Preparing For Your Colorectal Surgery
Welcome to Tampa General Hospital

Welcome to Tampa General Hospital (TGH). We are committed to your comfort and safety and want to do everything we can to make your stay as pleasant as possible.

The information in this booklet will help you prepare for your surgery and recovery. We encourage you to read it and if you have any questions, ask the doctors and nurses caring for you. If you have family members, caregivers or friends caring for you, please have them read this book and also encourage them to ask questions about anything that may be of concern.

Important Contact Information

Your surgeon’s name: ________________________________________________________

Your surgeon’s phone number: (______) ____________________________

Your colorectal nurse navigator’s name: _______________________________________

Your colorectal nurse navigator’s phone number: (______) ______________________

Tampa General Hospital
Pre-admission Testing Center phone number: (______) ________________________

Dates to Remember

Date and time of Pre-admission Testing Center appointment: _______________________

Date and arrival time for surgery: _______________________________________________

Date and time of post surgery clinic visit: _________________________________________

Other Appointments (as applicable)

Ostomy Clinic date and time: _________________________________________________

Primary care physician date and time: __________________________________________

The content and information provided is for informational and educational purposes only and is not a substitute for professional medical care. Consult a qualified medical professional for diagnosis and treatment of any medical condition.
Your Colorectal Surgery Checklist

A week or more before surgery
☐ Schedule TGH Pre-admission Testing Center appointment
☐ Schedule appointment with cardiologist/family physician
☐ Schedule an education session with the colorectal nurse navigator
☐ Make a list all your medications, including vitamins and herbal supplements
☐ Make a list of any allergies you have
☐ Ask your physicians about when to stop taking medications
☐ Fill any prescriptions you will need after surgery
☐ Arrange for family or friends to help you while you are in the hospital and when you return home
☐ Exercise (walk or maintain your current exercise routine)
☐ Stop smoking

The day before surgery
☐ Do not smoke or drink any alcohol within 24 hours of surgery
☐ Follow instructions for bowel preparation, if required
☐ Follow instructions for bathing/showering including using the chlorhexidine gluconate (CHG) wipes provided
☐ Stop eating or drinking at midnight
☐ Make sure a friend or family member will be with you at the hospital

The day of surgery
☐ Bathe/shower according to instructions using the chlorhexidine gluconate (CHG) wipes provided
☐ Take medications with a sip of water if instructed to do so by your physician
☐ Do not put on any deodorant, perfume, creams or moisturizers
☐ Do not shave your body
☐ Remove earrings, piercings and all jewelry, including rings
☐ Leave jewelry, credit cards, cash and anything of value at home
☐ Ask your nurse or physician to wash their hands or use disinfectant hand gel

What to bring to the hospital
☐ Identification/driver’s license
☐ This booklet
☐ Copy of your living will
☐ Your insurance/Medicare card
☐ Bathrobe, slippers, pajamas and loose clothing to wear when you leave the hospital, containers with your name on them to hold glasses, contact lenses, hearing aids, dentures, toothbrush, toothpaste, comb, brush, deodorant, shaving equipment and other personal hygiene items you may want

After surgery
☐ Ask everyone entering your room, including your care team, to wash their hands or use disinfectant hand gel
☐ If you have any questions about your care, ask your nurse or physician
☐ Tell your nurse if your pain is not being managed
☐ Follow instructions for getting out of bed, deep breathing and eating
☐ Continue to refrain from smoking

After you go home
☐ Take all the prescriptions as ordered by your doctor
☐ Maintain the diet recommended by your physician
☐ Walk/exercise as recommended by your physician
☐ Shower and clean your incision as instructed
☐ Follow up with your physician appointments
☐ Call your colorectal nurse navigator with questions or concerns

When to contact your surgeon
☐ Constipation that lasts more than two days and is not relieved by medication suggested by your physician
☐ Pain or increasing pain that is not relieved by the prescribed medications
☐ Nausea or vomiting lasting longer than four hours
☐ Temperature greater than 101 degrees F (39 degrees C)
☐ Persistent cough or any difficulty breathing
☐ Chest pain
☐ Increasing abdominal swelling
☐ Your incision becomes warm, red or you see any drainage (pus) coming from the incision
☐ You are unable to eat or drink
☐ Diarrhea that lasts more than 24 hours (six or more episodes per 24 hours)
☐ Inability to urinate

When to contact your surgeon
Your Care Team

Your treatment and recovery from colorectal surgery at TGH will be managed by a team of highly skilled and experienced medical professionals from different disciplines. The entire team is focused on helping you recover faster and with fewer complications so you can return home sooner.

We invite you and your family to take part in your recovery process. Knowing your plan of care and being part of it will help you recover faster.

Who is a part of the multidisciplinary team?

You will be seen by a variety of specialists before, during and after your surgery. Your surgeon leads the team by directing every step of your care. The following is a short description of other team members’ roles:

House Staff: House staff are residents and fellows that will see you while you are in the hospital. A resident is a medical doctor in his/her residency training. A fellow is a resident who has chosen to extend their training in a specialty area. Both residents and fellows report directly to your surgeon.

Physician Assistants & Nurse Practitioners: Physician assistants and nurse practitioners are mid-level practitioners who specialize in colorectal surgery. They will see you daily with the team and assist you as an outpatient. They will help coordinate your care while in the hospital and work with other members of the team toward your discharge.

Clinical Nurse Specialist in Wound and Ostomy Care: A clinical nurse specialist will see you if you have a colostomy or ileostomy planned during surgery. You will meet them at your pre-admission testing appointment. While you are at the hospital, they will teach you how to care for your ostomy at home and how to order supplies.

Discharge Planner/Care Coordinator: A discharge planner/care coordinator will see you at your pre-admission testing appointment and he or she will assess whether you will need additional support after you go home. He or she will speak with your doctors and nurses on a regular basis to see whether there is a need for you to have special medical supplies or services at home.

Nurse: Nurses are your advocates. They work with your surgeon and other members of the healthcare team to provide your care. A nurse will care for you before, during and after your surgery. He or she will guide you through your recovery and with the colorectal nurse navigator provide ongoing education to meet your needs.

Dietician: Your surgeon may ask a dietician to help you during your hospital stay. A dietician will help you with the dietary recommendations made by your surgeon. A dietician can educate you on good nutrition and healthy eating habits.

Physical Therapist: Your surgeon may order physical therapy (PT) as part of your recovery. A physical therapist can help you with problems of strength and movement after surgery. They can also provide you with a personal home exercise program.

Wellness and Support Services: A chaplain is available to give spiritual support during your hospital stay. Chaplaincy services are available 24 hours a day, seven days a week. TGH also has an integrative medicine program. The integrative medicine program provides therapies to patients experiencing stress, anxiety and acute or chronic pain. Our integrative medicine team can provide you with techniques and aids which will:

- Enhance your comfort
- Help you relax
- Improve your ability to rest
- Aid in clearer thinking
- Improve your circulation
- Increase your sense of well-being
- Reduce your stress
- Improve the natural healing process
What is Colorectal Surgery?

What is the colon?
The colon is the large intestine; it is the lower part of your digestive tract.

- The intestine is a long, tubular organ consisting of the small bowel (small intestine), the colon (large intestine) and the rectum, which is the last part of the colon.
- After food is swallowed, it begins to be digested in the stomach and then empties into the small intestine, where the nutritional part of the food is absorbed.
- The remaining waste moves through the colon to the rectum and is expelled from the body through the anus. The colon and rectum absorb water and hold the waste until you are ready to expel it.

What is a colectomy or colon resection?
A colectomy, also referred to as a colon resection, is the removal of a part of the colon or the entire colon. Which part is removed depends on what and where the problem is, as well as the anatomy of each individual person.

A colon resection can be performed in a number of different ways, including open, laparoscopically or robotically. The open technique is typically reserved for times when a minimally invasive approach is not possible. This can be due to internal scarring known as adhesions, previous surgery, tumor size or other medical issues.

What is minimally invasive surgery?
Minimally invasive surgery uses various advanced techniques to reduce the size of the incisions required to perform an operation. Laparoscopic and robotic surgeries are two examples of minimally invasive surgeries that allow surgeons to perform many common colon procedures through small incisions. Depending on the type of procedure, patients may leave the hospital in a few days and return to normal activities more quickly than patients recovering from open surgery.

In most minimally invasive colon resections, surgeons operate through three to five small openings (each about a quarter inch) while watching a magnified image of the internal organs on a video monitor. In some cases, one of the small openings may be lengthened to two or three inches, or larger if needed, to complete the procedure and remove the colon.

What are the advantages of minimally invasive colon surgery?
Results vary depending upon the type of procedure and a patient’s overall condition. Common advantages include:
- Less postoperative pain
- Shorter hospital stay
- Faster return to a solid-food diet
- Quicker return of bowel function
- Quicker return to normal activity
- Improved cosmetic results

How is minimally invasive colon surgery performed?
Most laparoscopic and robotic colon procedures start the same way. Using a cannula (a narrow tube-like instrument), the surgeon accesses the abdomen. A laparoscope (a small telescope and video camera) is inserted through the cannula, giving the surgeon a magnified view of the internal organs on a video monitor. Several other cannulas are inserted to allow the surgeon to work inside and remove part of the colon. The entire procedure may be completed through the cannulas or by lengthening one of the small cannula incisions to remove the colon.

What happens if the operation cannot be performed or completed by the minimally invasive method?
In a number of surgeries, the laparoscopic or robotic method cannot be performed. Factors that may increase the possibility of choosing or converting to an open procedure may include:
- Obesity
- A history of prior abdominal surgery causing dense scar tissue
- Inability to visualize organs
- Bleeding problems during the operation
- Large tumors

The decision to perform the open procedure is a judgment decision made by your surgeon either before or during the surgery. When the surgeon feels that it is safest to convert the laparoscopic procedure to an open one, this is not a complication, but rather sound surgical judgment.

Will I need a “bag” or an ostomy?
An ostomy is a surgically created opening connecting an internal organ to the surface of the body. The most common types of ostomies in intestinal surgery are an “ileostomy” (connecting the ileal part of the small intestine to the abdominal wall) and a “colectomy” (connecting the colon, or large intestine, to the abdominal wall). Most patients who have colon surgery do not need an ostomy. However, some patients do need an ostomy for various reasons and you should ask your surgeon to discuss this with you.

An ostomy may be temporary or permanent. A temporary ostomy may be required to allow inflammation or an operative site to heal without contamination by stool. Temporary ostomies can usually be reversed with minimal or no loss of intestinal function. This is typically done about six weeks to three months after surgery, but depends on the situation. A permanent ostomy may be required when disease, or its treatment, impairs normal intestinal function, or when the muscles that control elimination do not work properly or require removal.

A certified ostomy nurse will meet with you before your surgery and several times while you are in the hospital. The ostomy nurse will be your resource for any and all questions or concerns about your ostomy.
How Do I Prepare for Colorectal Surgery?

Schedule your surgery and pre-admission testing appointment
Your surgeon’s office will schedule your surgery and pre-admission testing appointment and will let you know the date, time and location of your appointment and surgery.

Make an appointment with your primary care doctor and/or cardiologist
You will need to make an appointment for a physical exam before your surgery. Discuss this with your surgeon’s office staff. One week before your surgery is the best time for you to have your physical exam. However, physical exams up to one month before your surgery will be accepted. Your primary care doctor and/or your cardiologist will make sure you are fit for surgery.

Please discuss with your cardiologist or primary care physician all antiplatelet (blood thinners) medicines you take. These medicines have many names; some of the more common ones include Coumadin, Plavix and aspirin. Follow their instructions as to when to stop the medication and if any other type of antiplatelet (blood thinner) will be needed. Discuss all other medications, including over the counter vitamins and herbal products you are taking, with your physician and make sure that your physician tells you if you should discontinue these medications prior to surgery and when to begin taking them again.

You will need a letter of medical clearance prior to surgery from your primary care physician and/or cardiologist.

Make a list of all your medications
It is important that your care team understands all of the medications, whether prescribed or over the counter, that you take, including vitamins and herbal products.

Make a list of any allergies you have
It is important that your care team understands if you have any allergies, including medication allergies.

Fill prescriptions you will need
Your surgeon may prescribe pain control or other medications for you to take after you come home from the hospital. Be sure to fill the prescriptions before you come to the hospital for your surgery.

Exercise
Exercise will 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; a fifteen-minute walk per day will be better than not exercising at all.

Stop all forms of nicotine prior to surgery
Nicotine can alter your recovery by delaying wound healing, which will prolong your hospitalization. People who smoke also get more infections. Please discuss smoking cessation with your primary care physician or your surgeon prior to your surgery. Your primary care physician can prescribe medications to help you stop smoking.

Do not drink alcohol 24 hours before surgery
Alcohol can interact with some medications and could delay your recovery and ability to return home.

Plan ahead
Arrange in advance for someone to take you home when you are ready to leave the hospital after your surgery. Make sure everything is ready for you when you go home. You may need help from family and friends with meals, transportation, laundry and cleaning. Share this booklet with your family and friends so they will know what to expect as well.

Schedule a pre-operative education session with the colorectal nurse navigator
The colorectal nurse navigator will contact you to schedule an education session. During the education session, the nurse will give you useful information about preparing for and recovering from surgery. The nurse will assist you with coordinating all of your appointments and follow-up care. He/she will visit you while you are in the hospital to help you with your recovery and discharge home.

Make a list of all your medications
It is important that your care team understands all of the medications, whether prescribed or over the counter, that you take, including vitamins and herbal products.

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Do not drink alcohol 24 hours before surgery
Alcohol can interact with some medications and could delay your recovery and ability to return home.
You will be scheduled for a pre-admission testing appointment at TGH. The length of this appointment is approximately one to two hours. The pre-admission testing nurse will:

• Ask questions about your medical and surgical history
• Answer your questions
• Explain what testing is necessary before your surgery—testing will depend on your age and medical condition and may include an EKG, blood work, chest x-ray or other evaluation
• Review all your medications, including vitamins and herbal products
• Identify medications you should stop before the surgery
• Identify medications you should take the day of surgery with a sip of water
• Provide information about how to get ready for the day of surgery, including bowel preparation, bathing instructions and what and when you may eat and drink prior to surgery

In addition to meeting with a pre-admission testing nurse, you will be seen by other members of the care team including your anesthesiologist and case manager.

If you are going to have an ostomy, a certified ostomy nurse will see you during your pre-admission visit and place a marking where the abdominal stoma will be on your abdomen as well as talk with you about your ostomy. The ostomy nurse will show you the ostomy appliance.

Stop eating or drinking at midnight the night before your surgery unless told otherwise by your doctor or nurse. Please arrange for a friend or family member to help you during and after your stay in the hospital. Most patients do better if they have a friend or family member who can spend time with them and encourage them to do what their healthcare providers recommend. Your nurses will be able to explain to this person how to best help you.

Do not smoke or drink alcohol 24 hours before your surgery.

To make your stay as comfortable as possible and to limit delays in your surgery, please be sure to bring the following with you on the day of surgery:

• Identification/driver’s license
• This booklet
• Your insurance/Medicare identification card
• A copy of your advanced directive/living will
• Bathrobe, slippers, pajamas and loose clothing to wear when you leave the hospital

Bowel preparation: Before colorectal surgery, your surgeon or the pre-admission testing nurse will give you instructions for pre-operative bowel preparation, which may include being on a clear liquid diet and taking laxatives. Follow these instructions carefully.

Bathing/Showering: Follow the bathing instructions that were provided to you by your pre-admission testing nurse including use of chlorhexidine gluconate (CHG) wipes. It is important that these instructions be followed in order to help prevent an infection following your surgery.

Canceling Your Surgery

If you get a cold, are not feeling well or become pregnant, please contact your surgeon’s office as soon as possible. Your surgeon will determine whether your surgery will need to be canceled and rescheduled.

Pre-admission Testing Appointment

What to Bring to the Hospital the Day of Surgery

The Day Before Your Surgery

Bowel preparation: Before colorectal surgery, your surgeon or the pre-admission testing nurse will give you instructions for pre-operative bowel preparation, which may include being on a clear liquid diet and taking laxatives. Follow these instructions carefully.

Bathing/Showering: Follow the bathing instructions that were provided to you by your pre-admission testing nurse including use of chlorhexidine gluconate (CHG) wipes. It is important that these instructions be followed in order to help prevent an infection following your surgery.

Stop eating or drinking at midnight the night before your surgery unless told otherwise by your doctor or nurse. Please arrange for a friend or family member to help you during and after your stay in the hospital. Most patients do better if they have a friend or family member who can spend time with them and encourage them to do what their healthcare providers recommend. Your nurses will be able to explain to this person how to best help you.

Do not smoke or drink alcohol 24 hours before your surgery.
The Day of Your Surgery

At Home
- Bathe according to the instructions provided to you at your pre-admission visit including using the chlorhexidine gluconate (CHG) wipes
- Do not put on any creams, moisturizers, deodorant or perfumes
- Do not shave your body
- Do not wear makeup or nail polish
- Leave jewelry, contact lenses, eyeglasses, and other personal items at home

Arrival
Please arrive at the specific time and location given to you by your pre-admission testing nurse. This arrival time is important so our staff has enough time to prepare you for surgery.

Surgical Prep Unit
Before your surgery, you will spend time in the Surgical Prep Unit. One or two family members are welcome to accompany you to this area and stay with you until you go to surgery. While you are in the Surgical Prep Unit, the following will occur:
- The staff will complete any testing or documentation for your procedure and you will be asked to sign a surgical consent form.
- You will meet with your anesthesiologist to discuss your anesthesia plan. This plan may include IVs, pre-medication and nerve blocks. The anesthesiologist will also discuss your expectations for pain control and a plan of care for pain management after surgery.
- You will be asked a series of repetitive questions during this time by nurses, surgeons and other members of your team. These questions are repeated for your safety. You will be asked what surgery is planned, what part or side of your body is to be operated on, your name, the spelling of your name, your date of birth and any allergies you may have.

Once you have completed all of your activities in the Surgical Prep Unit, you will be transported to the operating room. Our staff will direct your family and friends to the designated waiting area and keep them informed of your progress. A member of the surgical team will speak to your family when the procedure has been completed.

Post-anesthesia Care Unit (PACU)/Recovery Room
Once the surgical procedure has been completed, several steps are required to awaken you from anesthesia. This process can sometimes take 45 minutes to an hour. Once this process is completed you will be transferred to the post-anesthesia care unit/recovery room. The nurses on this unit will closely monitor your heart rate, blood pressure, oxygen levels and your breathing, among other things. They will also work closely with the anesthesia team to make sure that your pain control plan is carried out or adjusted based on your needs. When you wake up you may have:
- An intravenous (IV) to give you fluid and medications
- A bowel prep if you had general anesthesia. This is due to the breathing tube that is placed during surgery to assist your breathing while you are asleep. After you have fully awakened from anesthesia, your nurse may be able to provide you with some ice chips to help ease this discomfort, depending on the instructions given by your surgeon.
- General anesthesia relaxes the stomach and intestines. For this reason, fluids and foods are limited after your surgery to allow your stomach to fully awaken from anesthesia. Listen to your body for how much food and water you should take after surgery.

The recovery room can be a busy place. There are a lot of patients, medical staff, nurses and visitors in the recovery room at any given time. In addition, all of our monitors and other equipment have indicator noises and alarms to keep the nurses updated on their patients. If you have any concerns about the noises that you hear while you are in the recovery room, please feel free to ask your nurse.

After you have fully awakened from your anesthesia, you will be transferred to either a discharge area or a patient room, depending on your surgeon’s instructions. Once you are out of the recovery room, you will be able to see your family and friends. Because we are a highly specialized hospital that provides trauma, burn and other critical care services to patients from throughout the state and the world, we often experience high patient volumes. You may remain in the recovery room after you are fully awake until a patient bed becomes available for you. Rest assured that the staff will do everything to ensure that you and your family are as comfortable as possible during this time. Please do not hesitate to let us know what we can do to assist you.

The surgical services visiting guidelines are available in pamphlet form in all surgical services areas.

The surgical team will speak to your family when the procedure has been completed.

As you awaken from anesthesia, it is normal to experience some pain and discomfort, confusion, feeling hot or cold and nausea. Our nurses are always there to assist you. It is important to balance your comfort and pain control with your safety. Narcotic pain medications can affect your breathing, which is why the nurse will monitor you very closely during this time period. It may not be possible to completely eliminate your pain, but we will work with you to get your pain to a controlled level.

It is also very normal to experience a sore throat after surgery if you had general anesthesia. This is due to the breathing tube that is placed during surgery to assist your breathing while you are asleep. After you have fully awakened from anesthesia, your nurse may be able to provide you with some ice chips to help ease this discomfort, depending on the instructions given by your surgeon.
Patient Controlled Analgesia (PCA)

This form of pain management may be used in combination with either epidural or IV medicine. A PCA is a medicine pump with a button that allows you to control the amount of pain medicine you receive. You will need to press the button to have medicine given to you. However, you cannot over-medicate yourself because the device is programmed to give you safe amounts over a period of time.

During your hospital stay, your team of specialists will ask you about your pain regularly. They will ask you to rate your pain using a pain scale of 0 - 10. This will help your team understand the severity of your pain. Below you will find the most commonly used pain scale. Please be familiar with this scale before surgery. The team will ask you about your pain score often, as this will help the team make adjustments to your pain medicine schedule.

A score of 0 means you have no pain, while a score of 10 means you have the worst pain imaginable.

Managing your Pain

Your recovery will not be pain free. However, utilizing all of the ways listed below, we hope to manage your pain. Your doctors will decide the best pain management plan for you. You and your care team will decide the best way to provide you with the right amount of pain medicine. Medicine can be given in different ways; you may have pain medicine given directly into your veins through an IV, while others may be taken orally.

Your pain management plan will include a combination of the following medicines:

<table>
<thead>
<tr>
<th>Oral Pain Medicine</th>
<th>Intravenous Pain Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen/Hydrocodone (Norco)</td>
<td>Ketorolac (Toradol)</td>
</tr>
<tr>
<td>Acetaminophen/Gabapentin (Tylenol, Neurontin)</td>
<td>Hydromorphone/Dilaudid or Morphine IV, Exparel (intraoperatively) this drug is given via an injection under the skin</td>
</tr>
</tbody>
</table>

Please note that some pain medicines, such as narcotics, can slow the function of your body’s organs. During and after your surgery, your pain will be controlled using mostly non-narcotic medicines. While we support having our patients be as comfortable as possible after surgery, we strongly recommend limiting your narcotic usage while recovering. If you are having difficulty managing your pain, please tell your nurse as she may ask for a physician specializing in pain management to visit you to help you manage your pain.

Hand washing

Everyone entering your room including your physician, nurses, family members and dietary staff should wash their hands with soap and water or use disinfectant hand gel. Hand washing is the best way to prevent infections after surgery. If you don’t see hospital staff or your family wash their hands, please ask them to do so. We want you to speak up.

Deep Breathing

We will also encourage you to breathe deeply and cough. Deep breathing and coughing will help expand your lungs and prevent complications such as pneumonia. You will be asked to do deep breathing exercises 10 times per hour while you are awake. You may be provided with an aid called an incentive spirometer which will help with your deep breathing.

Preventing Blood Clots

When you leave the operating room you may have a sequential compression device (SCD) on your legs. Your nurse may also put the SCD on you in your room. These devices help prevent blood clots following surgery by helping blood flow through your legs. Your nurse will let you know when they can be removed. The SCD inflates every 60 seconds for 12 seconds then deflates for 48 seconds; it should not cause you any pain or discomfort. Please ask your nurse if you have any questions about the SCD.
Physical Rehabilitation

After surgery, the team will start preparing you to get out of bed. Being out of bed means sitting in a chair, standing, walking or a combination of these actions. The goal is to increase the time you spend out of bed every day. These actions will help your body return to its normal functions, which include taking in water and minerals and the forming and elimination of stool. On the day of surgery, we would like you to get out of bed at least two times. Over the following days we will ask you to gradually increase the amount of time you spend out of bed.

Nutrition, Eating and Drinking

You will be offered clear liquids to drink soon after your surgery. This will help your bowel recuperate. Clear liquids include clear broth, jello, popsicles and clear juices. We recommend that during this time you do not drink carbonated drinks or drink from a straw because these can bring air into your colon, which may cause bloating and nausea.

Smoking

In order to make sure that you recover from your surgery as quickly as possible we ask that you not resume smoking. Smoking slows recovery by limiting the oxygen in your system. Let your nurse know if you need medication to continue to refrain from smoking.

What to Expect Each Day of your Hospital Stay

The schedule below outlines what will happen during your hospital stay. There will be exceptions to your post-operative care plan if you have a low anterior resection and/or an abdominal perineal resection.

<table>
<thead>
<tr>
<th>Post-Operative Day</th>
<th>Nursing Activities</th>
<th>Pain Management</th>
<th>Time Out of Bed</th>
<th>Nutrition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Day 1 After Surgery</strong></td>
<td>The nurse should discuss and explain your pain medicine plan. You and your nurse should come up with a plan to get out of bed. Your urinary catheter will be removed.</td>
<td>Your pain will be controlled with an IV non-narcotic and/or PCA and oral pain medicines. Please let us know if we are controlling your pain.</td>
<td>Please attempt to get out of bed a total of three times. The three times can be sitting in a chair during meal time, but we also encourage you to walk.</td>
<td>Drink six to seven eight-ounce glasses of clear liquid, as tolerated. Clear liquids include clear broth, jello, popsicles and clear juices.</td>
</tr>
<tr>
<td><strong>Day 2 After Surgery</strong></td>
<td>The nurse will start preparing you for discharge. Please inform your nurse if you are having any difficulties with bowel movements, nausea or inability to tolerate fluids. If you have an ostomy and have not seen an ostomy nurse, please let your nurse know.</td>
<td>Your pain medicine may be switched to oral doses if you are ready.</td>
<td>We recommend that you spend a total of four hours out of bed. Please try to increase the amount of time you are walking. Please discuss any difficulties you have with your nurse.</td>
<td>Your diet will consist of solid foods, as tolerated. We suggest that you begin with small—but frequent—meals at this time. You may order small snacks between your breakfast, lunch and dinner. We suggest that you avoid too many seasonings or sauces.</td>
</tr>
<tr>
<td><strong>Day 3 + After Surgery</strong></td>
<td>The nurse will continue to prepare you for discharge. This should include discussion of your current pain level and the medicines being used to control your pain. Please inform your nurse if you are having any difficulties with bowel movements, nausea or inability to tolerate fluids.</td>
<td>At this time your pain will be managed with oral pain medicines only.</td>
<td>We recommend that you spend a total of six hours out of bed. Please increase the amount of time you are walking. Please discuss with your nurse any difficulties you are having.</td>
<td>Your diet will consist of solid foods. We suggest that you continue with small—but frequent—meals. You may order small snacks between your breakfast, lunch and dinner. We suggest that you avoid too many seasonings or sauces.</td>
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</tbody>
</table>
Your care team will begin preparing you to go home on the second day after surgery. Your ability to complete the post-operative care plan activities will determine when you can go home.

Your doctor will want you to be able to do the following before sending you home:

- Tolerate the diet that was prescribed for you
- Pass gas and/or have bowel movements
- Spend at least six hours out of bed
- Be able to manage your pain with oral pain medicines only
- Demonstrate ostomy appliance changing and care as taught by an ostomy nurse

When Can I Go Home?

Our goal is to have you resume normal activities including showering, driving and walking up stairs. It is important to follow all of the instructions given to you on your last day in the hospital. These instructions include:

**Prescriptions:** Take all of the prescription medicine as ordered by your doctor. Please make sure that prior to being discharged you understand how to take your pain medicine.

**Diet:** Maintain a diet plan as recommended by your doctor. You may continue to follow the recommendations of eating small, but frequent meals throughout the day.

**Exercise:** Maintain a level of activity that will allow you to spend the majority of your day out of bed. You will be encouraged to walk and move throughout the day as this will speed your recovery. Follow your doctor’s orders about lifting and intensity of exercise.

**Incision care:** Shower and clean the incision as instructed by your surgeon.

At Home

Follow up physician appointments: Your surgeon will want to see you within two to four weeks of your discharge. You will want to schedule this appointment as soon as possible. The colorectal nurse navigator can assist you with follow-up appointments.

**Ostomy clinic:** If you have had an ostomy, you may follow up with the TGH ostomy clinic for concerns or assistance with your stoma. In some cases, we will coordinate visits by a home health nurse.

• If you have an ileostomy, a home health agency will provide IV hydration to prevent dehydration and will assist with other needs you may have.
• The colorectal nurse navigator will also call and check on you and answer any questions or concerns you may have following your surgery.
When to Contact Your Surgeon

Call your doctor immediately if you experience any of the following:

- Constipation that lasts more than two days and is not relieved by medication suggested by your physician
- Pain or increasing pain that is not relieved by the prescribed medications
- Nausea or vomiting lasting longer than four hours
- Temperature greater than 101 degrees F (39 degrees C)
- Persistent cough or any difficulty breathing
- Chest pain
- Increasing abdominal swelling
- Your incision becomes warm, red or you see any drainage (pus) coming from the incision
- You are unable to eat or drink
- Diarrhea that lasts more than 24 hours (six or more episodes per 24 hours)
- Inability to urinate

For More Information about Colorectal Surgery

- American College of Surgeons: www.facs.org/patienteducation
- National Institutes of Health: www.health.nih.gov

For Information on an Ostomy Support Group Near You

- http://www.ostomy.org/Find_a_Support_Group.html

For Information on Cancer and Community Resources/Support

- Cancer.org