



A GUIDE TO BOWEL SURGERY; YOUR ROLE IN GETTING READY AND YOUR RECOVERY

My Pre-surgical Admission date is: _____

My surgery date is: _____

I have to be at the hospital at: _____

When I get to the hospital I will go to Patient Registration located on Level 3 of the Quinte Wing.

If you have to cancel your surgery because you aren't feeling well, please call your surgeon's office right away.

If you can't reach your surgeon, please call the hospital at 613-969-7400 extension 2407



Acknowledgements

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We would also like to acknowledge all members of the Quinte Health ERAS working committee for their time and effort in combining aspects of other hospital programs to create this booklet which aligns with the Quinte Health ERAS program.



This material is for information purposes only. It should not be used in place of medical advice, instruction and/or treatment. If you have questions, speak with your doctor or appropriate healthcare provider.

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Introduction

When you're admitted for surgery, you'll be part of a research-based recovery program used around the world called ERAS (Enhanced Recovery after Surgery). If you've had surgery before, you may notice a few things that are different about your ERAS surgery:

- some of the things you do to get ready for surgery are different
- you eat and drink closer to your surgery time
- you start eating solid foods sooner

All this helps you to feel better earlier and go home sooner.

About Your Bowel

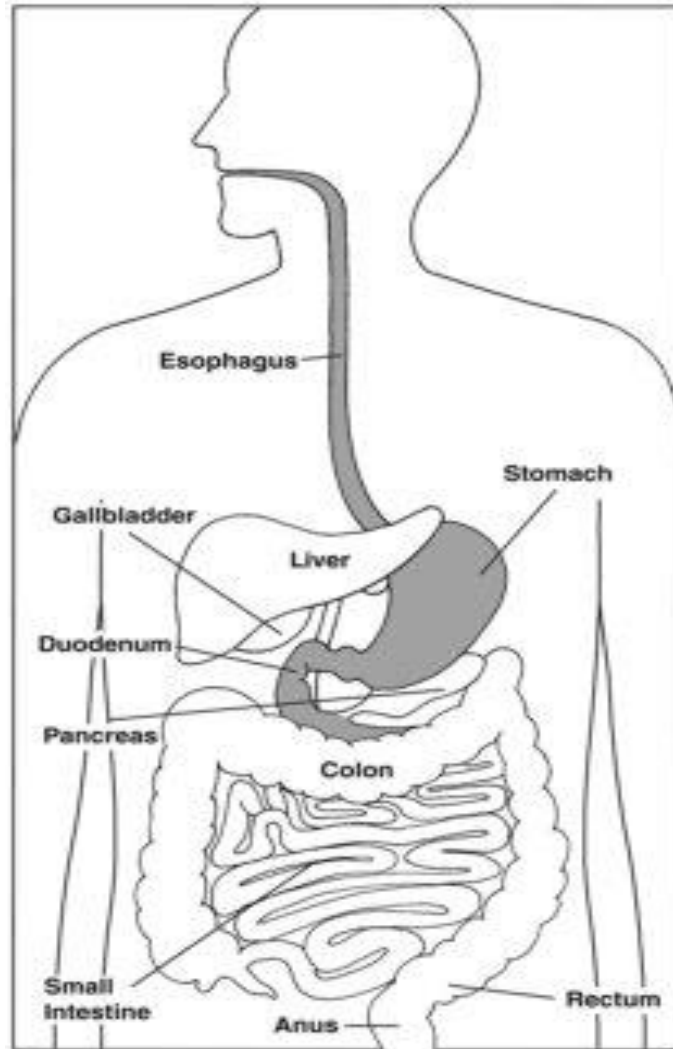
When eating, food passes from your mouth, down the esophagus and into your stomach.

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

What is left of the food goes to your large bowel (large intestine), which is about 6 feet long. The fluids are then absorbed from the food which makes your stools more formed.

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

The Digestive System

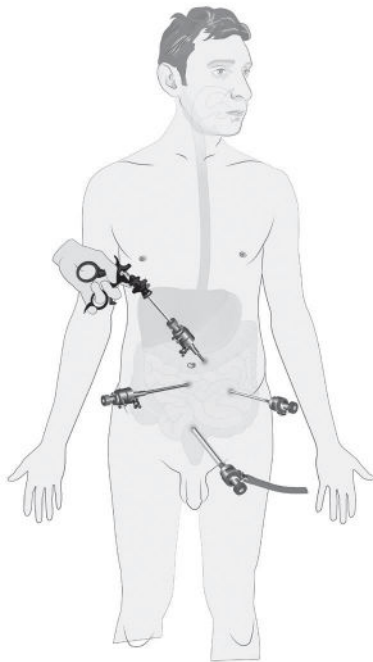


<http://www.probiotics-help.com/human-digestive-system.html>

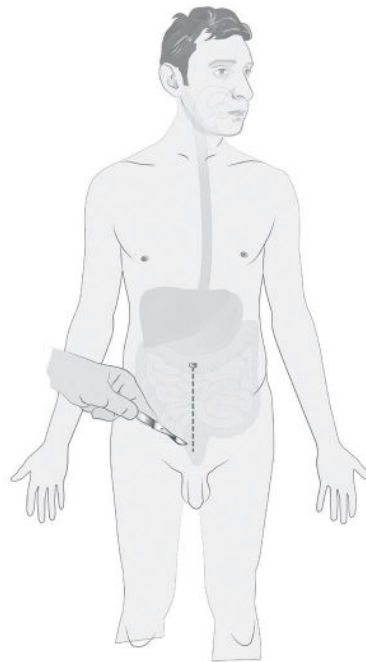
During Bowel Surgery

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

1. **Laparoscopy (closed):** Your surgeon will make 4 to 6 small cuts (incisions) in your belly (abdomen). A camera and instruments are used to take out the unhealthy bowel. The healthy ends of bowel are then sewn or stapled together.
2. **Open Method:** Your surgeon will make one cut, 4 to 8 inches (10 to 20 cm) long, in your abdomen. The unhealthy bowel is taken out and the healthy ends will be sewn or stapled together.



Closed method



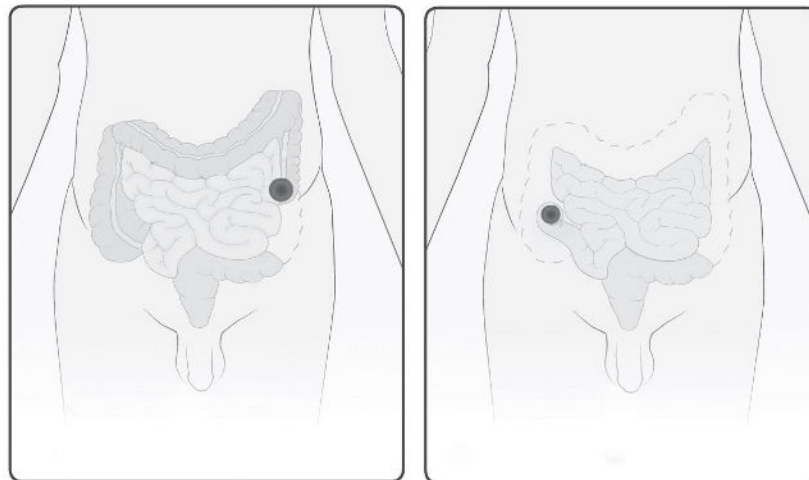
Open method

If you need an ostomy:

After the unhealthy bowel is taken out, one end of the bowel will be brought up to the surface of your skin (called a stoma) and stitched into place. A pouch or small bag will cover the stoma to collect your bowel movements. The stoma or bowel opening may be on either side of the belly.

Your surgeon will tell you if you will or may need an ostomy. In this case, you'll also see an ET (enterostomal therapy) nurse sometime before your surgery to learn about the ostomy and how to care for it.

The nurses on the unit also help you learn to take care of your new ostomy. You will learn to empty and change your ostomy before you go home.



Colostomy

Ileostomy

Getting Ready for Surgery

- Plan Ahead. You will likely need some help when you first get home from the hospital with things like making meals, doing laundry, and buying groceries. Ask friends or family for help, or talk to your health care team about available community resources. You can contact Community Care Access Centre (CCAC) at 613-966-3530 or 1-800-668-0901 to receive information about how to obtain homecare services or information on locations that provide short term accommodations, such as retirement homes.
- Fill your freezer and cupboards with easy to prepare meals that you previously enjoyed so that when you return home, you will not have to go to the grocery store.
- Stop smoking if you can to help prevent problems with your lungs after surgery and heal faster. Turn to page 36 for more tips to help you stop smoking.
- Cut down or stop drinking alcohol. Talk to your doctor if you need help cutting down or stopping.
- Do not drink alcohol 24 hours before surgery.
- Exercise. Try to be in the best shape possible before surgery. If you don't exercise, start slowly. Even short 10-minute walks are better than no exercise.
- Stop using recreational drugs ("uppers" like cocaine, crack, or PCP) before surgery. These drugs can have serious side effects when mixed with the medicine used during surgery or the pain medicine used after surgery. Tell your surgeon, nurse, or anesthesiologist if you use recreational drugs.
- Tell your nurse or anesthesiologist if you already take prescription pain medicine. Keep taking your prescription pain medicine as usual up to the morning of surgery.

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.

What should I bring to the hospital?

- This booklet and a pen.
- OHIP card, insurance information (if you were told to do so)
- Photo identification (ID)
- Proof of medical coverage (out-of-province people only)
- The medicine you take (in their original containers), or a list of the medicine you take and when you take them (include inhalers, aspirin, vitamins, over-the-counter, and herbal medicine).
- Sugarless chewing gum (hard candy if you aren't able to chew gum)
- Personal items:
 - hearing aids, glasses, denture case
 - walking aids such as a cane or walker
 - toothbrush, toothpaste
 - shaving equipment
 - No more than \$20 cash.
 - A book or magazine to pass the time
 - brush/comb
 - housecoat
 - comfortable shoes that fit well and are easy to put on
 - ear plugs



Bring these items in one small bag that has your name on it. All other items can be brought to you after surgery.

Things to leave at home

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

Jewelry can be a source of germs which can increase your risk of a surgical site infection. Please remove all jewelry to reduce your risk.

Pre-Surgical Assessment Clinic

If you do not have to come to Pre-surgical Assessment Clinic before your surgery, a nurse will call and:

- ask you questions about your health
- tell you how to get ready for surgery
- may send you a lab requisition or other form to have blood work or other tests done
- will offer you a group classroom session if available

If you do have to come to Pre-surgical Assessment Clinic, you:

- will meet with a nurse who will tell you how to get ready for your surgery and what to expect while you're in the hospital
- may have blood tests done

You may also:

- have an ECG and/or other tests that your surgeon wants done before surgery
- meet with an anesthesiologist to talk about your anesthetic plan and options for pain relief
- meet with other health providers/specialists your surgeon wants you to see

You will be asked to bring either a list or the containers of your prescription(s) and over-the-counter medicine, vitamins, supplements, and herbal products you take. The doctor will tell you what medicine to stop taking before your surgery and when to stop taking it.

The Day before Surgery

You will receive a phone call to tell you what time to be at the hospital. You usually need to be there 2 to 3 hours before surgery. If your surgery is on a Monday, you will be called on the Thursday before.

Do I need to do a bowel preparation?

- Not always. The Pre-surgical assessment nurse will tell you if you have to prepare your bowels.

If you have to drink a bowel preparation, your surgeon will tell you more about drinking it and when to start drinking it. You usually drink it the day before surgery.

Eating and Drinking before Surgery

You can eat solid foods until 12 midnight the night before your surgery unless you had a bowel prep. If you had a bowel prep, please follow the instructions that were given to you.

- You can drink clear liquids up to **3** hours before your surgery or until you leave for the hospital
- A clear liquid is any liquid you can see through. Examples of clear liquids are water, apple juice, or tea without milk. Milk and juices with pulp are not clear fluids and should not be taken

High carbohydrate (sugary) drinks before your surgery

A drink that is high in carbohydrates is one that has 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 up to 800 mL (approximately 3 cups) of a high carbohydrate drink at bedtime the night before surgery
- ◆ Drink 400 mL (approximately 1.5 cups) up to **3** hours before your surgery or until you leave for the hospital

Examples of high carbohydrate drinks are:



Apple juice



Cranberry cocktail



Ginger ale

Follow the instructions in this handout or your surgery will be cancelled. This is for your safety, to prevent food or fluid going into your lungs (aspiration). Aspiration is life-threatening.

The Night before Surgery

Before you go to bed:

- Take a shower or bath. Wash yourself well with soap, including your belly button. Wear clean pajamas to bed.
- Don't use any creams, lotions, or anything with a smell.
- Don't shave your belly (the area where your surgery will be).

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.



Surgery Day

Can I take my regular medicine?

Before the day of surgery you will know what medicine you can take on the day of surgery and what medicine needs to be stopped and when.

I will stop the following medications:

I will take the following medications the day of my surgery:

At the Hospital

1. Please go to the Same Day Surgery department.

A nurse will:

- go through a checklist with you
- have you change into a hospital gown
- put your belongings in a safe place

2. An intravenous (IV) will be started before you go to the operating room or once you are in the operating room.

3. The members of your surgical team will come meet you (the anesthesiologist, surgeon, and nurses). One member of your family can stay with you here until you go to the operating room.

4. Another checklist will be done in the Operating Room. During the '*Surgical Safety Checklist*' you will again be asked to confirm your name, if you have allergies, and your health history. Don't be worried—it is part of the team's process to keep you safe.

5. You may have an epidural (a small tube used to give medicine to relieve pain) placed in your back.

6. The anesthesiologist will give you medicine (general anesthetic) to make you comfortable and keep you asleep during the surgery.

Waiting Area

Your family/friends can wait for you here. The waiting room may have a tracking system so your family can keep track of where you are (for example, the holding area, operating room, or recovery room).

My Surgery Log Book

You may be given a booklet called '*My Surgery Log Book*'. The booklet will help you keep track of your goals after surgery. Your goals include things like eating and drinking, chewing gum, and walking after surgery.

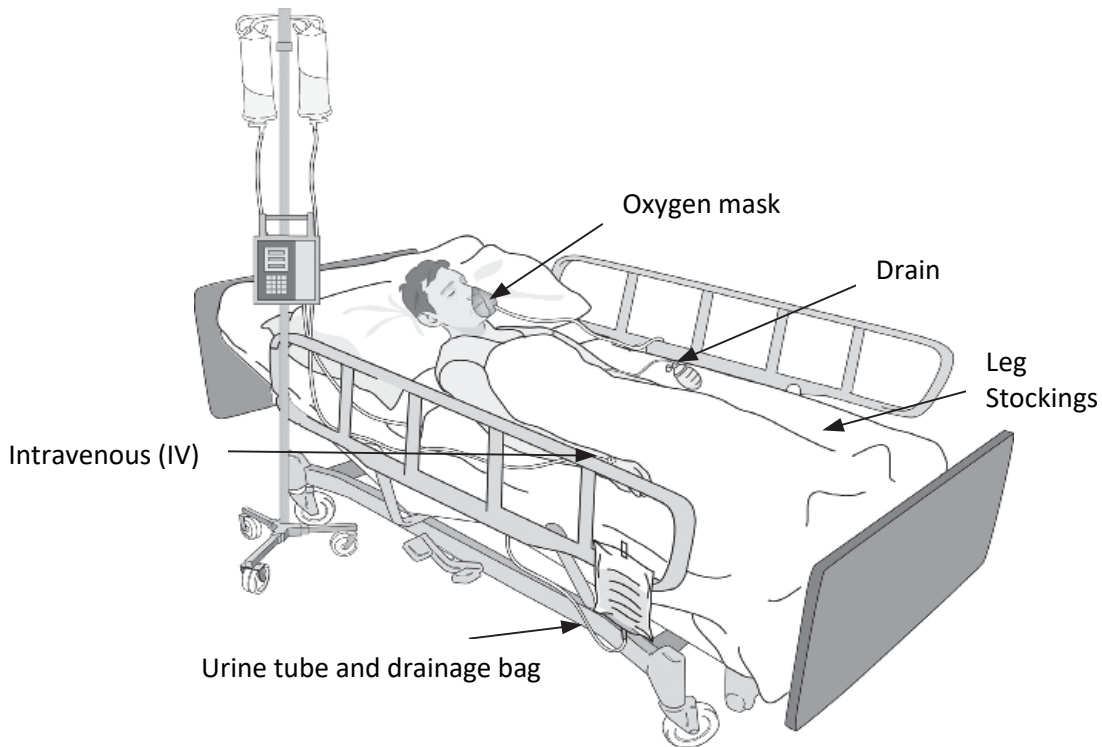
After Surgery

You'll wake up in the recovery room. When you wake up you may have:

- An intravenous (IV) drip to give you fluid and medicine
- Pain medicine through one of the following:
 - a) your IV
 - b) a PCA (patient-controlled anesthesia) pump (The pump has a button that you press to give yourself small doses of pain medicine as ordered.)
 - c) an epidural in your back (the epidural gives you continuous pain medicine)
- a small plastic mask over your mouth and nose or a tube sitting under your nose to give you extra oxygen
- a tube in your bladder (catheter) to drain your urine (may be taken out before you wake up in the recovery room)
- stockings (TEDS) on your legs (the stockings work to keep good blood flow in your legs)
- a dressing on your stomach (please don't touch the dressing)
- a drain near the area where the incision was made to take extra fluid away from the surgery site

Your nurse will:

- check your heart, breathing, blood pressure, and blood oxygen level often at first (vital signs)
- check your dressing

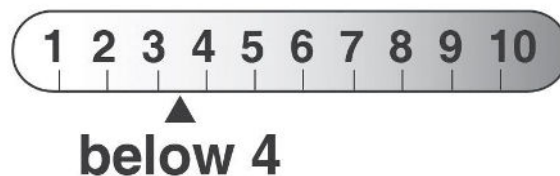


After surgery you might feel:

- 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.** After surgery it is safe to start drinking fluids. If your doctor orders you solid foods you may also eat. Eat as much or as little as you want. It can be helpful to eat slowly and chew your food well. You will usually feel like eating and drinking more each day. After surgery you will be given a small amount of a high calorie nutrition drink 4 times a day with your medications (60 ml four times a day)
- 3. Tired.** This is normal because your body is trying to heal. After your walks, it is important to rest

Managing Pain and Nausea

- It is important that your pain and nausea are well managed after surgery. Along with taking pills, you may also get medicine by injection, IV, or epidural.
- Managing your pain and nausea appropriately will help you heal faster and recover sooner because you can eat better, sleep better, and move more easily.
- Your nurse will ask you to rate your pain and nausea from 0 (no pain) to 10 (the worst pain you can imagine).
- Tell your nurse if your pain reaches 4/10 or your nausea reaches 2/10. The pain medicine or epidural will be adjusted as needed.



Washing Your Hands

- Washing your hands is the single best way to stop the spread of germs and infection. Wash your hands often with an alcohol-based hand rub (e.g. Purell®) or soap and water.
- It's okay to ask your healthcare team if they've washed their hands before doing any procedure (like changing your dressing)

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

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

Leg Exercises

Leg exercises are an important way to keep the blood in your legs moving. This helps prevent a blood clot from forming.

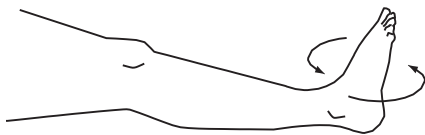
Do these exercises 5 times each, and at least every hour when you're awake.

Lying on your back, side, or sitting:

1. Pump your ankles up and down for 1 minute, relax, and then repeat.



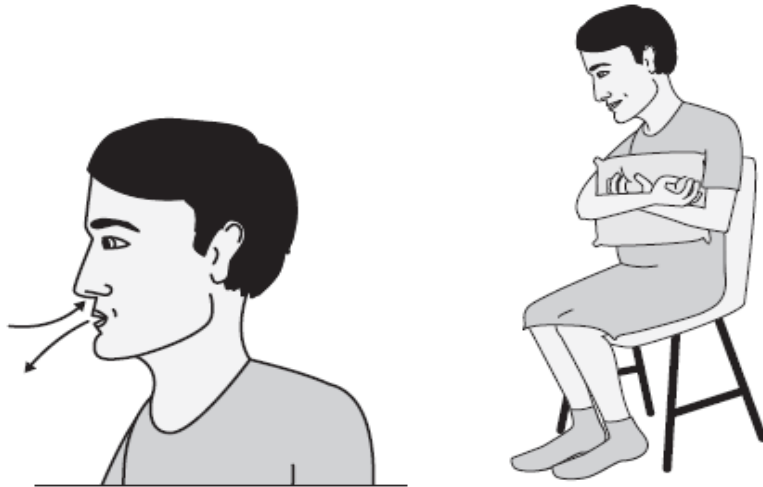
2. Make 4 circles with your feet, first in one direction, and then the other.



3. Wiggle your toes.
4. Stretch your legs.
5. Spell the alphabet in the air with your foot movement

Deep Breathing Exercises

Deep breathing exercises help lower your body's need for oxygen, help you move around better, and lower your chance of breathing complications (such as pneumonia).



1. Breathe in slowly and deeply through your nose, and then breathe out slowly through your mouth with your lips pursed.
2. Repeat 10 times every hour while awake
3. While holding a pillow against and supporting your incision, give 3 strong coughs.
4. 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!



Day of Surgery: Back in Your Room

Pain and Nausea

I will tell my nurse if my pain reaches 4/10 or my nausea reaches 2/10.

Activities

- A nurse will help you sit at the side of the bed, then get up to sit in a chair. It's important to move often to prevent problems like a lung infection, blood clots, pressure ulcers (bed sores) and weak muscles.



- Start drinking fluids.
- Eat solid foods as tolerated. You should not push yourself. Eat only when you are hungry or feel ready.
- Eat and drink slowly. Take your time and chew your food well.
- Chew gum 3 times per day for 5-30 minutes each time. This will help get your bowels moving again. If you cannot chew gum you may suck on hard candy.



- Do your leg exercises.



- Start your deep breathing exercises.



Remember...

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






Day 1 after Surgery

Pain and Nausea

- I will tell my nurse if my pain reaches 4/10 or my nausea reaches 2/10.

Activities

- The IV will be taken out if you're eating and drinking well.
- The tube in your bladder will be taken out.




 <p>Today I will:</p> <ul style="list-style-type: none"><input type="checkbox"/> walk the length of the hallway at least 3 times with help<input type="checkbox"/> try to spend at least 6 hours out of bed	 <p>Today I will:</p> <ul style="list-style-type: none"><input type="checkbox"/> sit in a chair for all my meals<input type="checkbox"/> drink fluids<input type="checkbox"/> eat more solid food<input type="checkbox"/> chew gum 3 times per day, 5 - 30 minutes each time	 <p>Today I will:</p> <ul style="list-style-type: none"><input type="checkbox"/> do my breathing exercises every hour
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Day 2 after Surgery

Pain and Nausea

- I will tell my nurse if my pain reaches 4/10 or my nausea reaches 2/10.
- Your PCA pump will be stopped (if you had one).
- If you have an epidural, your nurse will check to see if your pain can be controlled by pain pills.

Activities

		
<p>Today I will:</p> <ul style="list-style-type: none"> <input type="checkbox"/> walk the length of the hallway (or farther) at least 3 times on my own <input type="checkbox"/> spend at least 8 hours out of bed 	<p>Today I will:</p> <ul style="list-style-type: none"> <input type="checkbox"/> sit in a chair for all my meals <input type="checkbox"/> drink fluids <input type="checkbox"/> eat more solid foods <input type="checkbox"/> chew gum 3 times per day, 5-30 minutes each time 	<p>Today I will:</p> <ul style="list-style-type: none"> <input type="checkbox"/> do my breathing exercises every hour

This will likely be your last full day in hospital. Plan to go home tomorrow morning. Your nurse will tell you before your surgery what your discharge time will be.

Once you're discharged, the bed has to be prepared for the next patient.

I am being picked up tomorrow at _____.

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.



Day 3 after Surgery: Going Home

Pain

- I will tell my nurse if my pain reaches 4/10 or my nausea reaches 2/10.

Today

- I will try to walk further.
- I will carry on with the activities I did yesterday.
- My nurse will go over my discharge instructions with me.
- My nurse will remind me to call my surgeon for an appointment. The appointment is usually for 4 to 6 weeks after surgery, but may be earlier if needed.
- I will know how to take care of my surgical incision (cut).
- I will be told when to have my staples taken out.

I will ask my surgeon:

- when I can go back to work
- when I can start driving again
- when I can do housework, laundry, and other activities around the house

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, food to eat)
- All of your questions or concerns about your ongoing recovery at home have been answered by your healthcare team
- You should complete your activity log and give to their nurse before leaving 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

At Home

Medicine

- If you were given a prescription for pain medicine, take it as directed. Otherwise, take acetaminophen (for example, Tylenol®) and the anti-inflammatory ibuprofen (for example, Advil® or Motrin®) for pain. Follow the directions on the package.

If you feel that the medicine is upsetting your stomach, stop taking them and call your family doctor.

- Take your blood thinner as directed by your surgeon.

Your Incision

- Your incision(s) can be a bit red and tender for up to 2 weeks after surgery. It's normal to have some discomfort even 4 to 6 weeks after surgery.
- See page 35 to learn when you need to see a doctor about your incision.
- Take showers until the surgeon says you can take a tub bath.
- When you shower, try not to aim the water at your incision. Let clean water run over your incision. Make sure not to soak your incision until it is fully healed.
- Make sure not to use creams, lotion, or oils on your incision until it is fully healed.

Diet

- You can eat and drink everything you did before the surgery unless your surgeon, enterostomal (ET) nurse, or dietitian has said not to eat certain foods.
- To heal after surgery, your body needs a healthy diet. Aim to have 3 balanced meals per day and snacks as needed. Follow Canada's Food Guide to make sure you are getting all the nutrients you need.
- If you find that you aren't as hungry, try eating 5-6 smaller meals every 2-3 hours. You can also try a nutrition drink (e.g. Boost[®], Ensure[®], or the store's brand) to supplement a poor intake.
- Eat slowly and chew your food well to help with digestion.
- Initially, you may find some foods upset your stomach. Avoid these foods temporarily, and try them again a few weeks later. With time you will return to your normal diet.

Bowel Movements

- Your bowel movements may change after surgery. Your stool may be looser/softer than it was, or it may be harder than it was.
- Your bowel movements may be regular or you may have issues with constipation. Ask your healthcare team about taking a stool softener.
- With time your stool and your bowel movements should follow a more normal pattern.

Activity

- You can go back to most of your activities once you aren't having any pain.
- Walking is great exercise. Try to walk a few times a day.
- Ask family or friends to help you with things such as shopping, cleaning your house, or doing laundry. You can also ask your health care team about community resources to help you with these activities.
- Don't drive if you're taking prescription pain medicine.
- Ask your doctor when you can have sexual intercourse again.

Only lift items that weigh less than 10 lbs. (4.5 kg) for 4 to 6 weeks after surgery.

When to See a Doctor

See a doctor or go to the Emergency Department for the issues below:

- A fever (temperature greater than 38°C or 100°F)
- You are vomiting, bloated or feeling nauseous all the time
- Redness, swelling, odour, pus or increasing pain from your surgical incision (cut)
- Bright red blood from your anus
- Stomach pain that your medicine does not help
- You have not had a bowel movement after 7 days from your surgery

Call 9-1-1 if you have sudden chest pain or trouble breathing.

If You Smoke

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

If you find that you are having trouble stopping, speak to your doctor about a nicotine replacement aid.

Tips to help you stop smoking

- Take it one day at a time.
- Ask family and friends not to smoke around you.
- Find someone who will quit at the same time.
- Join a non-smoking support group

Resources

Smoking

The resources below have information and ideas to help you quit:

- www.canada.gc.ca > type “quit now” in the search box

Colon

- www.colorectal-cancer.ca
- www.crohnsandcolitis.ca

Your Surgery

For access to Quinte Health’s pre-operative video

Go to <http://www.qhc.on.ca>

- Under Patients & Visitors tab at top of screen, select “Services & Clinics” & click,
- Refer to menu on right hand side of screen and scroll down to “Surgical Services” & click,
- Once again refer to menu on right hand side of screen and scroll down to “Surgical Services” and click on “Surgery at BGH” to view instructional videos.

YOU MUST VIEW ALL INSTRUCTIONAL VIDEOS BEFORE YOU COME TO THE PRE OP TEACHING CLASS.

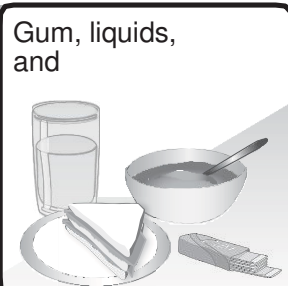
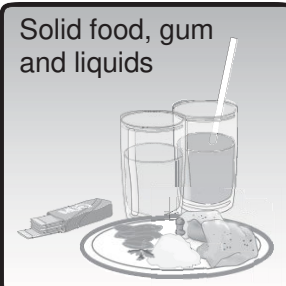
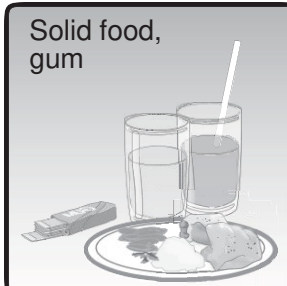
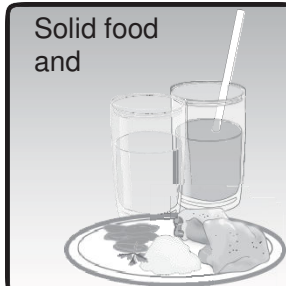
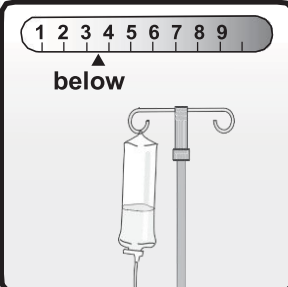
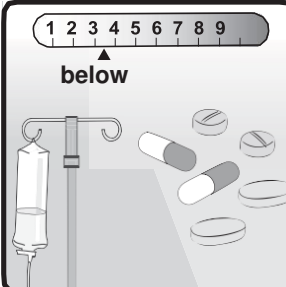
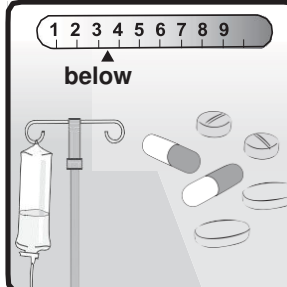
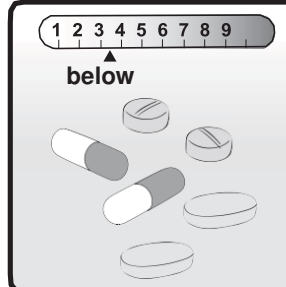






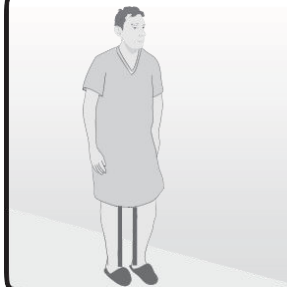

For access to ERAS video

GO to <http://www.bpigs.ca/>

- On the left hand side of the page under MAIN MENU select “Patient Resources” and click.
- Locate the video In the center of the page and clinic the play button



Alberta Guide to Bowel Surgery Recovery

	DAY OF SURGERY	1 DAY AFTER SURGERY	2 DAYS AFTER SURGERY	3 DAYS AFTER SURGERY
Eating and Drinking	<p>Gum, liquids, and</p> 	<p>Solid food, gum and liquids</p> 	<p>Solid food, gum</p> 	<p>Solid food and</p> 
Pain	<p>1 2 3 4 5 6 7 8 9</p> <p>below</p> 	<p>1 2 3 4 5 6 7 8 9</p> <p>below</p> 	<p>1 2 3 4 5 6 7 8 9</p> <p>below</p> 	<p>1 2 3 4 5 6 7 8 9</p> <p>below</p> 
Breathing Exercises	<p>10 times every hour</p> 	<p>10 times every hour</p> 	<p>10 times every hour</p> 	<p>10 times every hour</p> 
Drains & Tubes				
Activities	