




# Preparing for your **Colon Surgery & Recovery**



**Providing the safest surgery possible and supporting your speedy recovery** are our highest priorities. You also play an important role in these goals. To help ensure a successful surgery and smooth recovery, we ask that you review the important information in this booklet.



**Our goal for you**  
is to make sure you  
know and understand  
every step of preparing  
for and recovering  
from your surgery.

## Your Health Care Team

### Colon and Rectal Surgeon

Colon and rectal surgeons are experts in the surgical and non-surgical treatment of colon and rectal problems. They have completed advanced surgical training in the diagnosis and treatment of colon and rectal diseases.

Your colon and rectal surgeon will discuss your diagnosis and surgical options with you. If needed, your surgeon will coordinate any other treatment from other specialists or from your primary care physician.

### Hospitalist

If you have medical conditions like heart disease or diabetes, your surgeon may ask a hospitalist to be involved in your care while in the hospital. Hospitalists are doctors who specialize in the care of patients while they are in the hospital. The hospitalist will keep your primary care physician updated on your care during your hospital stay.

### Nurses

The nursing staff at Springfield Clinic is available to speak with you regarding your care. You should never hesitate to call if you have questions about your treatment plan or health status. **TeleNurse (217.528.7541)** is available after office hours and will contact the surgeon with any of your concerns.

### Primary Care Physician

Your primary care physician will always be at the center of your care. Your colon and rectal surgeon will work closely with you during this time; however, your primary care physician will continue to be involved with your general health care. Your surgeon will communicate with your primary care physician regarding your treatment plan, test results and progress as you recover from surgery.

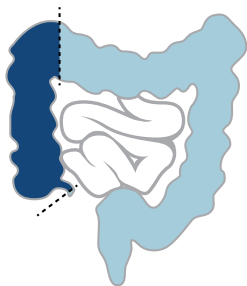
### Anesthesiologist

The anesthesiologist provides your anesthesia and monitors your breathing, blood pressure and heart rate during surgery. This doctor also cares for you in the recovery room after surgery. The anesthesiologist will meet you in the pre-surgery area on the morning of your surgery and explain what you should expect from their care.

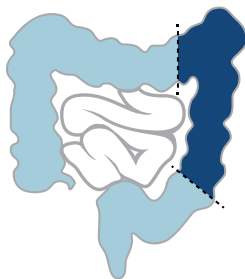
### Visiting Nurses

There are times when a visiting nurse will make visits to your home to provide a skilled nursing need. You will be informed before you leave the hospital if a visiting nurse will be necessary.

# Types of **Colon Resection Surgery**



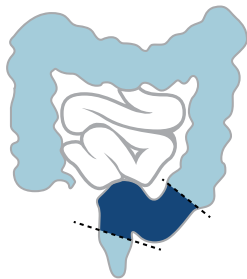
**Right hemicolectomy**



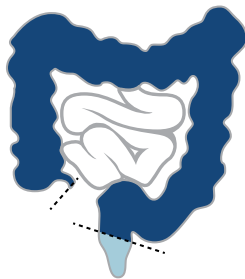
**Left hemicolectomy**



**Transverse colectomy**



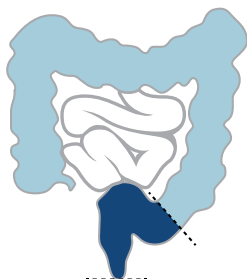
**Sigmoid colectomy**



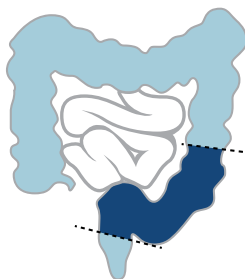
**Subtotal or total colectomy**



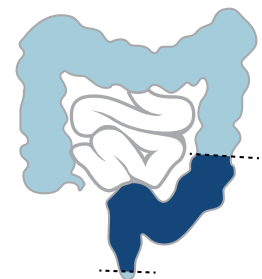
**Proctocolectomy**



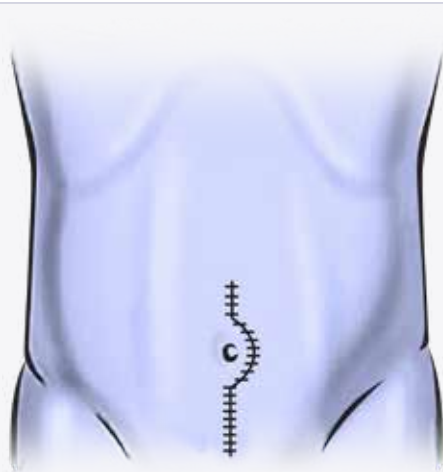
**Abdominal perineal resection (APR)**



**Low anterior resection**

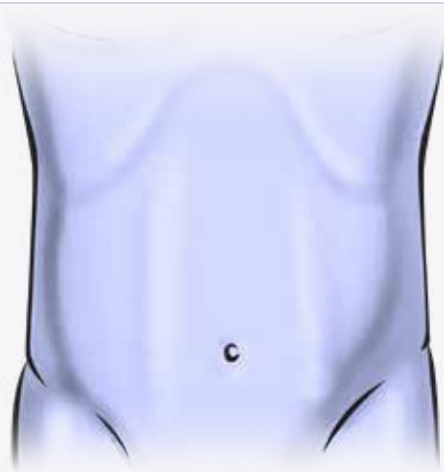


**Ultra-low anterior resection**



## **Open Colectomy**

Surgery is done through one incision made in the abdomen.



## **Laparoscopic Colectomy**

Long, lighted instruments are inserted through several small holes in the abdomen.

## **Robotic Colectomy**

Instruments are inserted through small holes in the abdomen and the physician controls their movement from a console.

# Preparing for your Surgery

## Pre-Surgery Appointments

The following steps are necessary to safely prepare for your surgery.

- Have a pre-surgical visit with your primary care doctor. You may also be sent to the hospital for a pre-anesthesia visit.
- Certain conditions require you have a CT (computed tomography) scan, also known as a CAT scan. Your surgeon will arrange this test if necessary.
- Lab work will be done to check for anemia and infection, as well as kidney and liver function.
- If you are older than age 60 or have certain medical conditions, you will be referred to a cardiologist (heart doctor) to ensure your heart is healthy enough for surgery. The cardiologist may order additional testing.

## Your Regular Medications

Make sure your surgeon has your current medication list. **If you are on blood thinners, your surgeon will tell you when to stop them before surgery.**

## Possible Complications of Colon and Rectal Surgery

- Return to the operating room
- Dehydration
- Pneumonia
- Urinary tract infection
- Blood clot
- Infection at your incision site
- Leak where your colon or rectum is reconnected
- Blood loss requiring a blood transfusion. **Tell your surgeon if you will not accept blood products.**
- Readmission to the hospital for any of the above complications

## Increased Risk

**Obesity** and **smoking** can increase your risk of surgical complications. Discuss this with your surgeon.

If you smoke, we strongly recommend that you quit. Ask your surgeon or primary care physician about classes that help you stop smoking. They are often free of charge.







## Day Before Surgery *Reminders*

**\*Get your bowel prep instructions out, review them and follow every step.**

**Eat from the limited menu during the allowed time.**

- Food gives you calories and energy; you will feel stronger and be less hungry before surgery.
- Food helps to prevent nausea when drinking your bowel prep.
- Food gives you important nutrition that helps you heal.

**Drink plenty of fluids throughout the day.**

- Fluids prevent dehydration.
- Fluids help your kidneys.
- Fluids help the bowel prep work.

**Take both Hibiclens® showers.**

- This removes bacteria from your skin and reduces your risk of incision infection.

**Take your antibiotic pills as directed.**

- Antibiotic pills reduce colon bacteria and help the colon heal.

**Drink the Ensure® Pre-Surgery as directed.**

- It provides important calories and carbohydrates that give you energy for surgery.
- It helps regulate your blood sugar after surgery.



### **Double Check**

Review your hospital pamphlet and arrival time.

# Your Surgery Day

## What to Bring to the Hospital

- ☐ If you have a power of attorney or living will, bring those documents to the hospital with you.
- ☐ Insurance cards
- ☐ Three packs of chewing gum or hard candy
- ☐ Your current medication list

## Medications

On the morning of your surgery, take only the medication your surgeon instructed with a small sip of water.

## Expectations

Your surgeon will usually see you before surgery in the pre-op area.

Your blood will be drawn to check your blood type in the rare event you need a blood transfusion.

## Length of Surgery

Most surgeries last three to five hours. There is a lounge for your family to wait during this time. Your surgeon will talk to your family after the surgery.

You will be in recovery for one to two hours after surgery. Family members may not be in the recovery area, but will be informed when you are transferred to your room.

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# Recovery Room

## Oxygen

When you wake up, you may have an oxygen mask or nose prongs in to provide you extra oxygen until you're fully awake.

## Monitors

You will have a heart monitor and a blood pressure monitor cuff on. Your vital signs will be checked regularly.

## PAS Stockings

Each of your lower legs will be wrapped with a sleeve that will automatically tighten and loosen. This compression improves the blood flow in your legs while you are in bed and helps prevent blood clots.

## IV Fluids

Fluids are given to you through your IV. As soon as you are awake and alert, the nurse will give you something to drink. It's important to drink because you need to replace fluids lost during surgery. Your goal is to drink enough fluids so the IV fluids can be stopped when you leave the recovery room.

## Bladder Catheter

You will have a tube (called a catheter) that drains the urine from your bladder. This tube will be removed on the first or second day after surgery.

## Drain

You might have a tube coming from your lower abdomen (called a drain). This tube drains fluid from your surgery area to prevent fluid build up.



**Remember:** By taking an active role in your recovery and working with the doctors and nurses, you will return to your pre-surgery normal soon and with less risk of complications.

## Recovery in your **Hospital Room**

### Fluids and Diet

Drink water. Make sure you always have a full glass to drink. You are replacing important fluids lost during surgery. Drinking fluids decreases your risk of a urinary tract infection.



You will be able to eat a full liquid diet once in your hospital room. A full liquid diet includes:

- pudding
- oatmeal
- cream of wheat
- eggs
- milk shakes

You can start eating a regular diet if you tolerated the full liquid diet.

### Activity After Surgery

You will be assisted to a chair approximately six hours after you get to your hospital room—This could mean you will be helped to a chair as late as midnight.

**Remember:** Everything that happens at the hospital is intended to prevent post-op complications and prepare you to return home. Early activity helps prevent blood clots and pneumonia, gets your colon working sooner and decreases pain.

### Breathing Exercises

You will be required to use an incentive spirometer, a device used for breathing exercises. These deep breathing exercises re-expand your lungs after surgery and help prevent pneumonia. You should use the incentive spirometer at least five to ten times an hour while you are awake.

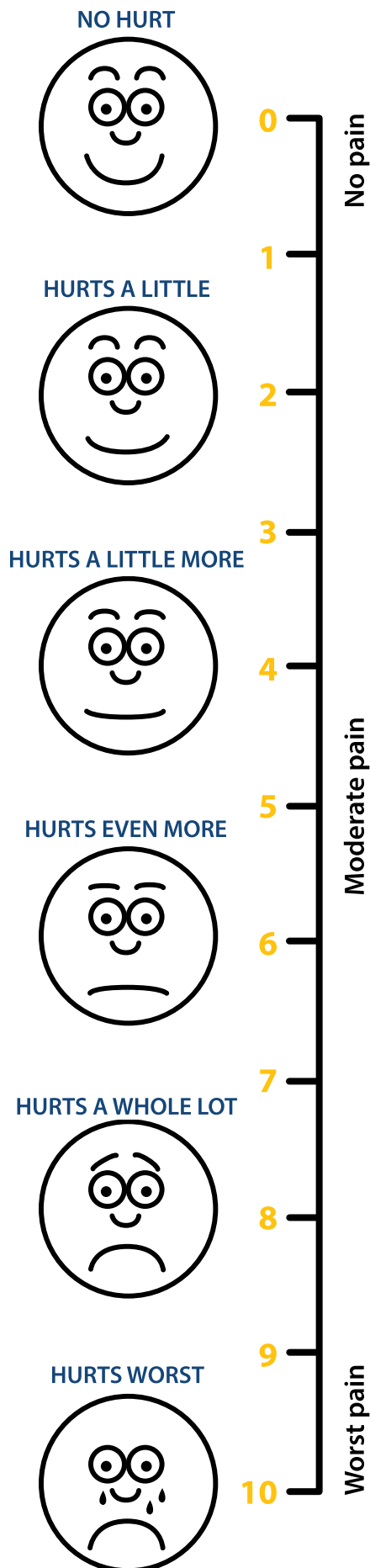


### Blood Clot Prevention

In addition to walking and compression boots, patients who have abdominal surgeries need additional protection from developing blood clots. Enoxaparin is a category of medications called anticoagulants (blood thinners). You will begin receiving this medication on the first day after surgery. This drug is given once a day as a subcutaneous injection (just under the skin) in your stomach or thigh.

### \* Extended Blood Clot Prevention

You may have certain risk factors that require this medication be continued for a total of four weeks after surgery. Your surgeon will let you know if you fall into this category.



# Pain Management

## Pain Management at the Hospital

Treating your pain before it gets severe is the most effective way to manage pain. Therefore, your care team has created a specific plan of care to stay ahead of your pain. This plan decreases the amount of narcotics needed after surgery.

- You will receive three different non-narcotic pain medications around the clock on a regular schedule during your time in the hospital.
- You will get narcotic pain medication if needed, but the scheduled pain medications reduce your need significantly.

The nurse will ask you regularly about your level of comfort using the pain scale. Being completely pain free is not a realistic expectation for everyone. However, you should be comfortable enough to do your breathing exercises, get in a chair, walk and eat.

At the hospital, call the nurse for pain of 5 or more.

## Pain Management at Home

You will typically be sent home with prescription for pain medicine. As your pain lessens, switch to over-the-counter pain relievers like ibuprofen or Tylenol®.

At home, you should expect to have pain at 1 to 3 on the pain scale. If you have pain greater than 5 after taking your pain medications, you should call the office; there are other pain medication options.

## Refill Considerations

If you think you need a refill, discuss your needs with your surgeon's office. Allow 24 hours for any refills.

Due to state and federal laws, some pain medication cannot be called into your pharmacy. You must arrange for someone who is on your verbal release to pick the prescription up from the surgeon's office.



# Day-by-Day Expectations and Goals

## FIRST DAY AFTER SURGERY



- Tube in bladder has been removed (*if you had colon surgery*).
- IV fluids have been stopped.
- Receiving non-narcotic pain medications on a regular schedule.
- Receiving narcotic medications as needed to control severe pain.
- Expect pain to be about a 4 on the pain scale.



- Drinking fluids throughout the day.
- Eating a regular diet.
- Chewing gum or sucking on hard candy four times a day.



- Sitting in a chair for six hours (all together or split up).
- Walking with assistance in the hall five times.
- Using incentive spirometer (breathing exercises).

## SECOND DAY AFTER SURGERY



- Tube in bladder has been removed (*if you had rectal surgery*).
- Removing bandages.
- Receiving non-narcotic pain medications on a regular schedule.
- Requiring narcotic medications less often.
- Expect pain to be about a 2–3 on the pain scale.



- Drinking without reminders.
- Eating a regular diet.
- Passing gas.
- Having no nausea.
- Chewing gum or sucking on hard candy.



- Sitting in a chair most of the day.
- Walking in the halls five times with some assistance.
- Using incentive spirometer without reminders.

## THIRD DAY AFTER SURGERY



- Having improved strength.
- Receiving non-narcotic pain medications on a regular schedule.
- Having less pain, rarely requiring narcotics.



- Appetite is improving.
- Having a bowel movement (possibly).



- Sitting in a chair and walking independently.
- Using incentive spirometer.
- Planning for discharge.



## Recovery at Home

Once you return home, you will continue your recovery. Information on this page will help reduce your risk of complications and return you to your pre-surgery state sooner.

### Fluids and Diet

Drink at least eight glasses of water daily. This reduces your risk of bladder infection and helps avoid constipation.

Eat small frequent meals. Five to six small meals a day are better tolerated than three large meals. Even though you are allowed to eat a regular diet, it's best to start with bland foods. Avoid fatty, fried or spicy foods for at least the first two weeks you are home.

**This is not a time to diet.** This is a time for healing, and eating foods high in calories and protein will help accomplish that. Here are some good foods to start with:

- mashed potatoes
- eggs
- milk shakes
- oatmeal/cream of wheat
- baked chicken
- cheese
- pasta
- rice

Some food and drinks may taste badly in the first two to three weeks after surgery, e.g. coffee. This is caused from the anesthesia and is temporary.

### Activity

Walk around your home at least every two to three hours. This decreases the chance of blood clots, helps your colon resume its normal function and also increases your appetite.

### Breathing Exercises

Continue using the incentive spirometer several times a day for two more weeks. This will reduce your chance of pneumonia.

### Bowel Habits

Your bowel movements can vary from loose to hard during your recovery. It may take a few months for your bowel habits to get back to normal, and you may find that your bowels have a “new normal” following colon surgery.

Your bowel movements may occur with some urgency. This will improve with time—If it doesn't improve, tell your surgeon.

You are often sent home with stool softeners; however, if your bowel movements get too soft, decrease the stool softener to every other day. The goal is to prevent constipation, which can happen with reduced activity and some pain medication.

# Your Incision

## If you Have Steri-Strips™ (tape over your incision)

- No additional bandaging is necessary.
- DO NOT remove the steri-strips. They will fall off on their own, usually within 10–14 days.

## If you Have Staples

- Place a gauze pad over your staples to avoid sensitivity from clothes touching them.
- Your surgeon will remove the staples at your follow-up visit.

## Abdominal Binder

You may be sent home with an abdominal binder. This binder is intended to provide comfort by supporting your abdominal muscles when you stand up and walk. You are not required to wear the binder; you decide based on your comfort or support needs.

## Bathing

**Whether you have Steri-Strips™ or staples, you may take a shower or bath. However:**

- DO NOT make the water too hot. The heat can cause dizziness and increase your risk of falling.
- It is a good idea to have someone at home when you take your first few showers or baths.
- If you bathe, do not soak. Get washed and get out.

## Other Notes Regarding Your Incision

- DO NOT let pets sit on your lap or sleep with you.
- Good hand washing is key to helping prevent infection.
- Small spots of clear, red or yellow drainage are normal. If drainage occurs, place clean gauze over your incision. Call your surgeon's office if the gauze pad shows drainage larger than a silver dollar in an eight-hour period.





You're on the  
road to recovery.

## Overall Expectations

### Return to Work

Typically, you should not return to work for at least four weeks. If you have a physically demanding job, you should wait six weeks before returning to work.

### Physical Activity

You should not push, pull or lift anything heavier than 10 pounds for at least six weeks. For reference, a gallon of milk is nine pounds. You may walk and use stairs without restriction.

### Well-being

Recovery is a gradual process, and you should expect to feel a little better each day. Your progress may seem slow, but think about how you felt one week ago and how you feel today. You should notice definite improvement in your energy, activity, appetite and pain medication requirements as each week after surgery passes.

You may experience some temporary side effects of the anesthesia. The following are normal and should resolve within four to six weeks.

- You may have difficulty sleeping through the night.
- You may feel dizzy if you stand up too quickly. When in a lying position, sit up for a moment before standing.
- Forgetfulness or feeling overly emotional are also common in the early post-op period.

### Reasons to Call the Office

- New onset of redness or pain surrounding your incision
- Fever over 101.5 degrees
- Pain that does not respond to pain medication
- Nausea lasting more than eight hours
- If you are readmitted to the hospital for any reason
- Any vomiting
- No bowel movement by the fourth day home
- Any foul smelling, creamy, yellow or tan drainage from your incision
- Any other concerns you may have

 **217.528.7541**