Preparing for Colon or Rectal Surgery

A successful surgery starts with planning.

Please visit our website to watch a video about preparing for your colon or rectal surgery:
Providence.org/surgery

OUR MISSION
As people of Providence, we reveal God's love for all, especially the poor and vulnerable, through our compassionate service.

OUR CORE VALUES
Respect, Compassion, Justice, Excellence, Stewardship

We do not discriminate on the basis of race, color, national origin, sex, age, or disability in our health programs and activities. 

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Lláme al 888-311-9327 (TTY: 711).

注意：如果您懂中文，我們可以給您提供免費中文翻譯服務，請致電888-311-9327 (TTY: 711)。
Plan now for successful surgery

This booklet is supplemental to your surgeon’s instructions and is intended to help you successfully recover from your upcoming colorectal surgery. Preparing for surgery can be a stressful time. We hope the information outlined here will answer some of your questions and ease your stress. Please make notes if you have questions, and let us know how we can help.

Our highly skilled surgeons want to ensure your safety. If you have chronic medical conditions, such as diabetes or anemia, we may refer you to a perioperative specialist or to your primary care provider before surgery in order to help fine-tune your medical conditions to optimize your outcome.

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### Before surgery

#### Preparing for surgery

- **Please go online and watch this video about preparing for colorectal surgery: Providence.org/surgery** and click on the “Preparing for Colon or Rectal Surgery” link at the bottom left.

- **If you smoke, stop smoking.** This is the most important thing you can do. Stopping for at least 2 weeks before surgery will be greatly beneficial. For help to quit smoking, call Providence Resource Line (503-574-6595) or Quit for Life (1-866-QUIT-4-LIFE, 1-866-784-8454), or go to Providence (Providence.org/stopsmoking) or the American Lung Association (www.fsonline.org).

- **Stay physically active and eat a healthy, balanced diet.**

- **If you are overweight, talk with your doctor about safe ways to lose weight and by avoiding sugary drinks (i.e. no soda or juice) and processed “fast” foods. Emphasize fresh fruits and vegetables and lean protein (fish, chicken, beans). Losing one to two pounds of weight per week is safe and can help reduce your risk of complications.**

- **If you are underweight, eat a healthy diet with extra calories and protein. Increase snacks. Homemade or store bought (i.e. Boost, Ensure or instant breakfast drinks) nutrition drinks or protein bars can help.**

- **Your doctor may also advise you to drink Impact Advance Recovery (an immunonutrition drink) three times a day, five days before, and five days after your surgery. To learn more, please visit: www.NestleHealthscience.us/brands/Impact**

- **Impact Advance Recovery is available at the following Providence locations for $35:**

  - Providence Plaza Pharmacy on the campus of Providence Portland Medical Center 5050 NE Hoyt St., Suite 142, Portland
  - Providence St. Vincent Medical Office Building Pharmacy 1st Floor Lobby 9155 SW Barnes Road, Portland
  - Providence Medford Medical Center, Emilie Café located on the ground floor of the hospital 111 Crater Lake Ave, Medford
  - Cafés at Providence Newberg, Providence Hood River, Providence Milwaukie, and Providence Willamette Falls

Outside of Providence (prices vary):

- Amazon.com
- Nestlenutritionstore.com
- CWIMedical.com
Before surgery (continued)

• Before surgery, shower according to your surgeon’s instructions, using soap or a 4% chlorhexidine gluconate (CHG) antiseptic solution, such as Hibiclens.
• Do not shave the area where you will have surgery. Remove jewelry prior to coming to the hospital. If you have body piercings, these should be removed as well.
• If your employer requires paperwork in order to accommodate your absence from work, send it to your surgeon’s office before your surgery.

Plan now for your discharge from the hospital

• Prepare your home. Look around your home and identify any potential hazards with being able to move and get around. You may need to rearrange your furniture. Remember you should not lift more than 10-15lbs after surgery, so making sure things are in place before surgery will really help in your recovery phase.
• Coordinate with your support system (family/friends) to be available to help you during your recovery. If you feel you do not have adequate support at home, inform your surgeon, so they are aware and can provide you with information on possible resources.
• Plan your meals ahead of time. Do your grocery shopping, prepare and freeze several meals before you come to the hospital. You will likely be on a low fiber diet at time of discharge (no raw vegetables or fruits for about two weeks after colon surgery). This allows your body time to heal, without overworking the digestive tract to absorb food and nutrients.

Taking your medications
Prior to surgery make sure your medicine cabinet has acetaminophen and ibuprofen (if your surgeon says you can take). You will need these for your postoperative recovery period.
• On the day of surgery, take your regular medications as instructed by your surgeon with a sip of water.
• A nurse at the hospital will review all prescriptions, supplements and over-the-counter medications that you normally take at home. Please make a list of the names, strengths and dosages of all of these products. Bring this list to the hospital with you.
• Our anesthesiologist will likely call you before your surgery to discuss the sedation process, improving postoperative pain, and reducing the risk of nausea.

Eating and drinking
• Your surgeon will instruct you regarding bowel preparation and when to stop eating solid food.
• You can drink clear liquids (i.e. anything you can read a newspaper through), such as black tea or coffee, pulp-free juice, or Gatorade, until two hours before you are scheduled to arrive at the hospital. (For example, if you are scheduled to arrive at the hospital at 7 a.m., you may drink clear liquids until 5 a.m.) If you have diabetes, consider a sugar-free version.

EXAMPLES OF COLON OR RECTAL PROCEDURES

Right Hemicolectomy
Part or all of the ascending colon and cecum are removed. The colon is then reconnected to the small intestine.

Left Hemicolectomy
Part or all of the descending colon is removed. The transverse colon is then reconnected to the rectum.

Low Anterior Resection
The sigmoid colon and a portion of the rectum are removed. The descending colon is reconnected to the remaining rectum.

Abdominal Perineal Resection
Part or all of the sigmoid colon and the entire rectum and anus are removed. A colostomy is then performed.

Sigmoid Colectomy
Part or all of the sigmoid colon is removed. The descending colon is then reconnected to the rectum.
After surgery | IN THE HOSPITAL

Most patients are in the hospital for one to five days after surgery. If a urinary catheter was placed at the time of surgery, it will likely be removed one or two days after surgery.

Eating and drinking
You will likely start drinking clear liquids immediately after surgery. Typically, if you are feeling well, you will start a low-fiber diet the next day.

Being active
• Your nurse will help you get up after surgery.
  You will get up at least three times the day after surgery. Getting out of bed and walking around will help reduce your risk of prolonged hospitalization.
• Advocate for yourself! Your nurses are busy, so you may need to remind them that you haven’t walked yet. Ask them to get you up.
• We will provide you tools to help with your recovery, such as an incentive spirometer to help with deep breathing exercises.

Pain after surgery
Pain from the incisions is normal. It will vary from day to day and with activity level, but should gradually decrease over time. It would be unrealistic to presume you will have “zero” pain immediately after surgery, but keeping your pain well controlled with a combination of over-the-counter medications and low dose opiates as needed will speed your recovery. The most important component to good pain control is being proactive with pain, not reactive.

Oral pills control pain better than intravenous (IV). If you are eating, IV should be the last option for pain control and only in limited, acute situations. If you had a laparoscopic surgery, you may have aches in your shoulders and abdomen. This is due to the carbon dioxide placed inside your abdomen during the surgery, this is harmless, and will disappear within a few days. You may also notice some small air bubbles under the skin of your abdomen or chest that crackle when pushed on. This is also normal and will resolve itself in a few days.

Crampy abdominal pain and bloating is not uncommon. This should also improve slowly over time. Eating small frequent meals (as opposed to large infrequent meals) may help prevent bloating.

Gas Pains: As the bowels are recovering it is not uncommon to get occasional sharp, gas pains, that travel across your abdomen. Walking will really help to alleviate this discomfort. Taking opiates for gas pains is not effective, as they come and go too fast before the medicine has time work. Opiates also slow down bowel function, and could make things more uncomfortable. Some patients feel simethicone (products like “Gas-x”) are effective when walking is not an option.

You will be discharged from the hospital when:
1. You can tolerate your diet without nausea or vomiting
2. Your pain is controlled with oral medicine only
3. Your surgeon may require bowel function (passing gas or have ileostomy output) before discharge.

After surgery | AT HOME

Post-operative Pain Management
Over-the-counter medications are very helpful at controlling post-operative pain. If you received these in the hospital, you should continue use at home until your pain improves. Acetaminophen and ibuprofen (if your surgeon approves) are the medications that reduce the inflammation that is the primary source of post-operative pain. Using these medicines as the first line of defense for pain control will significantly improve your recovery and reduce the need for opiates.

Acetaminophen 650mg (2 pills, 325mg each) every 6 hours or up to 4 times per day. DO NOT USE if you have liver problems.

Ibuprofen 600mg (3 pills, 200mg each) every 6 hours or up to 4 times a day. Use only if instructed by your surgeon. DO NOT USE if you have kidney or stomach problems, history of ulcers, or are over 75.

You may be discharged with prescriptions for the same or similar opiate pain pills we prescribed you in the hospital. This program should ease your pain and reduce any problems with the return of bowel function. Your opiate pain medication if prescribed (i.e. Tramadol, Oxycodone, Vicodin, or Norco) should be used sparingly, and only if the above over-the-counter medications are not adequate. Try to stop the opiates as soon as possible after surgery to avoid constipation and nausea. You should quickly wean from opiates to prevent dependency issues in the future. Use acetaminophen and ibuprofen (if able) as they are the “workhorses” for pain control because they reduce the inflammation that causes pain.

The best way to control pain is to “leap frog” between different pain medications roughly every three hours, so that you have consistent coverage. That way, as one medication is wearing off, the other is kicking in.

If your surgeon has recommended postoperative use of acetaminophen and ibuprofen, an example schedule would be:

<table>
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<tr>
<th>Time</th>
<th>Dosage</th>
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<tr>
<td>7 a.m.</td>
<td>650 mg acetaminophen (add opiate if severe pain)</td>
</tr>
<tr>
<td>10 a.m.</td>
<td>600 mg ibuprofen</td>
</tr>
<tr>
<td>1 p.m.</td>
<td>650 mg acetaminophen</td>
</tr>
<tr>
<td>4 p.m.</td>
<td>600 mg ibuprofen</td>
</tr>
<tr>
<td>7 p.m.</td>
<td>650 mg acetaminophen</td>
</tr>
<tr>
<td>Bedtime</td>
<td>1-2 opiate</td>
</tr>
</tbody>
</table>

We typically prescribe a week of opiates with the expectation that every day you will be less painful than the day prior. Opiate refill requests are not automatic, and will be decided on a case by case basis. Ideally you should wean off opiates within a week or two of surgery.

If you need refills that are not included with your original prescription, please call your surgeon during office hours (M-F, 9 a.m. to 4 p.m.) to request a refill. Refills will not be given on weekends/ nights by the on-call physician. Allow at least 48 hours for a refill to be processed.

If you have severe abdominal pain that does not improve over time, or have crampy abdominal pain associated with vomiting please call your surgeon.
Chronic Pain Medications
If you are receiving chronic pain medications (opiates) you will need to contact your prescriber, and let them know you are having surgery. Your surgeon’s office will not prescribe or refill chronic pain medications, so keep in touch with your provider to make sure your baseline medications are provided by them.

Activity
Reduce your risk of complications by getting out of bed to sit in a chair or walk in the hallway. Unless otherwise instructed, it is appropriate to walk, climb stairs, ride as a passenger in a car, and perform tasks of daily living. Listen to your body and don’t overdo it early on. It is normal to feel fatigued after surgery. It is also common to need more sleep than usual. Continue to walk frequently, push yourself to go a little further everyday with your activity level. Avoid sitting or lying in bed for long periods.

As you recover you will slowly feel more like yourself, but your energy level will take time to return because the body needs time to heal. After abdominal surgery, avoid heavy lifting (10-15 lbs. or more) for 6 weeks to allow most of the wound healing to occur. Even small incisions still pose a hernia risk, because the abdominal wall has been weakened from the incision. We will discuss this at your follow-up appointment when it is appropriate to advance your weight restrictions depending on your specific surgery.

Unless otherwise instructed, sexual activity may be resumed as tolerated.

Driving
You will need to avoid driving for 1-2 weeks or more depending on your specific surgery.

You will need to arrange transportation home from the hospital.

Pain and use of opiate pain medication will impair your ability to drive safely. You may feel you are safe to drive, but stop and let someone else help you get to where you are going.

DO NOT DRIVE WITHIN 24HRS OF TAKING OPIATE PAIN MEDICATION. Driving under the influence of drugs can be dangerous, and it is illegal.

Bowel Movements
It is normal to have changes in your bowel function after surgery, including constipation (often a result of opiates). Immediately after intestinal surgery, bowel movements may be more frequent and unpredictable. It is common to have loose, watery stools for several days. Powdered fiber supplements (Metamucil, Citrucel, Konsul, Fibercon, Psyllium, Benefiber, Fibersure) are all quite helpful. These products are not laxatives. They work by absorbing water into the stool to increase its bulk. They can help with loose stools as well as constipation.

• Drink enough water (6-8 glasses a day) to allow the fiber to work in the intestine.

• Avoid caffeine and alcohol during your recovery. Depending on what surgery you had, your bowel function may not return to its pre-operative state. However, it is important to remember that this almost always improves with time, but may require a discussion with your surgeon.

The best way to avoid post-operative constipation is to minimize opiate use by using the over-the-counter medications described above and remain active. If this remains an issue, discuss with your surgeon.

• If watery diarrhea persists for more than a few days, it may be sign of an imbalance of bacteria in the intestine, which may need to be treated with an antibiotic. Please call your surgeon if this occurs.

• If you have abdominal pain, bloating, nausea, or vomiting and are unable to pass gas or a bowel movement, this may be signs of intestinal obstruction (blockage). Call your surgeon or go to the Emergency Room (ER) if this occurs.

Diet
Some patients feel “full” half-way through a meal. Small, frequent meals are more easily tolerated after abdominal surgery than your typical three large meals. You may be asked to remain on a low fiber diet (avoid crunchy vegetables and raw fruits) for the two weeks following major abdominal surgery. Slowly reintroduce vegetables and fruits back into your diet after two weeks, unless directed otherwise. Chew food well.

• It is important to drink enough fluid to stay hydrated. A good rule of thumb is to drink enough to keep your urine a light yellow color (usually at least 6-8 glasses daily).

• Avoid alcohol and caffeine because they can cause dehydration.

• Snacking on protein foods like eggs, peanut butter, and cheese, or drinking nutrition supplements with protein (Impact, Ensure, Boost, and Carnation Instant Breakfast) will help with recovery.

Incision (Wound, Scar)
Wash your hands before and after you change your gauze dressing or touch your scar. Unless told differently, you may shower when you feel up to it after surgery. No baths for 2 weeks after discharge from the hospital. Do not scrub incisions, let the soap and water flow over them to clean but do not scrub. Make sure to rinse body well. Pat dry with clean towel or gauze. Keep your incision clean and dry all day. Do not use ointments, creams or lotions on incision(s).

• Minor drainage of clear yellow or red-yellow fluid from the incision is normal. Thick, opaque, dark yellow fluid or redness spreading beyond incision site on skin may be associated with infection. Please call if this occurs.

• Bruising around the incision sites is normal and will resolve on its own with time. If bruising increases in size after discharge, call your surgeon to discuss.

• Bloody rectal discharge is also normal.

• You do not need to keep the incision(s) covered, but occasionally a gauze bandage will help protect clothing if you are still having some drainage from the incision.

• Many incisions are closed with absorbable sutures that do not need to be removed. If surgical staples or non-absorbable suture is used in its place they will be removed at your follow up visit in 10-21 days depending on your specific surgery.

Most healing takes place within 6 weeks after surgery, but the scar will still soften over time. The final appearance of the scar may not be apparent until one year following surgery.

Sleep
Major surgery and being in the hospital can disrupt sleep patterns. They usually return to normal over time. We do not routinely recommend sleep medication for home use.

Steroids
If you were taking steroids (Prednisone, etc.) in the months prior to your surgery, you may also need to take them for a short period of time following surgery (typically 3-4 weeks). Your surgeon will direct you on dose changes.

Urnination
If you had a catheter (foley) placed into your bladder at the time of surgery, it is not unusual to experience minor discomfort during urination for several days after catheter is removed. If this discomfort persists or worsens, it may be a sign of infection, please call your surgeon.

Occasionally the bladder does not empty properly after surgery. This is usually a temporary problem that resolves with time. If you are urinating small amounts frequently (every hour or so), please call your surgeon. Occasionally it is necessary to replace the catheter for a few days.
Work

Unless otherwise instructed, employment may be resumed as tolerated as long as your occupation does NOT involve heavy lifting. Please ask your surgeon or the clinic about any FMLA forms needing to be filled out related to work, insurance or disability issues.

Warning signs

Be aware of warning signs that may develop. These may indicate that a problem, such as an infection, is developing. Call your surgeon if you develop any of these signs:

- Fever higher than 101.5 F
- Increasing abdominal pain
- Persistent nausea or vomiting
- Redness, tenderness or increased warmth around incision
- Pus-like or foul-smelling drainage from incision

Go to the emergency department or call 911 if you think you are experiencing a life-threatening condition.

If you have questions or concerns, please call your surgeon. Most urgent medical issues can be handled by your surgeon in the clinic during regular business hours.

About ostomies

What is a “stoma”? Depending on the type of surgery you have, you may need an ostomy, also known as a “stoma” or a “bag”. An ostomy is when the intestine is brought up through an opening in the abdomen to allow for removal of stool. When it is made from the colon, it is called a “colostomy”. When it is made from small intestine, it is called a “ileostomy”.

Will I need one?

Your surgeon will decide whether an ostomy is medically necessary for you. If it is, an ostomy nurse will set up an appointment with you to teach you how to care for the ostomy, to counsel you and to answer your questions. This nurse will also visit you in the hospital. They are excellent resources. There are many online resources, as well, including: www.ostomy.org or www.ostomy.inspire.com.

Is it permanent?

It depends on the reason it was created. Most of these are “loop ileostomies” to protect a colon or rectal “hookup” (i.e. anastomosis) downstream, with the plan for reversal in 3-6 months if everything has healed.

What to expect post-operatively

- You will receive instruction on how to care for your stoma while you are in the hospital and you should feel comfortable with its care at the time of discharge.
- Learning to live with an ostomy will take an adjustment. It is almost like re-toilet training.
- You should always bring an extra stoma wafer and bag to all medical visits.
- All ostomy and urine output must be recorded. If you empty it yourself while in the hospital, please leave it for the staff to measure.
- Colostomy output varies as it is typically solid stool. It is normal to not have colostomy output every day.

- If you have an ileostomy: It is very important to keep yourself well hydrated to compensate for the loss of fluid through the stoma. A good rule of thumb is to drink enough to keep your urine a light yellow color.
- Ileostomy output goal is under 1200 mL per day (approx. 1 liter or 1 quart per day). You should measure this for the first 2 weeks after surgery to make sure that you are in this range. You will have to be aware of your output. Too much output can make you dehydrated very easily.
- Ileostomy stool consistency will vary based on what you eat. Goal consistency is like thin applesauce. If it is too thin, start with thickening foods, like the BRAT diet (bananas, rice, applesauce, toast), peanut butter, or marshmallows. A dietitian or ostomy nurse can help.

- Alternatively, ileostomies can have too little output, which may represent a blockage. If you’ve not had any output in 12 hours, or if the stoma becomes swollen and not producing, call your surgeon immediately or go to the local ER. Foods that will increase and/or thin your ileostomy output include sugary drinks (juice, Gatorade).
- If you have difficulty with keeping a pouching system on for at least 24 hours or if there is recurrent bleeding, severe pain, swelling around the stoma, the stoma stops functioning, or the stoma output is >1200 mL in 24 hours, please call your physician.

NOTES

My surgeon’s name

My surgeon’s phone number

My surgery will be done at

My surgery is scheduled for

I must arrive at the hospital by

Additional instructions