

About Your Surgery

Contact us

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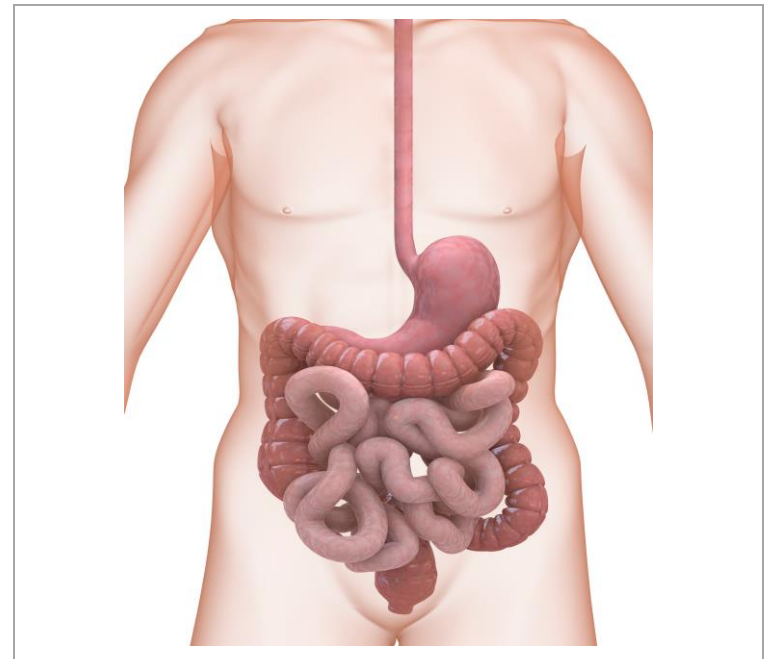
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Patient Education – Bowel Booklet



BRANT COMMUNITY HEALTHCARE SYSTEM



Brant Community Healthcare System

200 Terrace Hill Street

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Your Digestive System and Bowels

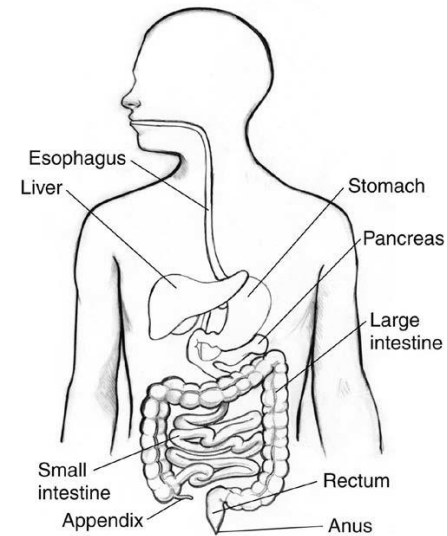
When eating, food passes from your mouth, through the esophagus into your stomach.

From there it passes into the small bowel. The small bowel is also called the small intestine. This is where the nutrients from the food you eat and the fluids you drink are absorbed.

The part of what you eat and drink that your body does not need is called waste. This waste goes into your large bowel. The large bowel is also called the large intestine or colon.

As the waste moves through the large bowel, fluid is absorbed and feces or stool is formed. The stool is stored in your rectum until it passes out of your body through the anus in the form of a bowel movement.

Your digestive system's parts and functions are shown below. Knowing what each part does helps you understand how the digestive system works.



Bowel Surgery

Bowel surgery removes a part of the small or large bowel. It is called a bowel resection when a section of the bowel is taken out and the bowel that is left is reconnected back together.

The type of bowel surgery you are having depends on your problem. Your doctor will talk to you about the type of bowel surgery you are having.

There are many types. For example:

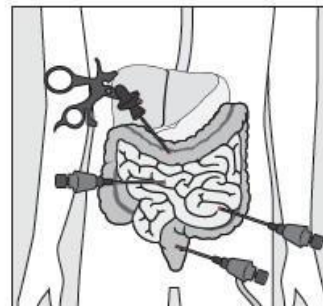
- If you have a problem in the lower part of the large bowel and rectum, this is called colorectal surgery.
- If you have a problem in the anus area, this is called rectal surgery.

Sometimes the bowel needs to be brought out through the surface of the skin on the abdomen. This can be temporary or permanent depending on your diagnosis. The part of the bowel that can be seen is called a stoma or an ostomy. Your doctor would have discussed this with you.

- It is called an ileostomy if this done with the small bowel.
- It is called a colostomy if this is done with the larger bowel.

Bowel surgery can be done in 2 ways:

1. Laparoscopic

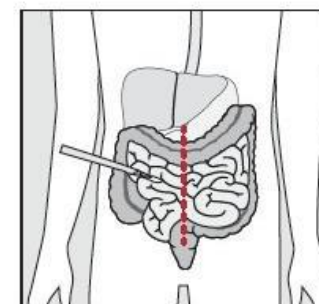


Laparoscopic means that the surgeon makes 4 to 6 small cuts called incisions in the abdomen. The surgeon uses instruments and a camera to free-up the diseased bowel. The surgeon then makes another small incision to remove the area causing problems. The healthy

ends of the bowel are then sewn or stapled back together or a stoma is made. A stoma is a path that goes from the large intestine to the outside of your abdomen. This helps solid waste and gas exit the body without passing through the rectum. The waste is collected in a pouch worn on the outside of your body.

2. Open

Open means the surgeon makes one 10 to 20 centimetres (cm) cut called an incision in the abdomen to remove the area of the bowel causing problems. The dotted line on the picture shows where the incision will be. The healthy ends of the bowel are then sewn or stapled back together or a stoma is made.



Getting Ready for Surgery and After Surgery

There are some things you should do to get ready for surgery and going home after.

Stop Smoking. If you smoke, try to stop smoking for at least 4 weeks before your surgery. This lowers your risk of infection or breathing and lung problems after surgery. Talk to your doctor, nurse or pharmacist if you would like information about how to quit smoking.

Did you know?

- **Smoking increases the risk of getting a skin infection** 3 to 4 times more than non-smokers.
- **Smoking increases the risk of a leak** from the site of the reconnected bowel 2 times more than non-smokers.

If you stop smoking at least 4 weeks before surgery, you can:

- Lower your risk of getting an infection and/or breathing problems
- Helps you heal better and faster



Get Fit and Strong

If you normally exercise keep it up to be ready for surgery.

If you do not exercise start walking for 5 to 10 minutes a few times a day, aiming for 5 walks a day. Your healthcare team will be getting you to do this after your surgery so if your muscles are used to doing it before surgery, it will be easier to do after surgery.

The stronger you are before surgery, the faster you will recover from surgery and get back to your regular life.

Reduce Alcohol

Alcohol can affect healing and recovery from surgery. If you drink wine, beer and/or liquor regularly, reduce this to 1 drink a day 4 weeks before surgery. If you think you may have trouble doing this, talk to your surgeon or health care provider to make a plan.

Plan Ahead. Make sure that you know who is going to take you home. Also, make sure that you have made arrangements for any help you require when you go home after your surgery. You should be well enough to take short walks, by the time you go home. You will need some help from family and friends when you first get home.

You may need help with:

- Bathing and self-care
- Driving, cleaning, laundry, making meals
- Caring for pets

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

Your Hospital Stay

This depends on the type of surgery you are having. The usual length of stay is 3 days.

- If you are having small bowel surgery or a colon resection, plan to go home **2- 3 days** after surgery.
- If you are having surgery that involves the lower colon and/or rectal area, plan to go home **4 days** after surgery.

Things to do at home before coming in for your surgery:

- Remove all nail polish
- Remove all jewelry and body piercings
- Follow any directions that your surgeon provided to you, for example, bowel preparation

Things to bring to hospital for your surgery:

- OHIP card and private insurance card and/or information
- Any medications that you were asked to bring with you during your pre-op appointment.
- A credit card or debit card if you would like to rent television
- Loose, comfortable clothing and non-slip, comfortable shoes
- Personal hygiene items such as a toothbrush and toothpaste etc.
- Glasses in a labelled case (if applicable)

- If you wear dentures, please bring a labeled cup (if applicable)
- Walking aids, if you use these routinely at home, labeled clearly with your name
- 2 packs of chewing gum - chewing gum helps you recover from your colorectal surgery (if you cannot chew gum, bring hard candies to suck on)
- CPAP or sleep apnea machine if you use one at home-labelled with your name on it

Things to leave at home when you come for surgery:

- Money, purse and/or wallet
- Anything you value** such as electronic equipment, laptop, iPad, valuable clothes etc. *But please note that you may want to bring your cell phone as patient phones are not readily available.

Remember:

BGH is not responsible for lost or stolen items.

Visiting Hours & Family Information

BGH believes families are an integral part of the patient's care team because no one knows our patients better than their loved ones. That's why we welcome visitors 24 hours a day, 7 days a week. However, please check in advance for information on family visitation restrictions that might occur.

We ask that you please respect the need for patient rest and recovery by being mindful of excessive noise and by being sensitive to the needs and wishes of roommates.

Visitors who are not feeling well should not visit BGH as you may risk exposing patients to infection.

How can my family support person(s) be involved in my care?

At BGH, we promote family centered care. Family means something different to everyone; parents, siblings, other relatives, friends, neighbors etc. We encourage you to involve your family in your care. Things they can do include:

- Sharing information for you - if you have a large group of family or support people, choose one to be the contact person.
- Helping you to make decisions about your care.
- Supporting you when going for tests (when able).

- Helping you with your care - for example; encourage you to do your deep breathing and coughing and leg exercises, take walks with you or sit with you during a meal. It is also very important that your family take care of themselves. Your family may become tired while helping to support you in hospital. Your nurse may encourage your family to take a break. This may mean they go home for a rest.

Scent- Reduced Environment

BGH is a scent-reduced health centre. Many patients, visitors and staff are allergic or sensitive to scented products. For everyone's safety, please do not bring in or use scented products such as perfume, cream, aftershave, hairspray or essential oils.

Your Pre-Surgery Treatment Clinic Visit

You will be seen in the Pre-Surgery Treatment 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 or other health care team members if needed. Here you will learn more about how to get ready for your surgery.

The nurse will review:

- **Medications:** Health history and current list of medications
- **Bowel Preparation:** Any questions that you may have about how to clear out your bowel for surgery - if your surgeon orders this- they would have provided you information
- **Body Cleansing:** You will be asked to shower prior to coming in for surgery - but do not shave or wax body hair around the area of your surgery
- **Diet:** The type of food to eat and drink before surgery and when to stop, as well as what to expect after surgery
- **Activity:** How much you should be moving around after surgery
- **Discharge Planning:** You will be asked about your home and any supports you have or are getting in place for your return home after surgery



Remember:

- Do not remove any body hair in the area of your surgery before surgery
- Do not wax, shave or clip because it can increase your risk of infection

The anesthesiologist reviews:

- Your current list of medications and health history
- The type of anesthetic you will have for surgery
- Pain management offered after surgery

What to eat and drink the day before and morning of surgery

If your doctor did NOT order a bowel preparation, here are the steps to follow at home:

- Have your regular diet until midnight the night before your surgery.
- Drink clear fluids until 3 hours before your scheduled surgery time.

If your doctor ordered a bowel preparation for surgery, here are the steps to follow at home:

- Follow the Bowel Preparation for Surgery information provided by your surgeon. The day before your surgery you should be having a clear fluid diet starting at breakfast.
- Drink clear fluids until 2 hours before your scheduled surgery time.

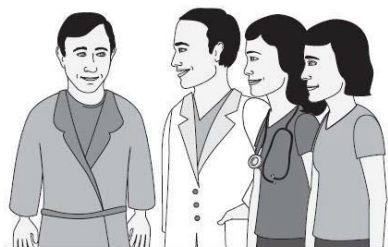
Remember:

- A clear liquid is any liquid you can see through. Examples of clear liquids are water, apple juice, coffee or tea (no milk).
- **Milk and orange juice are not clear fluids** and should not be taken.
- Drinks that are carbohydrate enriched are drinks that have a lot of sugar. Research has shown that drinking sugary drinks before surgery helps you feel stronger and recover faster after surgery. Examples of carbohydrate enriched drinks are: Apple juice or cranberry juice or cocktail or Iced tea with sugar.

Day of Surgery

When you arrive at the hospital:

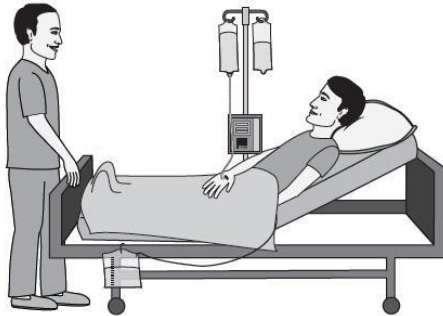
- When you arrive for your surgery you will register at D-Wing LL1 Day Surgery. Once you are registered, you will be given directions where to go to change into a hospital gown and housecoat.



- A nurse in the Surgery Preparation area will then check your blood pressure, pulse, temperature, height and weight. Your health history will also be reviewed. You may or may not be given medications ordered by your surgeon and an intravenous (IV) may also be started. The IV is for medications before, during and after your surgery. You will then return to the waiting area to join your family/friends until called to the Operating Room (OR).
- You will be called by name and taken to the OR waiting area. At this point you will meet the Anesthesiologist who will give you your anesthetic. An Operating Room nurse will also come out to meet you and accompany you to the OR.
- Your support person will then be shown where to wait for you while you have surgery and recover after.

In the Operating Room:

- A nurse takes you to the operating room, you may walk or may be wheeled in a wheelchair or on a stretcher.
- If you are having an epidural or spinal anesthetic, this is done in the operating room.
- You go into the operating room awake and talk to the team where they review the surgical safety checklist before your surgery starts.
- While you are asleep, you may have a thin tube called a urinary catheter put into your bladder to drain urine.



- Following the procedure you will be taken to the Post Anesthetic Care Unit (PACU) where you will be monitored closely. When you are awake and stable you will be transferred to the Surgical Inpatient Unit.

After Your Surgery

In the PACU or recovery area, members of the health care team monitor:

- Your level of pain and give you pain medication when needed – if you have a pain pump for pain control, you will be shown how to use this when you are awake and alert and able to use the button
- The IV and control the amount and type of fluid and medication you get
- Your breathing and oxygen level; you may have oxygen via a tube sitting inside your nose, but it may be removed once you are more awake
- The amount of urine you drain out of your bladder

- Your heart rate, blood pressure and temperature
- Your incision site(s) and if applicable, your ostomy site

You will leave the recovery area and go to your room on a nursing unit when the health care team feels it is safe to do so.

On the Nursing Unit

- It is very important to move around and exercise to recover. Lying in bed without moving may cause problems such as pneumonia, blood clots and muscle weakness and can also slow recovery. The more you get up and move around, the better you will feel.
- Sometime after surgery the nurse will help you sit at the side of the bed and dangle your legs. You may sit in a chair if you are doing well. If you do not have a catheter in your bladder, the nurse will try to help you walk to the bathroom.
- Walking and moving is very important to help the bowels 'restart' and avoid nausea and bloating (unpleasant stretched feelings of your abdomen). Walking helps gas pass through your bowels and shortens the time of having 'gas cramps'. You may start walking in the halls the evening of your surgery if your nurse says you are safe to do so.
- You will be able to drink clear fluids as soon as you get to your room. If you tolerate drinking, you can slowly begin to eat pudding, soup and other soft foods as you feel you can tolerate.
- You will be directed to do deep breathing and coughing exercises as well as leg exercises.

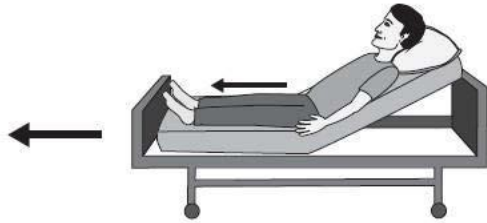
Leg Exercises

Your health care team will help and remind you to:

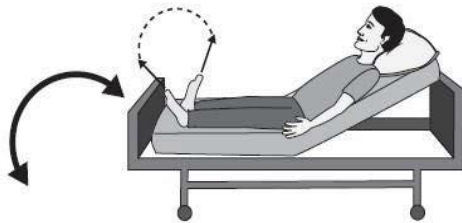
- Sit up and dangle your legs at the side of the bed
- Do your leg exercises

These help your blood flow in your legs and around your body to prevent clots.

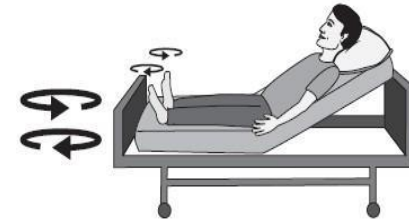
Do these exercises 4 to 5 times every hour you are awake.



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 Exercises

Your health care providers will help and remind you to:

- Breathe in slowly and deeply through your nose.
- Breathe out slowly through your mouth with your lips pursed.
- Repeat 10 times every hour you are awake.



After 10 deep breaths, hold a pillow against your incision area and cough 3 times. If your cough is wet, try to cough more and clear the phlegm.

Balance Rest and Activity

- You may feel nervous about getting up, this is a normal feeling. Members of your health care team help you get up and move around the first time you get up.
- You will become comfortable moving around with an IV pole and catheter if you have these in.
- Your goal is to move around and be out of bed, either walking or sitting often for increasing periods of time.
- Once you get used to getting up and moving around you can do this by yourself and walk around the unit alone and with your visitors.
- You should sit in a chair for all of your meals, even if you do not feel like eating. It is important to sit upright to eat during mealtimes.
- It is important to balance rest and activity. It is normal to be tired because your body is trying to heal. After your walks, it is important to rest.
- Do not be afraid to ask your visitors to leave so you can rest throughout the day as well.
- Moving and activity during the day helps with sleeping better at night.

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

Gum (preferred) or Hard Candy

Chewing gum after surgery helps you pass gas. Passing gas is a sign that your bowels are working. Begin chewing gum starting 2 hours after surgery. Chew 1 piece of gum for about 5 to 10 minutes, 3 times each day. If you cannot chew gum for any reason, bring hard candies to suck on.

Diet, Nutrition and Fluids

- At some point after, and depending on the surgeon's orders, you will begin to take sips of water. You are encouraged to drink more as you can tolerate. You may increase to foods like soup and pudding if you are not feeling nauseated and are drinking fluids adequately.
- You will begin to eat solid food the morning after surgery. At first start slow and eat in small amounts. Eat when you are hungry or feel like it. Sit in a chair or on the side of your bed when you eat, even if you eat very little.
- Your family can bring your favourite foods, but check with your nurse first about what is right for you.

- It is important to stay well hydrated while you recover. Fluids and moving around help you pass gas and move your bowels. Fluids also help prevent bladder infections. Drink small amounts throughout the day unless you have been instructed not to. For example, people with kidney or heart problems may not be able to drink a lot of fluids. Follow instructions given by members of your health care team about the amount of fluid to drink.
- Tell the nurse if you feel sick to your stomach, have nausea or feel bloated during or after eating. Do not eat if you have these feelings. You may need some medication to help.

Catheter

You may have a tube into your bladder after your surgery called a urinary catheter. The goal is to take this out as soon as possible to help lower your risk of getting a bladder infection. Removing this also helps you move around better. Your surgeon will direct what day after surgery this will be removed by your nurse.

Pain Management

Pain is an unpleasant feeling that is different for every person. There are many words people use to describe pain such as 'soreness', 'discomfort' or 'aching'. You may live with chronic pain at home that will differ from your surgical pain. Our goal in managing your post-operative pain is to achieve pain management that is at a 3 or 4 out of 10 or a level that is tolerable for you and allows you to be able to actively participate in your recovery.

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

- Decrease the stress in your body so you can recover faster
- Breathe, cough and do your exercise and activities more easily
- Move around better
- Sleep better
- Heal and recover faster
- Do things that are important to you

Rating Your Pain

In the hospital members of the health care team use a 10 point scale to rate pain. When you wake up after surgery, you are asked to rate your pain on this scale. You are also asked to rate your pain often as you recover.

1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10

no pain

moderate

worst pain ever

You may find that your pain is less when you are resting and more when you are moving. If your surgical pain is a 4 out of 10 (moderate or more) you should treat your pain or ask for pain medication.

Members of your health care team will work closely with you to help you manage your pain. For example, if you know that you are going to be doing exercises with the physiotherapist or take a walk around the unit, they will advise you to take pain medication about ½ hour before. If you have pain that is stopping you from moving, you should ask for pain medication.

Ways to Control and Manage Pain

There are different pain control medications and ways to give them after surgery.

Members of the health care team will talk to you about this before surgery in the Pre-Surgery Treatment Clinic visit as well as after surgery.

There are 3 main ways to get pain medication:

- Oral or by mouth tablets or capsules
- Intravenous (IV) Pain Medicine
- Epidural

1. Oral Pain Medicine

You may be given different types of oral medication on a regular basis or as needed after your surgery to help manage your pain. Each pill works differently in your body and reduces the need for large amounts of stronger pain medication, such as opioids. If the medication does not control your pain, please tell your nurse. Additional or different pain medication can be given. Oral pain medications are preferred for pain management. Examples of oral pain medication include: extra strength Tylenol and anti-inflammatory pills (Advil).

2. Intravenous (IV) Pain Medicine

Pain after surgery can also be treated with strong medication (opioids) given through your IV. Your nurse can administer these medications as needed. You may be given pain pills by mouth if you do not require IV pain medication or in addition to using the IV medications. The IV pain medication may be given until you are able to have your pain controlled with oral medications. Your nurse will ask you for your pain score if you have pain and will give you medication if needed. If you are in pain call for a nurse to request your pain medication as your doctor has ordered.

3. Epidural Pain Medicine

Depending on your type of surgery and health history, your anesthesiologist may discuss with you a pain management option called an epidural. 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 medication to reduce your pain after surgery. The medication is given through the tube to provide pain relief. This medication is usually local anesthetic or “freezing” plus an opioid. Epidurals are usually inserted before your surgery. After your surgery, your epidural will be connected to a pump, which will deliver a steady dose of pain medication.

Getting Ready to Go Home

Before and during your hospital stay, your health care team will help you get ready to go home and back to your normal activities.

Going home checklist; make sure that you:

- Have no nausea or vomiting
- Are able to eat and drink as usual and know what to eat and drink at home
- Are passing gas
- Are passing urine well
- Are able to get in and out of bed on your own, or have a plan in place to assist you at home
- Are walking as you did before surgery. It is fine if you are unable to walk very far
- Have enough strength and energy to climb stairs if you have any at home
- Have everything organized at home (for example food to eat or help you may need)
- Have any questions or concerns about your ongoing recovery at home answered by your health care team.

Remember:

- **Passing gas is a sign that your bowels are working.**
- You do not need to have a bowel movement before you leave the hospital.

Before you go home make sure you know:

- About the medication(s) you need to take or continue to take at home - make sure you have prescriptions for any new medications such as pain control medication
- How to take care of your incision(s)
- If changes are required in your diet, and if so what these changes are
- When to go back to your regular activities such as driving, exercising, lifting and work – you may need to wait until your follow-up appointment to get these answers
- What to watch for and when you need to contact a health care provider
- When you need to follow up with your surgeon

Contact your surgeon or go to the nearest Emergency Department right away if you have any of the following:

- A temperature greater than 38.5°C or 101.3°F
- You are vomiting, bloated or feeling nauseous all the time
- Redness, swelling, foul odour, discharge or increasing pain from any incision
- Bright red blood from your anus
- Stomach pain that medication does not help
- No bowel movement after 7 days from your surgery

At Home

What you cannot do:

- No lifting more than 4.5 kilograms or 10 pounds. This means you should not lift anything such as a full laundry basket, grocery bags or a small child for 4 to 6 weeks after surgery (unless your surgeon says otherwise)
- Do not do anything like abdominal exercises, high intensity aerobic activities or weight training for 4 to 6 weeks after surgery- discuss this at your follow up with your surgeon



What you can do:

- Continue to be active. Get up, wash and dress each day as you would normally. Walk often and take part in your normal social activities.
- Gradually increase your activity level as you heal and get stronger.
- It is normal to feel tired after surgery. Listen to your body and take rest breaks as needed throughout the day.
- It is important to eat 3 or more nutritious meals a day during your recovery.
- You can resume most normal activities once you are pain free, including sexual intercourse- speak to your surgeon about when you can resume.

- You may start to drive when you are no longer taking opioid pain medication.
- Your surgeon will tell you when you can return to work. This depends on your recovery and the kind of work you do.
- You can shower. You do not need to cover your incision(s) to have a shower. Avoid getting your incision(s) too wet. For example, do not soak in water or swim (until incisions are healed and staples are out). Avoid having shower water directly hit your incision(s). Dry incision(s) right after you shower. The skin closure tape (steri-strips) will come off by itself. You do not have to put new tape on.
- If you go home and have staples in your skin, your nurse will tell you when they need to be taken out. You may need to call for an appointment.

Ask your family and friends to help you with:

- Getting meals ready
- Grocery shopping
- House cleaning or yard work
- Laundry

How to care for yourself and what to expect

Eating and drinking

Depending on the Doctor's orders, you may start off with having nothing to eat, and progress from there. Usually you will start with ice chips, clear fluid.

What I can expect Day 1 Day 2 Day 3 Day 4

Bladder catheter (tube)

A bladder catheter will be inserted in the operating room after you are asleep. This will drain your urine into a bag. The bladder catheter is removed. To increase your activity, no bedpan or urinal at the bedside (you will have to get up to use the bathroom).

Bandages and care of your incision

Your bandages will be checked regularly to see if they are leaking. Your bandages will be changed as needed. You will go home with your staples in. You will be given a reminder to see your family doctor to have them removed.

Activity

- Progression: from bed exercises, sitting, and eventually walking
- Do deep breathing and coughing exercises 5 times each hour
- Do leg exercises 5 times each hour in addition to walking
- Sit in the chair for all meals if able
- Get in and out of bed by log-rolling with instruction and help
- Get in and out of bed on your own by log-rolling. Sit in the chair or at the side of the bed
- Walk around the ward with help (at least 1 lap) 2 – 3 times per day. Increase walking distance around the ward with help if you need it (at least 2 – 3 laps) 3 times per day plus. Walk around the ward on your own (at least 4 laps) 3 times per day plus. Walk around the ward on your own (at least 4+ laps) 3 times per day plus.
- Total activity time 10 to 15 minutes. Total activity time 1 to 3 hours out of bed. Total activity time 6 hours out of bed. Total activity time 6 hours out of bed. Total activity time 6 hours plus out of bed.

What I can expect Day 0 (Day of Surgery) Day 1 Day 2 Day 3 Day 4

Rest and sleep

Sleeping medication may be ordered by the anesthesiologist while the epidural is in. Use ear plugs to cut down the hospital noise. These will be provided. Nap (or just relax and rest) for 2 hours a day, from 1:00 pm to 3:00 pm. Request **NO** visitors during this time in order for you to rest after your surgery. After the epidural is out, you may resume your normal sleeping medication if approved by your surgeon.

What I can expect Day 0 (Day of Surgery) Day 1 Day 2 Day 3 Day 4 Discharge

Planning and learning

Go over your discharge plans with your nurse and team members as needed. Review discharge booklet.

Community care referral (if you have one after surgery)

Your doctor will refer you to community nursing care service known as the LHIN to help you learn to manage your ileostomy or colostomy.

You will receive a visit from this service in hospital. They will then call you to arrange an appointment for stoma care once you are discharged from hospital.