foot. For most patients, this occurs two to four weeks after surgery.

