

# **A Guide to Enhancing Your Recovery After Bowel Surgery**

**Please bring this booklet and  
chewing gum with you to the  
hospital**



## **Introduction**

The information in this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional healthcare practitioner, or substitute medical care. Contact your surgeon if you have any questions about your care.

This booklet is part of the Best Practice in General Surgery's (BPIGS) Enhanced Recovery after Surgery (iERAS) program. The goal of this program is to increase your satisfaction, decrease postoperative complications and speed your recovery. BPIGS' goal is to make sure that you receive the best care by standardizing general surgery practices based on the best evidence.

## **The Implementation of an Enhanced Recovery After Surgery (iERAS) Program**

iERAS is a joint program which involves many academic hospitals across Ontario. The iERAS program includes surgeons, anesthesiologists, nurses, dietitians, physiotherapists and other allied health personnel who are working together to provide you with the best care. The goal of the program is to improve your recovery so you can go home sooner after surgery. A second goal of the program is to improve your satisfaction with the care that you receive.

As part of this program, we would like to collect some information about your surgery and your recovery so we can assess how well the program is working. Included in this booklet are pages where we would like you to keep a record of your daily activities and we would also like you to complete a short questionnaire about your preparation before coming to the hospital. At the end of your stay, we would like to collect these pages as well as collect other information about your surgery. A member of our team will speak with you in more detail about this program.

Thank you in advance for assisting with this program.

***For more information, please go to [www.bpigs.ca](http://www.bpigs.ca)***

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### **What is the Bowel?**

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

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

What is left of the food then goes to your large bowel (large intestine), which is about 6 feet long. This is where the fluid is absorbed from the food and stool (your bowel movement) is formed.

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

## What is Bowel Surgery?

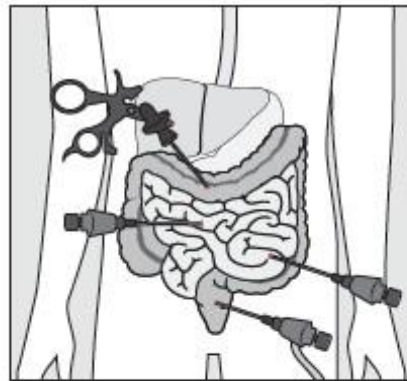
Bowel surgery (also known as colorectal surgery) is the removal of the diseased section of the bowel between your stomach and your anus.

**Your surgery can be done in 2 ways:**

### Laparoscopic

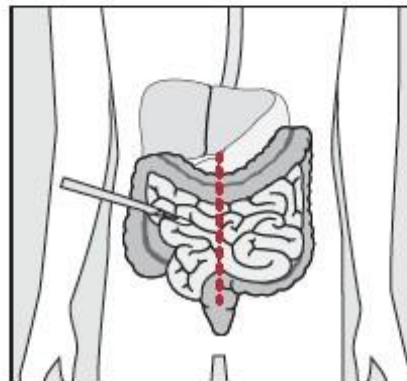
If your surgery is done laparoscopically, the surgeon will make 4 to 6 small cuts (incisions) in your abdomen.

Your surgeon will use instruments and a camera to loosen (free-up) the diseased bowel and then make a small incision to remove it. The healthy ends of your bowel will then be sewn or stapled back together or a stoma will be created.



### Open

If the surgery is done openly, your surgeon will make one 10 to 20cm cut (incision) in your abdomen to perform the surgery. The surgeon will remove the diseased bowel and sew the healthy ends of your bowel back together or a stoma will be created.



## Preparing for Your Surgery

**Plan ahead.** Make sure that you know who is going to take you home. Also, make sure that everything is ready for you when you go home after your surgery. You should be able to walk and eat food and care for yourself as usual. You will likely need some help from friends and family when you first get home from the hospital.

You may need help with:

- ◆ Driving
- ◆ Making meals
- ◆ Laundry
- ◆ Cleaning
- ◆ Paying bills
- ◆ Caring for pets
- ◆ Watering plants
- ◆ Bathing and self care

Fill your freezer and cupboards with easy to prepare meals so that when you return home, you will not have to go to the grocery store.

If you smoke, we strongly suggest that you stop smoking completely for 3 weeks before your surgery. This will reduce the risk of lung problems afterwards. There are many resources available to help you. Talk to your doctor, nurse or pharmacist if you would like information to help you quit smoking.



**Remember...**

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

Talk to your doctor or nurse about quitting smoking!



## **How Long Will You 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.

## **Things to Bring to the Hospital**

This booklet and a pen to complete the Patient Activity Log

OHIP card, hospital card and insurance information (if you were told to do so)

All the medications, including vitamins, you are currently taking (if you were told to do so)

A bathrobe and loose comfortable clothing (if you were told to do so)

A credit card (if you want to rent a television or telephone in your room)

Non-slip slippers or shoes

Earplugs (if you wish)

Reading glasses in a case labeled with your name

Magazines or books to read

Personal hygiene items like a toothbrush, toothpaste, hair brush, mouthwash, deodorant, lip balm and hand cream

Cane, crutch or walker if you use these for walking. Label them with your name

A sleep apnea machine if you use it for sleeping. Label it with your name

Non-perishable, easily digestible food like cookies, crackers, cereal or pudding cups. Do not bring food that needs to be refrigerated as it will go bad

2 packs of chewing gum. Chewing gum will help you recover from your colorectal surgery.

## **Things to Leave at Home**

Large amounts of money

Valuables (jewelry, including rings)

Remove all nail polish

Remove all body piercings

**Please speak with the staff in the pre-admission clinic about what you can and cannot bring to the hospital. Different hospitals may have different policies.**



## Your Pre-Admission Clinic Visit

You will be seen in a pre-admission clinic several days or weeks before your surgery. This is a place where information is shared: we will learn more about you and your health, and you will learn more about your surgery. You will be seen by a nurse and possibly an anesthesiologist (pain doctor) or other doctors or health care professionals if needed.



**A nurse will go over the following with you:**

- ◆ **Medications:** Your current medications and past medical history
- ◆ **Bowel preparation:** Your nurse will help you learn how to clear out your bowel before your surgery if you are required to do so
- ◆ **Body cleansing:** Do not remove any body hair before your surgery (no waxing, shaving or clipping) because it can increase your risk of infection. You may be asked to shower with special soap before your surgery
- ◆ **Diet:** When you should stop eating and drinking before your surgery and what and when you can eat after surgery
- ◆ **Activity level:** How much you should be moving around after your surgery
- ◆ **Going home after surgery:** You will be asked about your home and any supports you already have in place (family, friends). This will help to plan for your return home with the services you may need

**An anesthesiologist will go over the following with you:**

- ◆ Which anesthetic will be given to put you to sleep for your surgery
- ◆ Your options for pain management

**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.



## Day Before and Morning of Your 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 **2 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 orange juice are not clear fluids and should not be taken

## High carbohydrate (sugary) drinks before your surgery

A drink that is high in carbohydrates are drinks that have 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 3 glasses (800ml) of a high carbohydrate (sugary) drink at bedtime the night before surgery
- ◆ Drink 1.5 glasses (400ml) up to **2 to 3** hours before your surgery or until you leave for the hospital

Examples of high carbohydrate (sugary) drinks are:

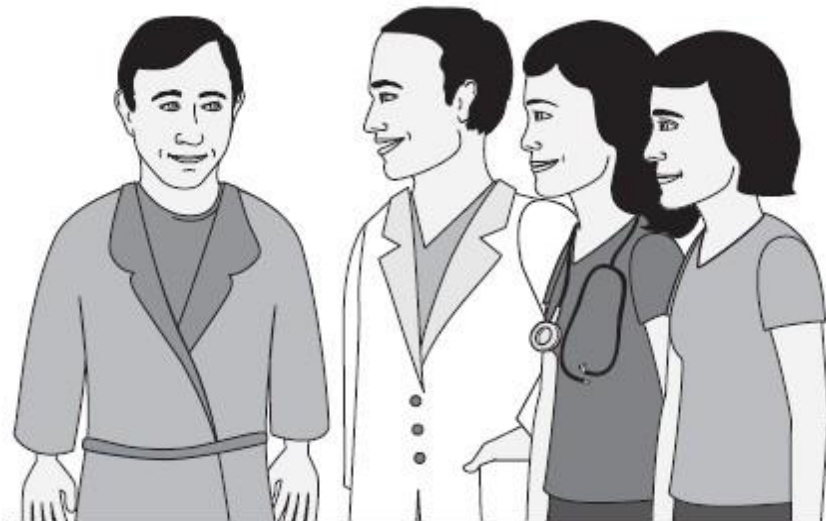


Apple juice    Cranberry cocktail    Iced tea

## Your Surgery

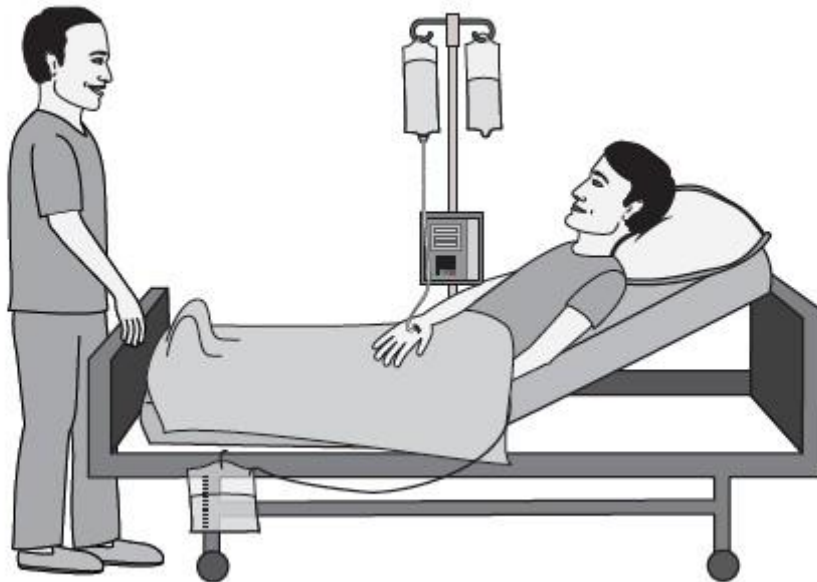
### When you arrive at the hospital:

- ◆ You will be admitted
- ◆ You will see a surgeon, a nurse and an anesthesiologist. They will answer any questions you may have. They will ask you a few questions to make sure you are safe to have your surgery
- ◆ You may be given pain medicine to take by mouth before your surgery
- ◆ You may get cold, so ask the preadmission staff if you can bring your bathrobe and slippers or shoes



### **In the operating room:**

- ◆ You will walk into the operating room with a nurse or be wheeled in on a stretcher (bed)
- ◆ If you are to receive an epidural (small tube in your back) or spinal anesthetic it will be inserted before you are put to sleep
- ◆ The anesthesiologist will put you to sleep. This is not painful
- ◆ Antibiotics and anticoagulants (blood thinners) will be given to help decrease your chance of infection and blood clots
- ◆ While you are asleep, you may have a tube (catheter) put into your bladder to drain your urine



## After Your Surgery

### In the recovery room, you may have:

- ◆ An intravenous (IV) drip to give you fluid and medicine
- ◆ Pain medicine: either an epidural or IV pain medicine
- ◆ A nurse ask about your pain level. Please tell the nurse if your pain changes or gets worse
- ◆ Oxygen through an oxygen face mask
- ◆ A catheter to drain the urine out of your bladder
- ◆ Your vital signs checked very often (heart rate, blood pressure)
- ◆ Your nurse check your bandage (dressing)
- ◆ A family member be able to visit you once the nurses have finished checking you and you are awake



You will leave the recovery room and go to your room when the nurse and doctors are sure you are awake, breathing properly and that your pain is well managed.

## Day of Your Surgery on the Ward

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

**Leg exercises** If right for you, you will be helped to do the following exercises by your healthcare team:

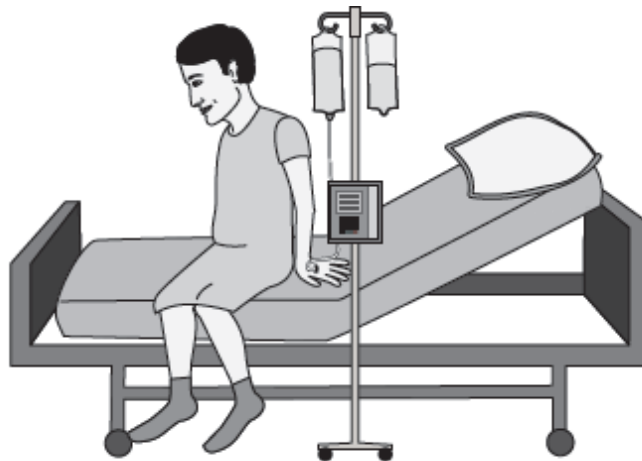
- ◆ Sit up and dangle your legs at the side of the bed
- ◆ Start your leg exercises — see leg exercises on page 18

**Breathing exercises** If right for you, you will be shown how to do deep breathing exercises by your healthcare team.

- ◆ Perform 10 sets every hour when you are awake — see breathing exercise on page 19
- ◆ Try coughing 2-3 times after your breathing exercises. Hug a pillow when you try to cough

**Drinking** As soon as you are on the ward after your surgery, you can have sips of clear fluids.

**Catheters** A catheter may be put into your bladder during your surgery to drain your urine. Your catheter should be removed on Day 1 if you had a colon operation, and Day 3 if you had a rectal operation. The catheters should be removed as soon as possible. Early removal of the catheter decreases your chance of a bladder infection. It also helps you move around more easily.



## **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**

It is safe to have fluids the night of your surgery and food the day after surgery. You may eat and drink what you feel like. You will usually feel like eating and drinking more each day.

### **3) Tired**

This is normal because your body is trying to heal. After your walks, it is important to rest.

## **Why is Moving Around After Surgery Important?**

After bowel surgery, your bowel may stop working. This is called ileus [i-lee-uhs]. When this happens, people feel bloated and may have nausea and vomiting. If you have an ileus, this will increase your surgery recovery time.

Pain medicines which contain opioids, like morphine, increase the chance of ileus. Walking and chewing gum help the bowel work faster and speed your recovery.



## While You are in the Hospital: Activities

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



### Remember...

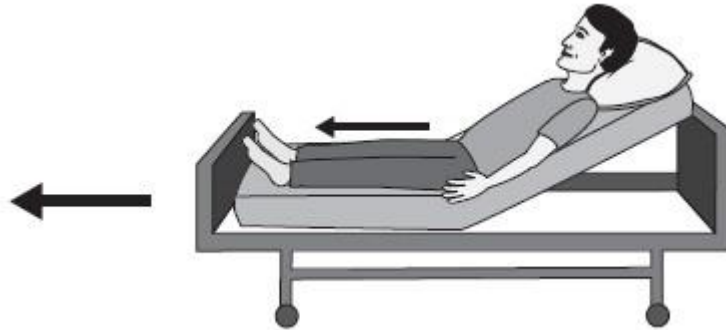
If you move around as much as you can after your surgery, this will help reduce the chance of a blood clot in your legs or lungs.

Do your leg exercises every hour you are awake!

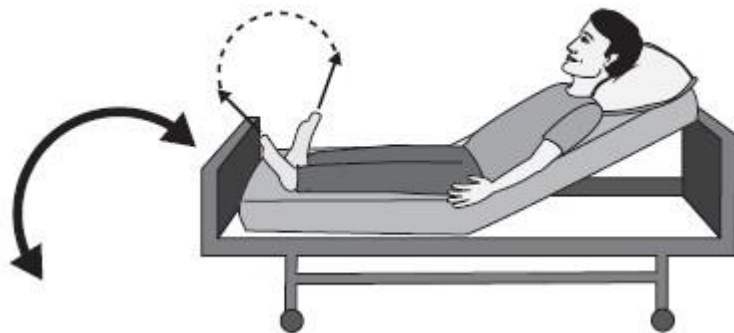


## Leg Exercises

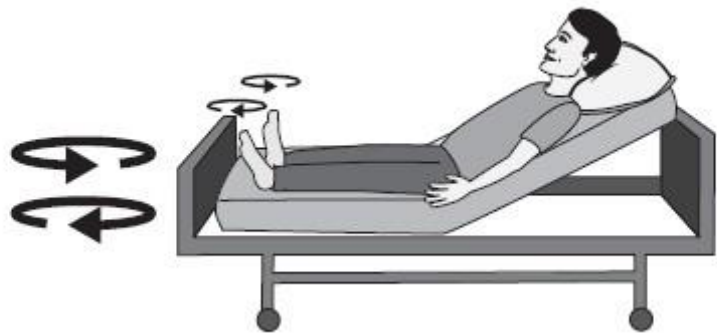
These will help blood circulation in your legs. Repeat these 4-5 times every hour while you are awake.



**Stretch your legs out straight**



**Wiggle your toes and bend your feet up and down**



**Wiggle your toes and rotate your ankles**

## Deep Breathing and Coughing



Breathe in slowly and deeply through your nose, then breathe out slowly through your mouth with your lips pursed. Repeat 10 times every hour.

While holding a pillow against and supporting your incision, give 3 strong coughs. If your cough is wet, try to cough more and clear the phlegm.



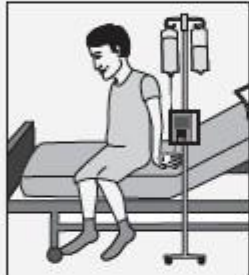

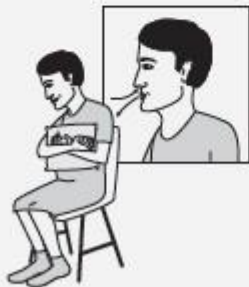

### Remember...

Breathing exercises and coughing help to prevent pneumonia or other infections in your lungs.







Remember to do your breathing exercises every hour!







## Activity Table

	Day/Evening of surgery	Day 1 After Surgery
Food	 <p>Clear Fluids</p>	 <p>Solid food, Chew gum</p>
Activities: Movement	 <p>Sit up in bed and dangle your legs</p>	 <p>Up in chair for all meals; Walk in hallway</p>
Activities: Heavy Breathing and Coughing	 <p>10 times every hour you are awake</p>	 <p>10 times every hour you are awake</p>

## Activity Table

Day 2 After Surgery	Day 3+ After Surgery
 <p data-bbox="495 714 641 787">Solid food, Chew gum</p>	 <p data-bbox="925 714 1071 787">Solid food, Chew gum</p>
 <p data-bbox="454 1123 673 1239">Up in chair for all meals; Walk in hallway</p>	 <p data-bbox="885 1123 1104 1239">Up in chair for all meals; Walk in hallway</p>
 <p data-bbox="462 1596 665 1711">10 times every hour you are awake</p>	 <p data-bbox="893 1596 1096 1711">10 times every hour you are awake</p>

## Activity Table

	Day/Evening of surgery	Day 1 After Surgery
Pain Control	 <p>Your pain should be under 4, based on a 0-10 scale</p>	 <p>Your pain should be under 4, based on a 0-10 scale</p>
Tubes and Lines		

## Activity Table

Day 2 After Surgery	Day 3+ After Surgery
 <p data-bbox="428 961 781 1045">Your pain should be under 4, based on a 0-10 scale</p>	 <p data-bbox="859 961 1211 1045">Your pain should be under 4, based on a 0-10 scale</p>
	

## **While You are in the Hospital: Food and Drink**

You will be given your first meal the day after your surgery.

**You can eat as much or as little of whatever you want. You should not push yourself. Eat only when you are hungry or feel ready.** Your family can bring you food if you prefer, but check with your nurse first about what is right for you. You can bring non-perishable foods to eat when you are hungry.

**You should always sit in a chair at meal time, even if you eat very little.**

You should chew gum starting the day after your surgery. You should chew one stick of gum, for at least 5 minutes, 3 times per day. Do not chew more than three pieces of gum per day. Chewing too much gum is not good for your recovery.

Chewing gum after surgery will help you pass gas, which is a sign that your bowels are working. Again, if you cannot chew gum for any reason, talk to your surgeon or nurse.

Tell the nurse if you are sick to your stomach (nauseous) or if you feel bloated during or after eating. If so, you should not eat.

### **Remember...**

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

Chew gum at least 3 times a day!





## **Different Ways to Manage Your Pain**

There are different medicines you can take after surgery to help manage your pain. There are also different ways of receiving your medicine. You and your pain team will discuss your different options before your surgery and together you will decide which options are best for you. Sometimes, you may receive more than one type of medicine and more than one way of receiving it. The most common ways to receive medicine are:

### **Intravenous (IV) Pain Medicine**

Pain after surgery is frequently treated with strong medicine (opioids) given through your intravenous (IV). Most likely you will be given a pain pump to use. This method of pain relief is called PCA (Patient Controlled Analgesia). Pain medicine from the PCA pump goes into your IV and then into your body. When you use PCA, you are in control of how much pain medicine you get and when you get it. If you are having pain, you push a button that is attached to the pain pump. You can push the button at any time you think that you need more pain medicine. You will hear a beep from the pump to let you know that the pain medicine is going into your intravenous. After the beep, it takes only a few minutes for the medicine to work. You do not need to call the nurse to get pain medicine. The pump is set up to make sure that you do not get too much. However, it is very important that only you and no one else push the button on the pain pump. Do not let your family or friends push the button!

If you have a PCA pump, your nurse in the recovery room will give the pain medicine to you until you are awake enough to use it yourself. If you choose a pain pump, you will have it until you are able to drink fluids and swallow pills by mouth.

If for some reason you are unable to use your pain pump, your nurse will give you the pain medicine that you need. Your nurse will check with you if you are in pain and will give you medicine if needed. If you are in pain call for a nurse to request your IV pain medication.

You may also be given pain pills by mouth in addition to using the IV pain pump. The IV pain medicine will be given until you are able to drink fluids.

## **Epidural Pain Medicine**

An epidural is a small tube placed in your back by an anesthesiologist. It is placed in a space outside your spinal cord to give you medicine to reduce your pain after surgery.

Medicine is given through the tube to provide pain relief. This medicine is usually local anesthetic or “freezing” plus an opioid. Epidurals are usually inserted before your surgery.

After your operation, your epidural will be connected to an epidural pump, which will deliver a steady dose of pain medicine. Sometimes, you may be able to control the pump yourself (PCA). If you choose an epidural, you will have it for the first 48-72 hours after your surgery.

## **Oral Pain Medicine**

You will be given different types of pain medicine on a regular basis after your surgery, including acetaminophen, to help manage your pain. Each pill works differently in your body and reduces the need for large amounts of strong pain medicine, such as opioids. If the medicine does not control your pain, please tell your nurse. Additional or different pain medicine can be given. Examples of oral pain medicine include: extra strength Tylenol and anti-inflammatory pills.

## Pain Management

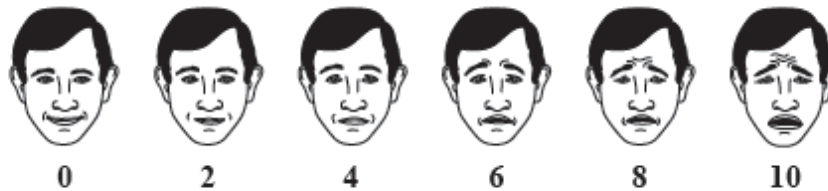
Pain is an unpleasant feeling that is different for every person. There are many words people use to describe pain like: 'soreness', 'discomfort', or 'aching'.

**Having your pain well controlled is important because it helps you to:**

- ◆ Decrease the stress in your body so you can recover faster
- ◆ Breathe and cough more easily
- ◆ Move more easily
- ◆ Sleep better
- ◆ Recover faster
- ◆ Do things that are important to you

**When do I treat my pain?** A pain rating scale can help you decide when to do something to relieve your pain. You can use a scale from 0 to 10 to determine how much pain you are having.

You may find that your pain is less when you are resting and more when you are moving. If your pain is 4 (moderate) or more you should treat your pain. If the pain is stopping you from moving, you should treat your pain.



## 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

Complete your activity log and give it to the nurse, site coordinator or ward clerk before leaving hospital

### 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.



**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

**Discharge Information:**

Time and date you will be discharged from the hospital:

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Name and contact information of person picking you up from the hospital:

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## At Home

### What you cannot do

- ◆ Do not lift more than 10 pounds (1 laundry bin or 2 small bags of groceries) for the first 4-6 weeks after surgery
- ◆ Do not do abdominal exercises, high intensity aerobic activities or weight training for 4-6 weeks after surgery



### What you can do

- ◆ Continue to be active (walk, participate in personal care, socialize). Gradually increase your activity level over the next several weeks
- ◆ You may resume a normal diet unless your healthcare team told you differently
- ◆ It is normal to feel tired after surgery. Listen to your body and take frequent rest breaks as needed throughout the day
- ◆ You can resume most normal activities once you are pain free, including sexual intercourse
- ◆ You may start to drive when you are no longer taking opioid pain medicine
- ◆ Your surgeon will tell you when you can return to work. This will depend on your recovery and your type of work
- ◆ You can shower or take a bath. You do not need to cover your surgical incision (cut) to have a shower or a bath
- ◆ You might go home with staples in your skin that hold your surgical incision (cut) together. If so, talk to your nurse about when they need to be taken out

### Ask your family and friends to help you with:

- ◆ Getting meals ready
- ◆ Grocery shopping
- ◆ House cleaning
- ◆ Laundry

## Signs and Symptoms to Watch For

**Call your nurse, surgeon or go to the nearest emergency room right away if you have any of the following symptoms:**

- ◆ 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

## My Follow-up Appointment

**I have a follow-up appointment booked:**

Date:

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Time:

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Location:

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**These are people I might have to call:**

Name:

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Phone number: \_\_\_\_\_

## **Acknowledgements**

We would like to acknowledge all members of the ERAS steering committee for their work on developing this booklet. As well, we would like to acknowledge McGill University Health Centre and the UHN Patient and Family Education Program for helping us in the design and formatting of the booklet.

The ERAS educational video can be found at:

<http://vimeopro.com/levydigital/bpigs>