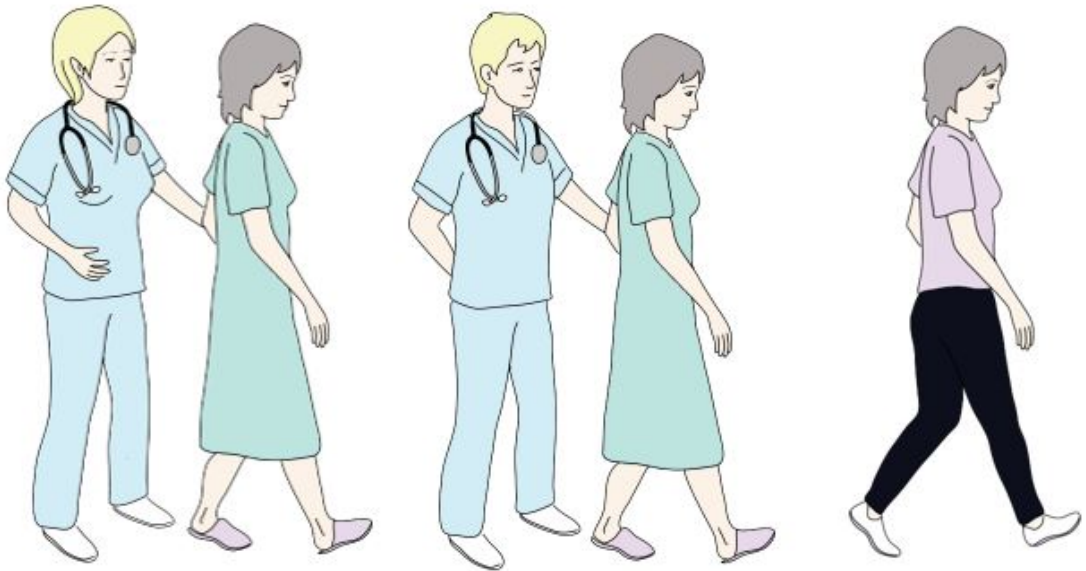


# A Guide to Bowel Surgery

A patient friendly booklet for: \_\_\_\_\_



This booklet is to help you understand and prepare for your surgery.

Please review it with the nurse and your family.

Please bring it with you on the day of your surgery.

August 2019

We would like to recognize the MUHC Education Portfolio and the McGill Molson Medical Informatics for their support throughout the development of this booklet, the design and layout, as well as for the creation of all the images.

**Important: Please Read**

**Information provided by this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional healthcare practitioner, or to substitute medical care. Contact a qualified healthcare practitioner if you have any questions concerning your care.**

## Introduction

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When you are admitted to hospital for your bowel surgery you will be taking part in a **Clinical Care Pathway** (fast recovery program). The aim of this program is to help you recover quickly and safely.

## What is the bowel?

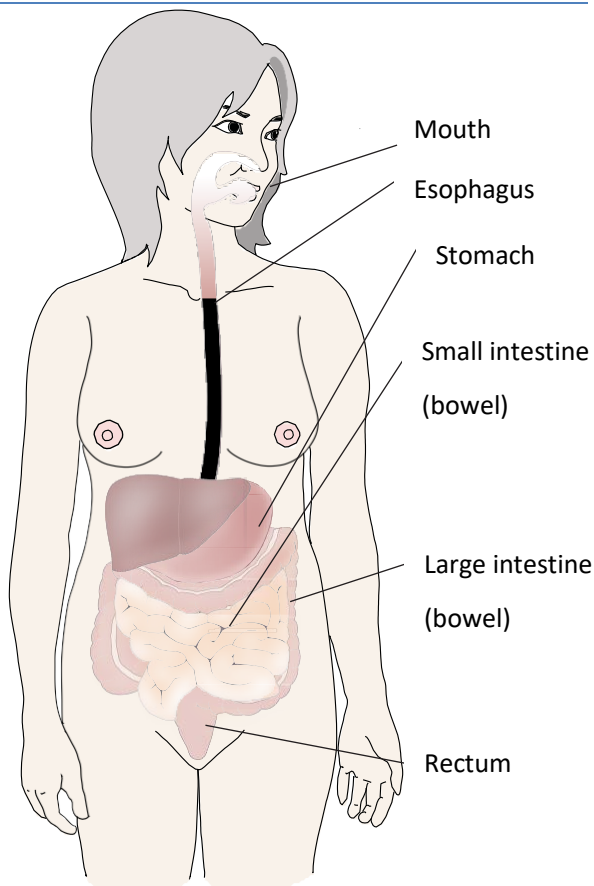
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When eating, food passes from the mouth, through the esophagus into the stomach.

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

What is left of the food then goes to the **large bowel**, which is about 6 feet long. This is where the fluid is absorbed from the food.

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



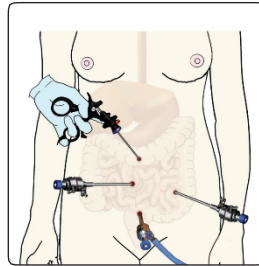
# What is bowel surgery?

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

The surgery can be done 2 ways:

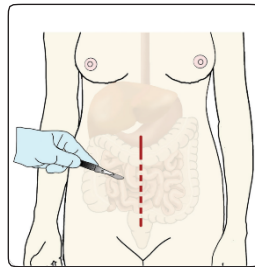
## 1. Laparoscopic

The surgeon will make four to six small cuts (incisions) in your belly. He/she will use instruments and a camera, through which he/she will remove the diseased bowel and sew the healthy ends of bowel together.



## 2. Open

The surgeon makes one 10-20 cm (4-8 inch) incision in your belly to perform the surgery.



Some patients may need an ostomy and ostomy bag after surgery. An ostomy is an opening in your belly that is made by your surgeon during surgery. Stool and fecal waste pass through this opening, out of your body and into an attached plastic bag. Your ostomy may be permanent or temporary.

If you will need an ostomy, your surgeon will discuss this with you. Before your surgery, you will also meet with the Enterostomal Therapy (ET) Nurse who specializes in ostomy care. **During this meeting we will discuss how to take care of the ostomy after your surgery, and your abdomen will be marked for the location of your stoma (the opening created during surgery in your abdomen where stool will be expelled into a bag or “pouch”.**

# Before Your Surgery

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## Preparing for your surgery

- Exercise** will help make sure your body is as fit as possible before your surgery. If you are already exercising, keep up the good work. If you are not, start slowly adding exercise into your day.
  - Exercise does not need to be strenuous to be helpful; in fact, a fifteen-minute walk is far better than not exercising at all.
  - Refer to the Exercise section (pages 20 to 21) of this booklet to learn what you will need to do after surgery. You can begin practicing these at home.



- We **strongly suggest** you **stop smoking** completely before your surgery, as this will reduce the risk of lung complications afterwards. Doctors can help you stop smoking by prescribing certain medications.
- Do not drink alcohol** 24 hours before surgery. Alcohol can interact with some medications. Please let us know if you need help decreasing your alcohol use before surgery.



- Plan ahead.** Make sure everything is ready for you when you go home after your operation. You may need more help at first from friends or family, with meals, laundry, bathing, cleaning, etc.
- Purchase **two** chlorhexidine shower kits. Visit the WDMH Gift Shop or contact your local pharmacy to obtain your kits.
- Discharge from the hospital is between three and four days. Tell the nurse as soon as possible if you have any worries about going home. Please remember to **organize transportation** home.

## Pre-operative visit

### During your pre-operative visit, you will:

- Have blood tests
- Have an ECG (electrocardiogram) if you are over the age of 50, as indicated.
- Meet with a nurse who will tell you how to get ready for your surgery and what to expect while you are in the hospital

**You will** also meet with one of the anesthetists, a doctor who will be putting you to sleep:

- He/she will ask you questions about your health and health problems and explain his/her role.
- If you need to take any medication before your surgery, he/she will give you a prescription or refer you to your primary care physician
- If you have other medical problems, you may be referred to another doctor (specialist) before surgery.



**NOTE:** Some medication or herbal products need to be stopped a week or two before surgery. Have your list of medicines with you and the doctor will decide which ones to stop or to continue. Your pharmacist can give you a list of your medications. You may also ask your pharmacist to fax us your list of medication. Our preoperative clinic fax number is 613-774-7203.

**If you have any further questions, you can contact the nurses of the Pre-operative Clinic at (613) 774-2422, extension 6837, Monday or Friday, 8:00 a.m. – 4 p.m.**

## Day before surgery

The Booking Department will phone you two days before your surgery to let you know what time to come to the hospital.

You are usually expected to arrive 2-3 hours before your surgery is planned to start.

The time of surgery is not exact. It may be earlier or later than planned.



**If you do not receive a call before 2:00 pm the day before your surgery, you can contact the Booking Department at (613) 774-2422 extension 6317**

Date of surgery: \_\_\_\_\_

Time of arrival at the hospital: \_\_\_\_\_

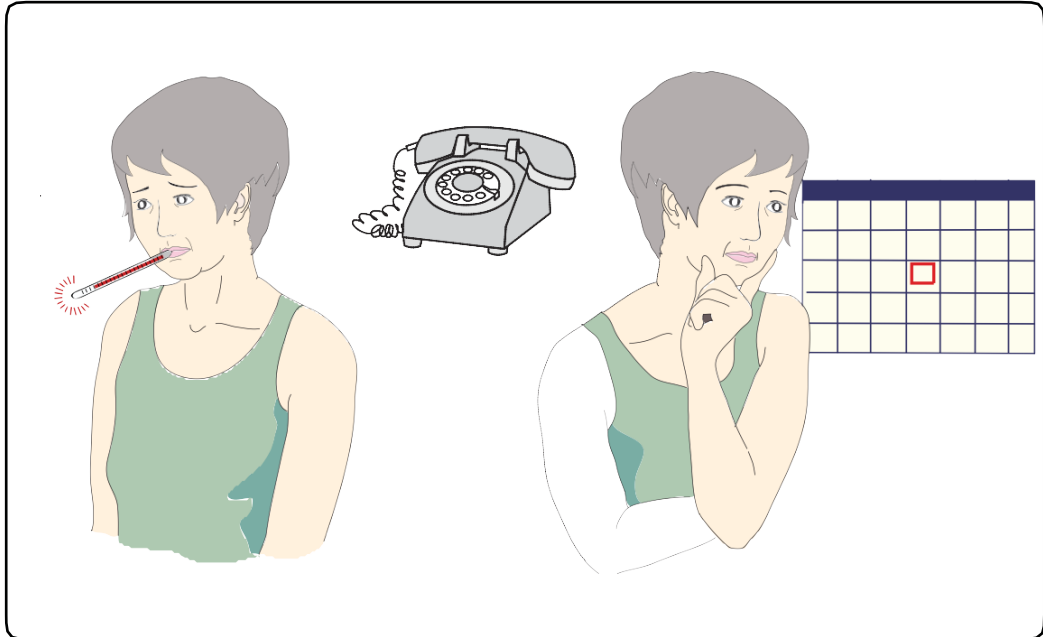
Room: **Surgical Day Care Unit** on the 2nd floor of the main building. Use elevator off main entrance and get off on level "2".

**If you have any further questions, you can contact the nurses of the Pre-operative Clinic at (613) 774-2422, extension 6837, Monday or Friday, 8:00 a.m. – 4:00 p.m.**

## Cancelling your surgery

If you get a cold, are not feeling well or become pregnant, please call your family doctor as soon as possible. If it is not possible to reach your family doctor, **call the Booking Department (613) 774-2422 extension 6317** for further instructions.

Call to reschedule if you are not well or you need to cancel.





## Instructions: Day before surgery

Before going to bed, take the first chlorhexidine shower by following the instruction sheet provided or the package insert.

You may need to follow a special diet the day before the surgery. This diet is planned for each patient to:

- prepare your bowels for the surgery
- give you the strength and nutrients you need for a smooth and quick recovery

The nurse at the Preoperative clinic will use the following pages to explain the best diet plan for you. Speak to him or her to discuss any questions or concerns you might have.

### Can I eat or drink the day before my surgery?

If you are prescribed a laxative (Peglyte or Go-lytely), only drink clear fluids for the entire day before surgery.

**Examples:** All clear juices (no pulp), Gatorade, soft drinks, jell-o, clear broth or bouillon, water, coffee or tea (no milk), Popsicle.

**NO MILK OR DAIRY PRODUCTS OR SOLID FOOD.**

If you have not been prescribed a laxative, (fleet enema only), you can eat and drink anything the day before your surgery, up to midnight.

## Evening before surgery

**You should drink carbohydrate drinks the evening before your surgery:**

- **Choose ONLY one** of the drinks below as your clear fluid for the evening.
- You will notice an amount next to the drink you have chosen. This is the **minimum** amount that you must drink the evening before your surgery. (You may drink more than this amount, if you wish.)

**Try to drink at least the amount shown of one of these drinks:**

### **Apple juice:**

evening before: 850ml/3.5 cups

morning of: 425ml/1 ¾ cups



**OR**

### **Commercial iced tea:**

evening before: 1100ml/4.5 cups

morning of: 550ml/2 ¼ cups



**OR**

### **Cranberry cocktail:**

evening before: 650ml/2½ cups

morning of: 325ml/1.5 cups



**OR**

### **Lemonade:**

evening before: 1000ml/4 cups

morning of: 500ml/2 cups



**Stop drinking any fluids 3 hours before your expected time of arrival to the hospital (e.g. If your time of arrival at the hospital is 11AM, stop drinking fluids at 8AM.)**

## Do I need to take a laxative?

The nurse at the Preoperative clinic will tell you which of these three options you should follow:

- A. **No laxative** needed. **OR**
- B. **Golytely or Peg-lyte:** Pick up 4 litre bottle of **Golytely® or Peg-lyte** from Pharmacy. Mix and refrigerate the day before surgery. The day you are to take the preparation, you must drink clear fluids. **Do not eat food.** At 2 pm start drinking the Golytely or Peg-lyte preparation. Drink 3 litres of preparation within 2 hours (approximately one 8 ounce glass) every 10 min. Between 5:00 and 5:30 am drink the last litre (1000 ml) of Golytely or Peglyte prep, and then remain fasting. No more fluids. **OR**
- C. **Rectal Fleet Enema:** Please pick up two fleet enemas at pharmacy. No prescription needed. An enema is sometimes used to clean out a portion of your bowel before surgery. A small lubricated tube is inserted in your rectum while you are lying down. Small amounts of liquid are then pushed into your body through this tube. Shortly after you receive the enema, you will feel the urge to go to the bathroom.
  - 1. Give yourself one enema the night before surgery, after dinner
  - 2. Give yourself one enema the day of your surgery 90 minutes before your arrival time
  - 3. The nurse will give you an enema on arrival

## Instructions: Morning of surgery

Take the second chlorhexidine shower by following the instruction sheet provided or the package insert.

Can I eat or drink the day of my surgery?

The nurse at the Preoperative clinic will tell you which of these options you should follow:

- A. Continue taking clear fluids when taking laxative (Golytely/Peg-lyte) until three hours before your expected time of arrival to the hospital. **OR**
- B. If you are not required to take laxative (Go-Lytely or Peg-Lyte) but you are using a fleet enema, you should stop eating at midnight. You can have carbohydrate drinks until three hours before your expected time of arrival to the hospital. No diet drinks please.

## Things to bring to the hospital

- This booklet.
- Any private insurance information you might have.
- Bathrobe, slippers, pajamas, loose comfortable clothing.
- Toothbrush, toothpaste, hairbrush, deodorant, mouthwash, soap, Kleenex, shaving equipment, and perhaps earplugs.
- If you wear glasses, contact lenses, a hearing aid or dentures, please bring the appropriate containers with your name on them.
- If you use a cane, crutches or walker at home, please bring them to hospital.
- Your medication in their original containers.
- Your Health card.
- If you do not speak French or English, please bring someone to translate for you.
- 2 packs of gum (any kind-your favorite)
- Reading material
- Please leave all jewelry, credit cards and objects of value at home. The hospital is not responsible for any lost or stolen articles.

# Day of Surgery

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## At home:

- Take the second chlorhexidine shower by following the instruction sheet provided or the package insert. Put on freshly washed clothes.
- Do not put on any creams, lotions or perfume.
- Do not wear make-up or nail polish.
- Do not shave the area to be operated.
- Remove all jewelry and leave it at home.

Take the following medication (with a sip of water):

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Do not take the following medication:

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## At the hospital:

Report directly to the **Surgical Day Care Unit** at the time given.

The registration clerk will ask you about the kind of room you would prefer and review your information with you. Please keep in mind that it is not always possible to have a private or semi-private room.

The nurse will help you to get ready for the surgery.

### He/She will:

- Go through a checklist with you.
- Have you change into a hospital gown.
- Make sure your personal belongings are in a safe place.
- Put compression sleeves on your legs to wear into the Operating Room (OR). The compression sleeves will remain on as directed by your surgeon. They help in the

prevention of blood clots in your legs and should be worn until discharge or as instructed by the surgeon. They can be removed to shower.

When the operating room is ready, a nurse and/or volunteer will bring you there.

At the operating room area, you will meet your anesthetist and the other members of the surgical team. We may start an epidural in your back and then your anesthetist will give you a general anesthetic. You will be asleep and pain-free during your surgery.

## Waiting room

Family and friends can wait for you in the **waiting room** located outside the doors of the Surgical Day Care Unit.

Our space is small, so we ask that you limit the number of people coming with you. Your family may ask the registration clerk to check with the **Post Anesthesia Care Unit (PACU** or recovery room) nurses for updates.



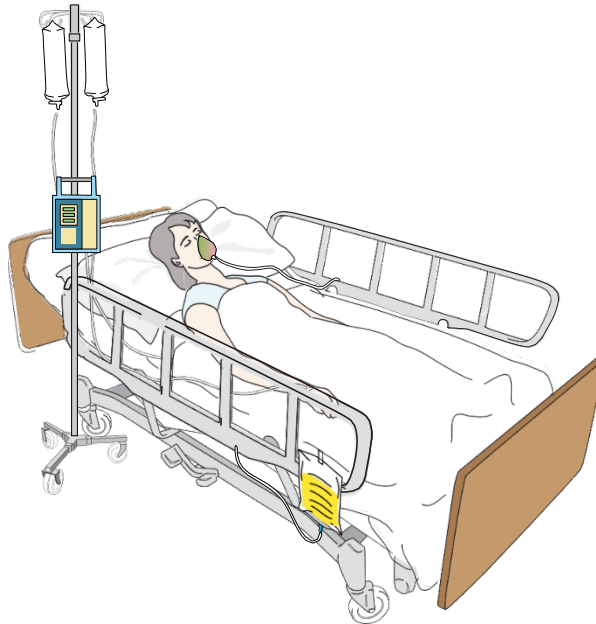
## After the Surgery

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You will wake up in the **Post Anesthesia Care Unit (PACU)**

**No visitors are allowed there.** You may have:

- An epidural (a small tube in your back) that provides continuous pain medication (see next page).
- An intravenous, to give you fluid and medications.
- An oxygen mask that will be removed before transferring you to your room.
- Urinary catheter (tube) to drain the urine out of your bladder after the Surgery.
- A warming blanket attached to a device that maintains a constant temperature.



- Your vital signs (pulse, blood pressure) will be checked very often.
- Your nurse will verify the bandage (dressing) and ask you about your pain.
- When the nurses and doctors are sure that your pain is well controlled, they will transfer you to your room.
- Your family will only be able to see you once you are in your room.

## Pain Control

**Pain relief is important because it helps you:**

- Breathe more easily
- Move more easily
- Sleep better
- Recover faster
- Do things that are important to you

A catheter is placed in your back and will give you continuous pain medication. You will be asked to rate your pain on a scale from 0-10.

The nurse will adjust the epidural as needed.

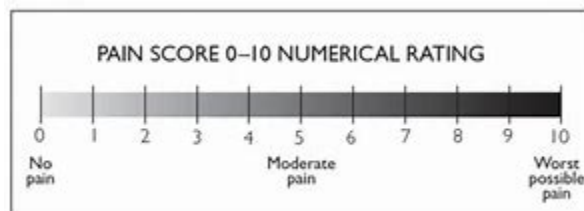
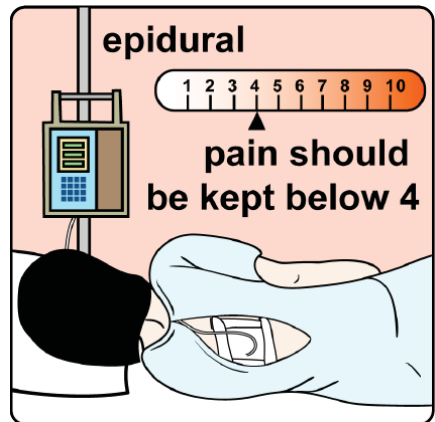
Some patients will be given a pump connected to the intravenous to control the pain instead of an epidural. This pump is called a PCA (Patient-Controlled Analgesia) pump. The PCA pump will be programmed to deliver a set dose of medicine at a set time interval as ordered by the doctor. The PCA pump will give you pain medicine only if **you** push on the button provided. A noise will come from the pump once medication is delivered to you. An information pamphlet about for PCA will be given to you before your surgery.

Please be specific about where your pain is. You may also be given other pain medication (pills or injections) to help your epidural work better, and for pain that the epidural does not control.

**You will not become addicted to pain medication given to you for surgical pain.**

You will be asked to rate your pain on a scale from 0-10. The nurse will give you medicine if you have pain. Our goal with the PCA or the epidural is to keep your pain score at 3 or below at rest and 5 or below with movement.

**Always tell the nurse if your pain is more than 3.**





## Exercises

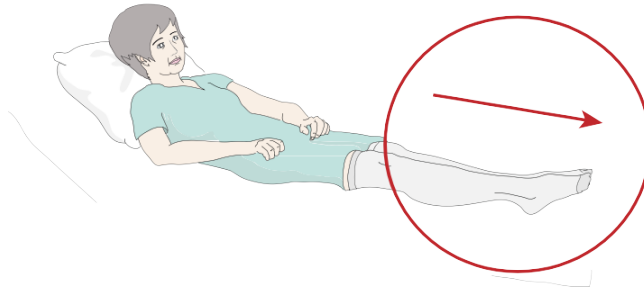
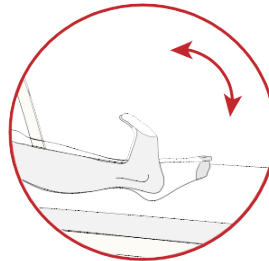
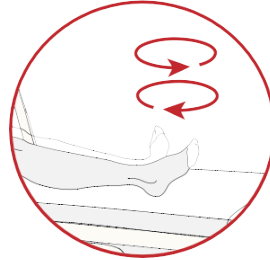
### Get up and move

Lying in bed without moving may cause many problems like pneumonia, blood clots and muscle weakness. You can start the following exercises as soon as you wake up and continue them during your stay in hospital.

#### 1. Leg exercises

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

- Rotate your feet to the right and left.
- Wiggle your toes and bend your feet up and down.
- Stretch your legs out straight



## 2. Deep breathing and coughing exercises

The inspirimeter is a simple device that makes you breathe deeply to help prevent pneumonia.

1. Put your lips tightly around the mouthpiece, breathe in deeply and try to hold the red ball up for as long as you can.
2. Remove the mouthpiece, breathe out and rest for a few seconds.
3. Repeat this exercise at least 10 times every hour or more often if you can, while you are awake.
4. Then take a deep breath and cough using a small blanket or pillow to support your incision.



**Deep breathing and coughing exercises will help prevent pneumonia**

## In your room

- With the nurse's help, you will get up and sit in a chair.
- Start drinking liquids and the protein drink. Start chewing gum for a minimum of 5 minutes, 3 times daily to stimulate your bowel.
- Do your leg exercises as described earlier.
- Start your breathing exercises to help prevent pneumonia and other infections of your lungs.

## One day after surgery

### Activities

Do these activities 3x.

- If you are eating and drinking, we will disconnect and remove the intravenous fluid.
- With assistance, you will get up and walk the length of the hallway at least every 4-6 hours while awake.
- Sit in the chair for all your meals for a minimum of 60 minutes each time.
- Do your breathing exercises at least 10 times every hour, while awake.

### Meals

- Continue to drink liquids and your protein drinks. If this goes well solid food will be added to your diet during the day (you might have some **temporary** food restrictions)
- Chew gum for 15 minutes 3 times a day, to stimulate your bowel.

**Discharge:** Plan to go home in 2 days.

## Two days after surgery

### Pain

- Tell your nurse if you are having pain greater than 3 on the pain scale.
- If you have a PCA pump for pain control, it will be removed, and you will take pills to control your pain.
- If you have an epidural, we will start to cut back the dose to evaluate your level of pain control with pills:
  - Please tell the nurse if your pain is higher than 3/10.
  - If the pills control your pain, the epidural catheter will be removed.
  - Your catheter will be removed today, and you will be up to go to the bathroom to urinate.

## Activities

Do these activities 3x.

- Walk the length of the hallway at least every 4-6 hours while awake. You will be encouraged to walk more each day.
- Sit in the chair for meals
- Walk to the bathroom to urinate
- Continue to do your breathing exercises every hour while awake.

## Meals

- Eat solid foods (you will have some **temporary** food restrictions)
- Continue to drink liquids
- Continue to chew gum for 15 minutes, three times a day.

**Discharge:** Arrange for someone to pick you up at 11:00am tomorrow.

## Three days after surgery: Going home

### Activities

On the third day you should continue the same activities as yesterday and again increase the level of activity if possible.

**Plan to go home today before 11:00**

You will be given an appointment with your surgeon for a follow-up before leaving the hospital.

Surgeon's name: \_\_\_\_\_

Appointment Date and Time: \_\_\_\_\_

### Summary

By doing your deep breathing exercises, chewing gum, eating well, being out of bed and walking regularly, research has shown that you will recover quicker. You are less likely to develop any lung infections or circulation problems and your bowel function will return to normal faster. By avoiding all these problems, you are more likely to go home sooner and feel better faster.

## At Home

**Complications do not happen very often, but it is important that you know what is normal and what to look out for.**

### Abdominal pain

It is not unusual to have some pain during the first few weeks following surgery.

Acetaminophen (Tylenol) should be taken first to relieve the pain. **Only add the narcotic if the pain is not relieved by the acetaminophen (Tylenol).**

If you feel that the pain medicine is causing burning or pain in your stomach, stop taking them right away and call your surgeon.

If you have severe pain that is not relieved with the pain medicine or have a fever and feel generally unwell, you should contact your surgeon or go to the emergency room. **Please track your pain levels at home using the Pain Diary found on page 26.**

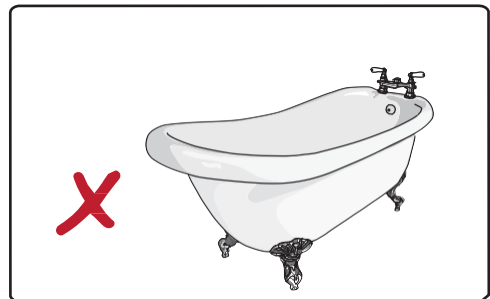
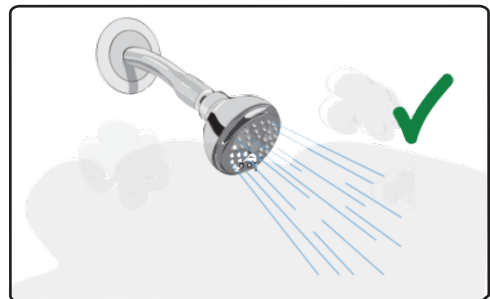
### Your incision

It is not unusual for your wounds to be slightly red and uncomfortable during the first 1-2 weeks after surgery.

#### You can have a shower:

- 48 hours after laparoscopic surgery
- 3 days after open surgery
- Gently wash the area and let water run over the incision. (Don't scrub the area)

#### No soaking in the bath for 2 weeks



You will have your clips or stitches removed 7-10 days after your surgery. You will be given a return appointment to have this done.

Tell your surgeon if your incision becomes warm, red, and hard or if you see pus or any drainage coming from it.

## Your Bowels

Your bowel habits may change after part of your bowel has been removed. You may have loose stools or be constipated. It is possible that you may be sent home on a stool softener often called Colace (docusate sodium).

This should settle into a more normal pattern over time.

Some pain medications can cause constipation. If this becomes a problem, increase the amount of fluids you drink, and add more whole grains, fruits and vegetables to your diet and continue to exercise.

## Diet

You can eat anything you want to unless told otherwise by your dietician or surgeon.

You may find that some foods upset you or cause loose bowel movements. Avoid them for the first few weeks after surgery and then you may re-introduce them one at a time.

It is important that you get enough protein and calories to help your body heal. Include good sources of protein like dairy products, meat, fish and poultry.

If you are finding it difficult to eat enough, try taking liquid nutritional supplements. (Examples: Ensure, Boost or homemade high protein high calorie beverages.)

**If you cannot drink fluids or keep them down, call your surgeon.**

## Exercise and activities:

You should continue to walk several times a day once you are home, gradually increase the distance and the intensity until you are back to your normal level of activity.

Most patients can return home with little difficulty.

Family and friends can usually give help with:

- Taking you home
- Meal preparation
- Grocery shopping
- House cleaning
- Laundry

As a rule, once you are pain free you can go back to most activities, including sexual intercourse.

You may start to drive when you are no longer taking narcotic pain medication.

Your surgeon will decide when you are able to return to your job, depending on your recovery and your type of work.

Call your surgeon if you have any of the following symptoms:

- **Your incision(s) become warm, red or you see any drainage coming from the incision.**
- **You have a fever (greater than 38°C/100,4°F).**
- **You cannot drink fluids or keep them down.**
- **You are having more pain that is not relieved by the medications.**



## Important Resources

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**If you have any questions, please contact us.**

Winchester District Memorial Hospital

613 774-2422, ext. 6357

If you would like to know more about bowel surgery, the following links might be useful:

Colorectal Cancer Association of Canada:

<http://www.colorectal-cancer.ca/>

Cancer Care Ontario:

<http://cancercare.on.ca>

## Suggestions to help you stop smoking

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**There are four phases of quitting**

1. Preparing to quit
2. Choosing a quit date
3. Coping with withdrawal
4. Fighting relapses

Stop smoking now and you will already be on your way to quitting.

Take it one day at a time. Think of yourself as a non-smoker. Be proud of what you have already done.

Ask your family and friends not to smoke around you.

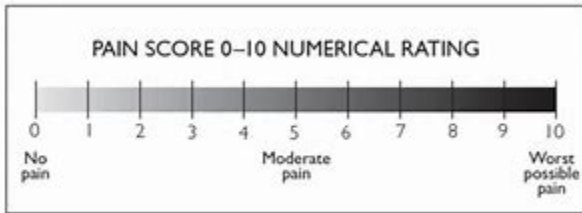
Get a family member or a friend to stop smoking at the same time.

Join a stop-smoking group and kick the habit with other people.

Speak with your doctor about aids to help you quit such as the nicotine patch.

# Pain Diary

Using the Pain Intensity Scale and table below, record the level of pain you feel during the day.



Date (dd/mm/yyyy)	Morning	Noon	Evening	Night

# Patient Log

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## Operation Day

Date: \_\_\_\_\_

### I have been eating:

- very well
- well
- poorly
- not at all

### I have been drinking:

- very well
- well
- poorly
- not at all

### GOAL: Drink 2 Nutrition drinks

Number of Nutrition drinks I have had: \_\_\_\_\_

I have vomited:

- No
- Yes

Number of times: \_\_\_\_\_

I have passed gas:

- No
- Yes

I have had a bowel movement:

- No
- Yes

### GOAL: Be out of bed for 2 hours

I have been up or sat up:

- any amount of time at all
- two hours

# Patient Log

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## Day 1

Date: \_\_\_\_\_

### I have been eating:

- very well
- well
- poorly
- not at all

### I have been drinking:

- very well
- well
- poorly
- not at all

### **GOAL: Drink 2 Nutrition drinks**

Number of Nutrition drinks I have had: \_\_\_\_\_

I have vomited:

- No
- Yes

Number of times: \_\_\_\_\_

I have passed gas:

- No
- Yes

I have had a bowel movement:

- No
- Yes

### **GOAL: Up every 4-6 hours, out of bed and sit up for meals for at least 60 minutes each meal.**

I have been up or sat up:

At meals:

- Breakfast
- Lunch
- Dinner

Morning:

2 hours

2 hours

Afternoon:

2 hours

2 hours

Number of laps in the corridor: \_\_\_\_\_

# Patient Log

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## Day 2

Date: \_\_\_\_\_

### I have been eating:

- very well
- well
- poorly
- not at all

### I have been drinking:

- very well
- well
- poorly
- not at all

### **GOAL: Drink 3 Nutrition drinks**

Number of Nutrition drinks I have had: \_\_\_\_\_

I have vomited:

- No
- Yes

Number of times: \_\_\_\_\_

I have passed gas:

- No
- Yes

I have had a bowel movement:

- No
- Yes

### **GOAL: Up every 4-6 hours, out of bed and up for meals at least 60 minutes each meal.**

I have been up or sat up:

At meals:

- Breakfast
- Lunch
- Dinner

Morning:

- 2 hours
- 2 hours

Afternoon:

- 2 hours
- 2 hours

Number of laps in the corridor: \_\_\_\_\_

# Patient Log

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## Day 3

Date: \_\_\_\_\_

### I have been eating:

- very well
- well
- poorly
- not at all

### I have been drinking:

- very well
- well
- poorly
- not at all

### GOAL: Drink 3 Nutrition drinks

Number of Nutrition drinks I have had: \_\_\_\_\_

I have vomited:

- No
- Yes

Number of times: \_\_\_\_\_

I have passed gas:

- No
- Yes

I have had a bowel movement:

- No
- Yes

### GOAL: Total of at least 8 hours out of bed.

I have been up or sat up:

At meals:

- Breakfast
- Lunch
- Dinner



Morning:

- 2 hours
- 2 hours

Afternoon:

- 2 hours
- 2 hours

Number of laps in the corridor: \_\_\_\_\_