

POSTOPERATIVE COLECTOMY INSTRUCTIONS

Colorectal Surgery Services

INTRODUCTION

You have had surgery to remove a portion of your large bowel or colon. To help you recover from your surgery, there is a plan of care. The recovery period continues after you are discharged from the hospital. You should continue to follow all the instructions given to you by your healthcare team. The following are written instructions that can guide you through the postoperative recovery. It is important that you understand what your goals should be. Feel free to ask questions. However, this plan may be changed at any time to meet your individual needs.

As with any surgery complications can occur. Your surgical team works to prevent these and if necessary treats them. You should continue to look for any issues when you leave the hospital. Some common perioperative complications include but are not limited to the following:

1. Adverse reactions to anesthesia
2. Heart attacks (myocardial infarction)
3. Strokes (cerebrovascular accident)
4. Blood clots in the legs or lungs (pulmonary embolism)
5. A leak if the bowel was resected or sewn back together
6. Bleeding in the abdomen
7. Infection or abscess in the abdomen or wounds
8. Intestinal obstruction due to scar tissue
9. Pneumonia

AFTER SUGERY

Activity:

It is fairly common to feel weak and tired immediately after discharge from the hospital. The body needs time to recover from the stress of a major operation; however it is important to maintain activities while at home.

Walking – You were assisted out of bed and urged to walk frequently while recovering in the hospital. Walking five times each day is encouraged after you are discharged. At home start short, daily walks and gradually increase the distance you walk. This helps decrease the length of time you experience soreness, prevents pneumonia from occurring, avoids blood clots from forming in the legs and helps you recover strength

Climbing – Going up and down stairs is permitted. Initially have someone assist you.

Lifting – You may lift light objects (less than 20 lbs.) on discharge and increase gradually. If lifting an object causes discomfort this is a sign that you should probably lift much lighter objects.

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Showers – Showers are permitted two days after surgery. Wash over your incisions gently with soap and water. Be careful to rinse well. Pat the incisions dry afterwards. If there is no drainage you may leave your incisions to air without a dressing. It is okay to place a gauze dressing over the incision for comfort or for any minor drainage.

Driving – Driving is not permitted for at least two weeks or after your first follow-up visit with your surgeon. If you are having pain or taking prescription pain medications do not drive.

Sex – Sexual intercourse may be resumed when soreness permits.

Return to work – People with sedentary jobs have returned to work as early as 3 weeks. A physically demanding job may require 4 to 6 weeks off work. This will be determined by you & your surgical team. Some people have residual fatigue several weeks after surgery & chose light duty when first returning to work. Discuss your work duties with your surgical team.

Diet:

There are generally no dietary restrictions following surgery. Start advancing your diet slowly. Avoid foods that cause you discomfort, constipation or diarrhea or that you know you have difficulty digesting. You will eventually be able to resume your typical diet. A dietary supplement or shake (example: Ensure® or Carnation Breakfast™ drink) can be used to help the recovery process.

Wound care:

Skin Staples – Metal staples may have been placed to allow the skin to heal. They will be removed at your first postoperative visit if they were not removed in the hospital. Simply wash the area with gentle soap & water when showering. Rinse the area with clean water then pat the area dry. There is no need to place a dressing unless there is drainage.

Skin Stitches - Stitches are placed just beneath the surface of the incision. The material is absorbed by your body in about six weeks and does not need to be removed. Occasionally, you will note a small white string or suture at your incision site. This string can be cut at the surface of the skin using a clean pair of scissors (wipe with isopropyl alcohol prior to cutting.)

Steri-strips – Steri-strips are small pieces of tape used to hold incisions together. They may be removed as they begin to lift off the wound. If they have not done so, they may be completely removed 7 days after surgery. Moisten the strips with a little hydrogen peroxide if they are stuck to the incision.

Medications:

Home Medications – You can resume taking your normal home medications. Please review all your medications with your surgical team especially blood thinners or aspirin.

Pain – Expect to have some pain for 2 – 6 weeks after your surgery. Take the medications prescribed by your surgical team to help prevent & treat discomfort. The discomfort should get better with time & as your discomfort improves you may take less. At that time you can use over the counter medications like acetaminophen (Tylenol®) or ibuprofen (Advil®).

Constipation – Prescription medications or narcotics can cause constipation. Take a stool softener like Colace twice a day to prevent this. Milk of magnesia may help if the pain medications make you constipated.

WHEN TO CALL

There are many risks & complications associated with any surgery. These can be minor or major. After surgery complications can still occur at home. You and your caregivers at home should be aware of any issues. Patients should call the office if they notice any of the following symptoms or with any questions or concerns:

- Persistent nausea or vomiting
- Fever (multiple) measured as greater than 101.5° F (use a thermometer)
- Increasing abdominal pain or bloating
- Persistent bleeding from the rectum
- Multiple large clots from the rectum
- No stool or gas from the rectum for more than 24 hours
- Increasing abdominal distention
- Pus from or increasing redness around the incision
- Increasing diarrhea

POSTOPERATIVE FOLLOW-UP VISITS

In order to identify and treat any complications as they may arise, follow-up is essential. A postoperative visit will be scheduled to occur 10 to 14 days after discharge. At that point in time further plans are made and the patient may be cleared for full activities, driving.

Remember to follow the instructions given to you and see your physician or nurse as scheduled. These written instructions **do not** replace a discussion with your physician or nurse. They are only guidelines. There may be changes or they may give you other instructions. Feel free to ask questions, come back for a visit or call if you are unclear about your diagnosis or treatment plan.