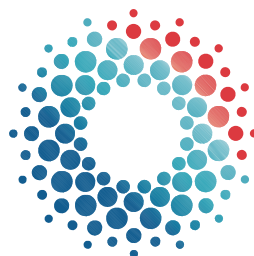


A Patient-Friendly Guidebook For: \_\_\_\_\_



# Guidebook for Colorectal Surgery



**ShorePoint**  
H E A L T H  
PORT CHARLOTTE



# Guidebook for Colorectal Surgery

## Physician Contact Numbers

Provider	Specialty	Phone Number
<b>Dr. Domingo Galliano</b> Galliano Surgical Group 18308 Murdock Circle, Suite 108, Port Charlotte FL 33948	Colon and Rectal / General Surgery	(941) 625-3411
<b>Dr. J. Mark Kiely</b> Galliano Surgical Group 18308 Murdock Circle, Suite 108, Port Charlotte FL 33948	Colon and Rectal / General Surgery	(941) 625-3411
<b>Dr. Boris Borges-Ondarse</b> Galliano Surgical Group 18308 Murdock Circle, Suite 108, Port Charlotte FL 33948	General Surgery	(941) 625-3411
<b>Dr. John Guarino</b> John Guarino MD PA 4245 Kings Hwy, Unit A, Port Charlotte, FL 33980	General Surgery	(941) 391-5102
<b>Dr. Matthew Tufts</b> John Guarino MD PA 4245 Kings Hwy, Unit A, Port Charlotte, FL 33980	Bariatric / General Surgery	(941) 391-5102
<b>Dr. Vincent Brown</b> John Guarino MD PA 4245 Kings Hwy, Unit A, Port Charlotte, FL 33980	Bariatric / General Surgery	(941) 391-5102
<b>Dr. Nikalesh Reddy</b> Shorepoint Health Medical Group 713 E Marion Ave Punta Gorda, FL33950	Thoracic / General Surgery	(941) 833-1760



# Guidebook for Colorectal Surgery

## Hospital Phone Numbers

**Main Hospital/Operator:** 941-766-4122

**Pre-operative Testing Area (POTA):** 941-766-4836

**Surgical Nurse Navigator: Nevada Courtney, APRN** 941-766-4135  
Hours: 6am-2pm, Weekdays

**Medical/Surgical Unit/3<sup>rd</sup> Floor:** 941-766-4734

**Progressive Care Unit/4<sup>th</sup> Floor:** 941-766-4720

**Intensive Care Unit:** 941-766-4701

**Billing:** 866-481-2553

**Wound Care Nurse:** 941-766-4154

**Case Management:** 941-766-4195

## Accessing the Patient Portal

Having informed access to your medical care during your hospital stay is important to us. You can follow your labs and doctors notes in real time via our patient portal. Please let your care team know if you need additional information or assistance to access the portal.

Patient portal login: [shorepointhealthcharlotte.com/hospital-patient-portal](http://shorepointhealthcharlotte.com/hospital-patient-portal)





# Guidebook for Colorectal Surgery

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*This guidebook is designed to help you better understand and prepare for your surgery.  
This material does not constitute medical advice. It is intended for informational purposes only.  
Please consult a physician for specific treatment recommendations.*



# Guidebook for Colorectal Surgery

## Section One:

## Before Surgery

### Welcome

Thank you for trusting Shorepoint Health for your colorectal surgery. You may have a lot of questions. We are here for you to guide you through this experience and ensure you have a better understanding of the reasons for surgery, surgery itself, recovery, and expected outcomes.

The Guidebook will assist you with:

- What to expect.
- What you need to do.
- Your return home.

Your doctor and/or nurse may add or change any of the recommendations. Always use their recommendations first and ask questions if you are unsure.

### What is the Bowel?

The bowel is part of the gastrointestinal tract.

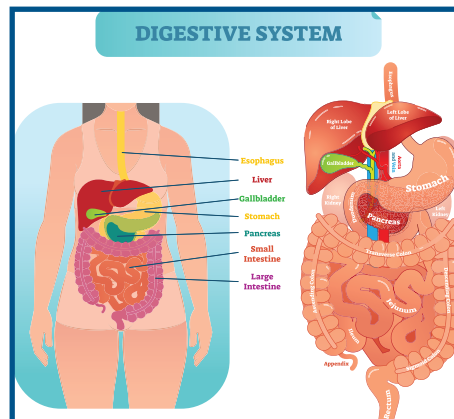
When we eat food, it enters the mouth, and then passes through the esophagus into the stomach.

From here, it passes into the small bowel (small intestine) where most of the fluids and nutrients are absorbed.

What is left of the food goes into the large bowel (colon).

This is where more fluid is absorbed from the waste.

Stool is then formed and stored in the rectum, until it is passed out of the body through the anus.



### Reasons you may need colorectal surgery

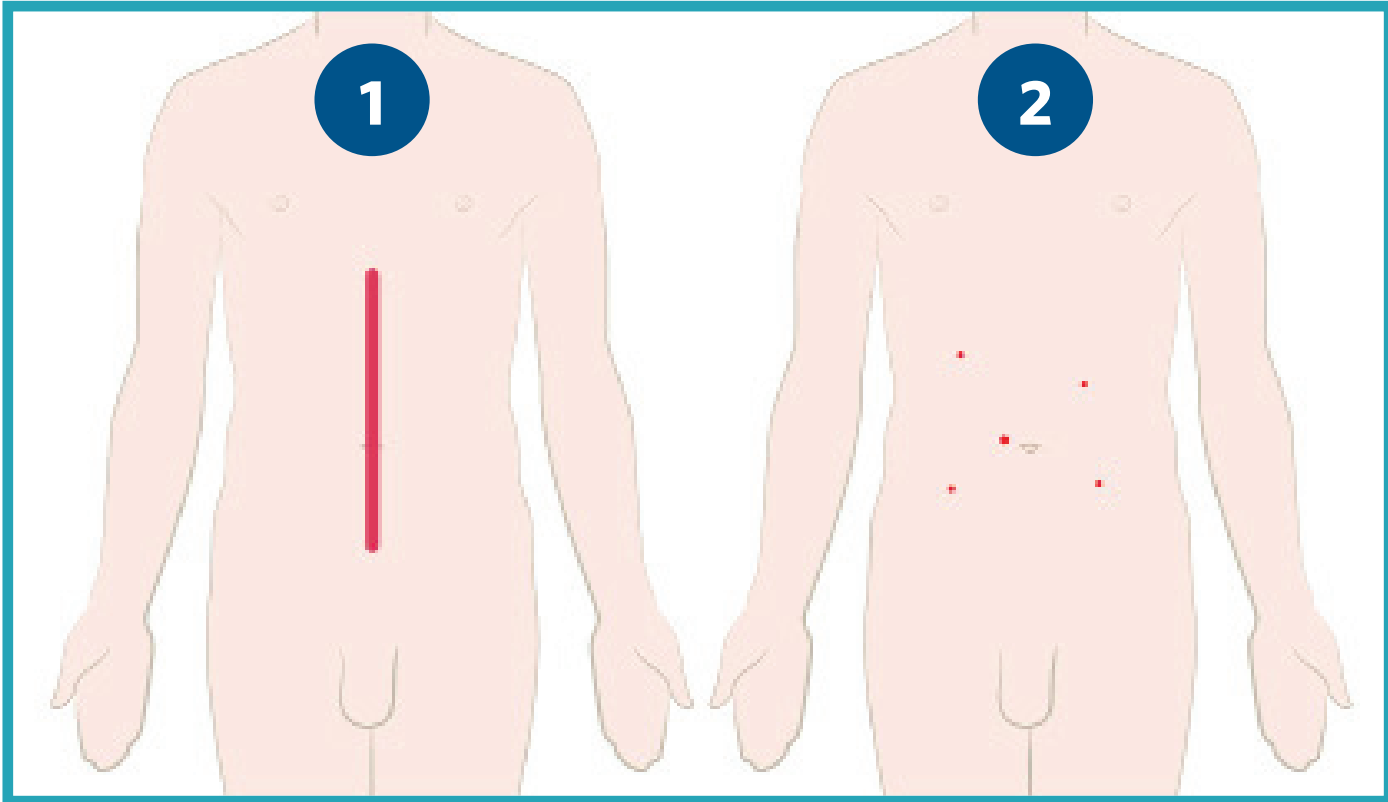
- Colon or rectal cancer,
- Stricture/narrowing
- Polyp too large to remove during colonoscopy
- Diverticulitis
- Bowel perforation
- Bowel obstruction
- Infections such as C. difficile colitis
- Inflammatory bowel disease
- Fistula (a communication between the bowel and another part of the body, commonly the bladder or vagina)

**FUN FACT:** The large bowel (colon) is about 5 feet long and 3 inches in diameter.

# Guidebook for Colorectal Surgery

## What is Colorectal Surgery?

Colorectal (Bowel) surgery is the removal of the diseased section of your bowel. The surgery can be done in a few ways:



### 1. Open Surgical Approach

The surgeon works through a 4-9 inch incision on your abdomen to access and remove the diseased part of the colon.

### 2. Minimally Invasive: Laparoscopic or Robotic Surgical Approach

The surgeon uses 2-6 small incisions on your abdomen for the instruments and camera. The surgeon will remove the diseased bowel through one of these incisions. There are times when surgery is not able to be completed as minimally invasive. This can be due to inflammation or previous scar tissue. A decision will be made by your surgeon to move to an open surgical approach if this occurs.

## Expectations

### Preparing For Your Surgery

Your surgeon will explain which surgical approach is best for you. They will go over the surgery details, risks, if you need a stoma and it's location, and recovery goals including pain management, activity and diet.

Your surgeon will obtain written consent for the surgery and you will receive initial instructions by the staff in the surgeon's office.



# Guidebook for Colorectal Surgery

## Stoma

Some patients will need a stoma (and an ostomy bag) after their surgery. A stoma is an opening in the abdomen that is made during surgery for stool to pass out of the body. The stoma can be temporary or permanent.

There are two types of commonly made stomas in colorectal surgery - ileostomy or colostomy. An ileostomy is a stoma of the small bowel. Expect this type of output to be more liquid in appearance. A colostomy is a stoma of the large bowel. Expect this type of output to be more formed.

During your pre-operative visit you will meet with a wound and ostomy care nurse. She will talk with you more about stomas. She will also mark a spot on your abdomen to give your surgeon the best location for your ostomy. You will meet with her again during your hospital stay where she will go over teaching with you and make sure that you are set up with all the supplies you need. Most new patients with an ostomy are referred to our outpatient wound care center in case they need any additional help with their ostomy after going home.

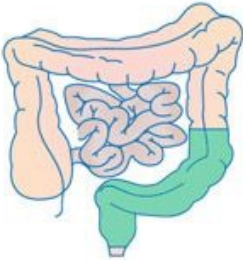
- **A temporary stoma** is made when stool needs to be diverted for some time to let the colon heal. Later, following surgery, the remaining bowel is reconnected and the stoma is closed. In most cases your temporary stoma can be reversed within 3-6 months during an other surgical procedure.
- **A permanent stoma** is made if the colon cannot be reconnected.



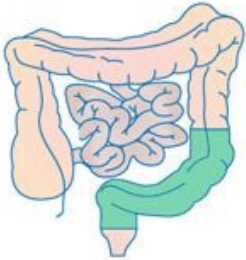
# Guidebook for Colorectal Surgery

**Colectomy is the broad term for removal of all or a piece of the colon, other words can be added to further classify what part of the colon is being removed.**

Low anterior resection



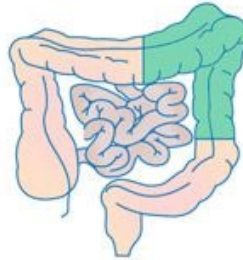
High anterior resection



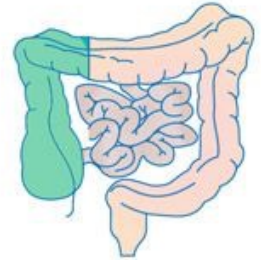
Sigmoid colectomy



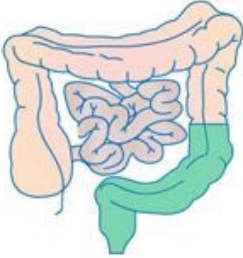
Left hemicolectomy



Right hemicolectomy



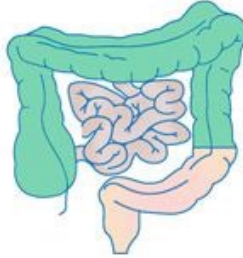
Abdomino-perineal resection



Total proctocolectomy



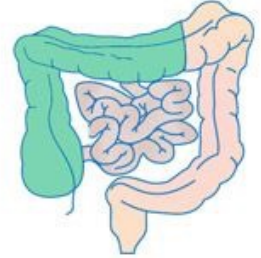
Subtotal colectomy



Total abdominal colectomy



Extended right hemicolectomy



# Guidebook for Colorectal Surgery

## Exercise

Staying active will help you with recovery. If you already exercise, keep it up! If you are not, start slowly to condition your body. Try to add several 15-minute walks to your routine. It doesn't need to be strenuous.



## Diet and Nutrition

Make sure your diet includes foods high in protein prior to and after your surgery.

Avoid alcohol. It is strongly suggested to stop drinking alcohol prior to surgery.

## Smoking

If you are smoking, we strongly encourage you to stop completely, preferably 5 - 6 weeks prior to the surgery, as it will reduce the risk of complications. This includes vaping, e-cigarettes, and marijuana. Doctors can help you by prescribing special medications (nicotine patches) and coaching you through it.



## Plan Ahead

Arrange for a family member or friend to help you after the surgery. If you work, arrange for time off with your employer. The surgeon can give you an estimated time for recovery.



# Guidebook for Colorectal Surgery

## Physical Exam and Tests

You will be getting blood work and tests ordered by your surgeon. You will see your primary care physician for a physical prior to surgery, if necessary. You might need an appointment with a cardiologist for cardiac clearance.

The hospital will call you to schedule an appointment with the Pre Admission Testing (POTA) Nurse. During this appointment you will see where to check in for your surgery, fill out pre-operative paperwork, do any remaining lab and diagnostic testing, and go over any additional teaching ahead of your surgery.



## Pre-Operative Visit

During your pre-operative visit, your home medications will be reviewed. Further instruction will be given as to what medications to take. You may be asked by your doctor to stop some of your medications ahead of surgery. Please bring a full list of all your medications. If it is easier, bring all of your medication bottles, including over the counter medications, vitamins, herbs, and supplements in one bag to be accounted for.

Vital signs and labs will be done. Abnormal lab values will be communicated to your physician. An ECG (electrocardiogram) and/or a chest x-ray may also be required to access your heart health for the surgery.

You will receive further education and instructions on how to prepare for the surgery and what to expect after surgery.



# Guidebook for Colorectal Surgery

## Surgery Timeline

### One Day Before Surgery

#### Bowel Prep

- Bowel preparation is prescribed to clean out your colon for surgery. Start taking it around 10 o'clock in the morning the day **before** your surgery or as prescribed. The goal is for your stool to be clear to yellow in color and all liquid. Every individual is different. For some it takes 2 hours, for others it can take up to 10 hours. Stay hydrated!
- Antibiotics might be prescribed and should be taken as instructed along with your bowel prep.

#### Diet

You will be on a clear fluid diet. You must refrain from solid food and all dairy. Examples of approved clear fluid items include:

- Clear juices (no pulp), avoid red and purple colored liquids.
- Non-caffeinated soft drinks
- Clear broth or bouillon
- Water
- Black coffee
- Tea
- Gatorade, popsicles or Jello-O, but no red or purple varieties



#### Carbohydrate Drink

- You will receive 2 bottles of the special carbohydrate drink.
- You will be instructed to drink 2 bottles at dinner the night before surgery.

#### Shower Prep

During your pre-operative visit, the nurse will discuss showering with a special soap the day before and morning of your surgery. You will be expected to put on clean clothes after each shower.

# Guidebook for Colorectal Surgery

## Surgery Timeline

### Day of Surgery

#### Diet and Medications

- You may have clear liquids up to 4 hours before your surgery.
- Take only those medications you have been instructed. You may take these medications with a few sips of water.

#### Shower Prep and Attire

- Wash as instructed, concentrating on your abdomen.
- Remove any make-up and nail polish.
- **DO NOT** put on any creams, lotions or perfumes.

#### What to Bring to the Hospital

- This Guidebook.
- Personal hygiene items (toothbrush, deodorant, razor, etc.).
- Clean, loose fitting clothes, bathrobe, slippers, pajamas.
- Assistive devices such as a cane, walker, or crutches, if you use.
- Cases for glasses, hearing aids, or false teeth.
- Copy of Advance Medical Directives (if you have one).
- Insurance card, driver's license, or photo ID.
- Co-payment if required by insurance company.
- Leave jewelry, valuables, and large amounts of money at home.

**We have many communication devices available to help those with hearing impairment and access to interpreters for a number of foreign languages. Please let us know prior to or upon arrival if we can be of assistance.**



# Guidebook for Colorectal Surgery

## Section Two:

## At the Hospital

### What to Expect

On the day of your surgery, please arrive on time. If your registration is complete: Arrive through the main front hospital entrance. Immediately turn right and proceed down the first hallway to the end. Stop at the double doors at the end of the hall. To your left is an elevator. Proceed to the 2nd floor. The elevator will open into a large waiting area. A staff member will then assist you with the next phase of your intake process.

If your registration is incomplete: You will be notified that there is further paperwork to complete prior to surgery. Arrive through the main front hospital entrance. Immediately proceed to the large desk just to your left, sign in, and update the registrar to your needs. They will assist you in finalizing your paperwork then escort you to the pre-surgical waiting area for further direction.

### Before Surgery

You will be introduced to your care team:

#### Pre-Operative Nurse

Your nurse will help you prepare for surgery:

- The nurse will review and verify all your information.
- You will change into your hospital gown.
- An IV and IV fluids will be started.
- Pre-operative medications may be given, if necessary.

#### Anesthesia and Your Surgeon

An anesthesia provider will be in to review your anesthesia plan and discuss any risks and benefits associated.

Your surgeon will see you before surgery, mark the surgical site, and review the surgery plan.



### During Surgery

- You will be taken to the operating room (OR).
- Every operation is unique, therefore, the duration of the surgery is an estimate. Your family, significant other, and/or friends may wait in the surgical waiting area. We will keep them informed during your surgery. You will be transferred from the OR to the post anesthesia care unit to recovery from anesthesia.
- You will see your family, significant other, and/or friends once you have recovered from the anesthesia and have been made comfortable on one of the surgical units upstairs. Unfortunately in most circumstances, we are unable to accommodate any visitors in the post anesthesia recovery unit (PACU).

# Guidebook for Colorectal Surgery

## After Surgery

- You will awake in the post anesthesia care unit (PACU). Your nurse will be at your side to help you remain comfortable, address any nausea and pain, and check your dressings.
- Your pain level will be assessed and vital signs monitored.
- You will have IV fluids.
- You may have Oxygen delivered to you either through a mask or nasal cannula.
- You may have a urinary (foley) catheter to drain urine out of your bladder into the attached bag.
- You may have other drains if necessary such as a JP drain.
- When stable and recovered from Anesthesia, you will be transported to your hospital room. At this time, you are able to have visitors.



## In Your Hospital Room

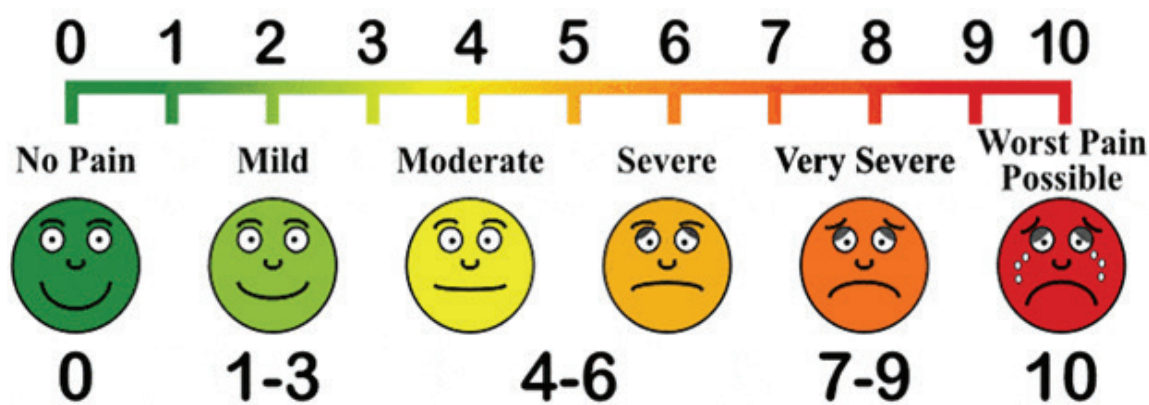
### Pain Management

Pain management is an important part of your recovery. Please be aware that we do anticipate you will have some post-operative pain. Our goal is to limit opioids and for you to get up and moving the day of surgery. The sooner you can return to activities the sooner you:

- Reduce any possibility of complications.
- Get to return home.
- Can do the things that are important to you.

Using a number to rate your pain can help your care team understand and help manage it. "0" means no pain and "10" means the worst pain possible.

Be specific about the location and intensity of your pain. Medications will be administered intravenously or orally as needed to manage your pain.



# Guidebook for Colorectal Surgery

## In-Hospital Recovery Plan:

### Day Zero (day of surgery) and One:

Depending on your surgery and condition, you may have a tube in your nose to help remove excess stomach contents. This is a normal part of your recovery. The tube will be removed when your bowels “wake up” from the anesthesia, usually in a day or two. Also dependent on your surgery and condition, you might be able to start drinking clear liquids. Do not worry if you are kept without oral liquids (NPO) the first day. You will have IV fluids to keep you hydrated.

Your IV fluids may likely be stopped and the catheter might be removed from your bladder if the surgeon feels you are ready. We expect you out of bed, with the assistance of your nurse, nurse’s aide, or physical therapy. You will sit in a chair for several hours and start to move about in the hallways. You may also meet with a case manager to determine your discharge needs, including a nursing home or rehab center for extended recovery. You may also have a home health care nurse visit you at your home if needed.

### Day Two:

You may start eating a full liquid diet or soft diet, again depending on your progress. The catheter from your bladder will be removed, if not already done. If you have a new ostomy, the ostomy nurse will work with you to learn how to care for your ostomy and get you set up with home supplies. We expect you to be out of bed for the majority of the day, and walking several times in the hallway with assistance as needed.

### Day Three:

You will continue to work towards or continue your low residue diet. You may be ready for discharge if you have met the discharge milestones, and do not have any signs of post-operative complications. We will not discharge you from the hospital until we are sure you are ready.



# Guidebook for Colorectal Surgery



## Meals

Your surgeon will order the appropriate diet for you. It may begin with ice chips and then advance to clear fluids, full fluids, soft diet and then full regular diet. It is important that you eat, let your nurse know how much you ate, as well as how you feel after eating.

You will be given chewing gum to chew or hard candy 3-4 times a day to stimulate your bowel. This helps to speed up the return of bowel function and prevent complications.

## Post-Surgical Activity and Exercises

You will wear special compression devices on your lower legs to help with circulation of blood while you are in the hospital. The compression devices help reduce the risk of blood clots.

### Leg Exercises

Leg exercises will help with blood circulation in your legs and prevent complications. Repeat these 4 - 5 times every half hour while you are awake:

1. Rotate your feet to the right and left
2. Wiggle your toes and bend your feet up and down.
3. Stretch your legs straight.
4. Repeat.

### Get Up and Walk:

You will be assisted out of bed and into a chair the same day as your surgery or post-op day 1. A member of our physical therapy (PT) team will be working with you during your hospital stay. The sooner you are able to get up and moving, the more you can decrease your risk of developing a post-operative complication.

### Breathing Exercises:

The nursing staff will work with you on breathing exercising to prevent lung congestion.

- To cough, take a deep breath in and cough forcefully from your abdomen. Use a blanket or pillow to support your incision.
- To deep breathe, inhale deeply and hold your breath while counting to 10. Then exhale the air slowly. Take a break and then repeat the exercise at least 10 times every hour while awake. You will be given a small plastic device called an incentive spirometer (IS). An IS helps you expand your lungs and prevent post-surgical complications. You should use your IS 10 times per hour while awake.



# Guidebook for Colorectal Surgery

## Common post-operative complications that may prolong your hospital stay:

**Nausea and vomiting:** It is very common to feel sick to your stomach after your surgery. We give you medication to reduce this. However, if you do feel sick, you should reduce the amount you are taking by mouth. Small, frequent meals or drinks are best if you are feeling sick. As long as you can drink and keep yourself hydrated, the nausea will likely pass.

**Ileus:** Ileus happens when the bowel temporarily slows after surgery. Symptoms of this include nausea, vomiting, bloating, and abdominal pain. This will resolve over time. Treatment includes: stopping eating and drinking and receiving fluids through an IV. In some cases you will need a tube down your nose into your stomach called a nasogastric (NG) tube to drain bile and stop you from feeling sick. The best way to avoid an ileus is to reduce the amount of narcotic pain medications, get up as much as possible after your surgery, and stimulate the bowel after surgery with small amounts of food and liquids.

**Anastomotic leak:** This is a rare but serious post-operative complication that will typically occur 5-7 days after your surgery. It occurs when the two connected ends of your bowel fail to heal, causing a leak. Patients will usually have severe abdominal pain, fever, and vomiting. This often requires another operation. Please let your care team know right away if you have any of these symptoms.

**Infections** The skin is the body's protective barrier. Anytime we break that barrier, there is a risk for infection. After surgery, there is also a risk of developing pneumonia, a lung infection. There is also a possibility of developing a urinary tract infection from having a Foley catheter. Let your nurse know if you have the following symptoms:

- A temperature greater than 100
- Shivering
- Feeling hot and cold
- Feeling generally unwell
- Cough
- Swelling, redness or warmth around your incision
- A strong smell or liquid oozing from your wound
- Loss of appetite

Rarely, you will need another operation to clear out a post-operative infection. You can help decrease your risk of getting an infection by showering with hibiclens soap the night before surgery, keeping your incision clean, not submerging your incision in water until cleared to do so by your doctor, and by using your incentive spirometer.

# Guidebook for Colorectal Surgery

**Blood clots:** Blood clots are a possible complication of having surgery that can be caused by not moving around as much as you normally do. Clots can block the normal flow of blood through your veins. Let your doctor or nurse know if you have an area in your leg that is swollen, hot, red, or sore. There is a risk that a blood clot can become loose and travel through the bloodstream to the lung causing a blockage there. Symptoms of this include: shortness of breath, chest pain, coughing up blood, feeling dizzy or light headed.

Preventing blood clots is very important. You can help do this by walking regularly and wearing sequential compression devices (SCD's) or compression stockings while in bed or in the chair. To prevent blood clots, your nurse might give you injections daily to help lower your risk of developing a blood clot. If you have been diagnosed with cancer, you will likely be sent home with a month supply of these injectable medications to continue at home. Your nurse will instruct you on self administration of these medications or home health may be arranged in some cases.

If you have any symptoms of a blood clot once you go home, please call your doctor's office or the ER.

**Bleeding:** There is a risk of bleeding during and after surgery. Your healthcare team will watch you closely for signs of bleeding. The treatment you need depends on what is causing the bleeding and how much blood you lose. You may need a blood transfusion.



# Guidebook for Colorectal Surgery

## Discharge Home

The plan is to go home as soon as you can!

Your breathing exercises, getting out of bed, walking regularly, and tolerating the prescribed diet are all part of your **discharge milestones**:

- The ability to drink enough to keep yourself well hydrated and tolerate soft foods.
- Recovery of lower GI function with flatus or bowel movements.
- Pain control achieved with oral pain medication.
- The ability to mobilize.
- The ability to perform self care.
- Adequate post discharge support.
- Patient willingness to go home.

Your surgeon will clear you to go home when you have met the discharge milestones. The final discharge order will be from your admitting physician.

## Discharge Instructions

**Pain Management:** Pain management is important, even after you leave the hospital. Your surgeon may prescribe an oral pain medication. Take as needed.

**Showering:** You will be instructed on showering and incision care. **NO** bath tub or pool for at least 4 - 6 weeks.

**Diet:** Your surgeon or dietitian will provide a diet for you to follow at home. Some foods might upset you or cause loose stools. Avoid them for the first few weeks and then reintroduce them slowly.

Eat foods high in protein and with enough calories to help your body to heal. Good sources of protein are dairy, beef, fish, poultry and beans. If you can't eat enough, you can take liquid nutritional supplements. Be sure to drink plenty of fluids to prevent dehydration.

Your bowel habits may change and vary from loose stools to constipation.

**Activity:** It is important to continue to walk several times a day and gradually increase the distance and intensity until you are back to your normal level.

Avoid lifting anything greater than 10 pounds and straining your abdominal muscles.

**DO NOT** drive until you are fully recovered from your surgical procedure.

You should be free from effects of any pain relief medication you may be taking, and be comfortable in the driving position. Your surgeon will help in deciding on when you are ready.

**Follow-up Appointment:** You will be provided a date and time or will be instructed to call and schedule your appointment to follow-up with your surgeon in the office. Your surgeon will send a report to your primary care physician for your records. You will need to follow up with your primary care physician too.



# Guidebook for Colorectal Surgery

## FAQ's After Surgery:

### **How long will I be in the hospital?**

Most patients will be in the hospital for 3-5 days after surgery. This hospital stay can be prolonged if you develop post-operative complications. You will need to meet the discharge milestones prior to being discharged.

### **What will my bowel movements be like after surgery?**

Your bowels will take several weeks to recover from surgery and may be unpredictable at first. Your bowel movements may become loose, or you may be constipated. For most patients, this will get back to normal with time. Make sure you follow a healthy diet, drink plenty of fluids and walk frequently during the first two weeks after your operation.

### **Will I have pain after surgery?**

Abdominal pain, it is not unusual to have some abdominal pain during the first week following removal of a portion of your bowel. This pain usually lasts for a few minutes but goes away between spasms. If you have severe pain lasting more than 1-2 hours or have a fever and feel generally unwell, you should contact us at the telephone contact numbers listed at the beginning of this booklet.

### **How do I care for my wound?**

For the first few weeks following surgery, your wound may be slightly red and uncomfortable. You may shower and let the soapy water wash over your incision. Avoid soaking in the tub for one month following surgery or until the wound is well-healed. It will take the wound several months to "soften". It is common to have to have bumpy areas in the wound near the belly button and at the ends of the incision. If you have staples, these should be removed when you are seen by your surgeon at the follow-up appointment. You may have a glue-like material on your incision. Do not try to remove this material. It will come off over time. You also have sutures inside of you that will dissolve over time.

### **What diet do I have to follow after surgery?**

Attention to good nutrition after surgery is important to your recovery. If you had no dietary restrictions prior to the surgery, you most likely will have no special dietary restrictions after the surgery. Consuming enough calories from a healthy diet consisting of enough proteins, vitamins and minerals is necessary to support healing. Some patients find their appetite is decreased after surgery. If this occurs, eating frequent small meals throughout the day may help. It is not unusual to lose weight after surgery. Weight loss should stabilize by the second to third week after surgery. It is normal for certain foods to taste different and certain smells may make you nauseous. Over time, the amount of food you can comfortably consume at one time will gradually increase. You should try to eat a balanced diet. Some suggested foods to try initially include:

- Foods that are soft, moist, and easy to chew and swallow.
- Canned or soft-cooked fruits and vegetables.
- Plenty of soft breads, rice, pasta, potatoes and other starchy foods.
- High-protein foods and beverages, such as meats, eggs, milk, cottage cheese, or a supplemental nutrition drink like Boost or Ensure.



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- Drink plenty of fluids-at least 8 to 10 cups per day. This includes water, fruit juice, Gatorade, teas/coffee and milk.
- Avoid drinking a lot of caffeine, since this may dehydrate you.
- Avoid fried, greasy and highly seasoned or spicy foods.
- Avoid carbonated beverages in the first couple of weeks.
- Avoid raw fruits and vegetables.
- A dietician will work with you while you are in the hospital so that you understand your discharge diet.

## **Can I exercise after my surgery?**

We recommend frequent walking and exercising several times a day. Gradually increase your exercise time during the four weeks following your operation until you are back to your normal activity level. You may climb stairs. No lifting greater than 10 pounds for the first four weeks. This is done in order to avoid hernia formation.

## **When can I go back to work?**

Plan to be out of work for the first 1-2 weeks after your surgery at least until your first post-operative visit. It may be as long as 4-6 weeks after your surgery depending on the nature of your job. Talk to your surgeon during your pre-operative and post-operative visits about return to work timelines.

## **When can I drive?**

You can drive when you are no longer taking narcotics, and are pain free enough to react quickly. For most patients this will be three to four weeks after surgery.

## **Can I have sex?**

It is generally safe to resume having sex 6 weeks after surgery. If you have a new ostomy, it is common to have body image concerns. There are many support groups available to you in the back of this booklet.

## **Can I shower?**

Unless you have been told otherwise, you may shower. Remove any dressings. Let warm water and soap go over your incision but do not scrub. Pat to dry. Replace any dressings with new gauze and tape if needed. Do not apply creams, lotions, or ointments to the incisions unless directed to do so.

## **Can I go swimming?**

We do not recommend any tub baths, hot tubs, pools, or oceans until you are seen in clinic post operatively. You and your surgeon can discuss when these activities will be allowed at that appointment. This is done to give your incision time to heal.

## **What do I do with the drain?**

In some cases, you will go home with a JP drain. This drain should be emptied every 12-24 hours and the output should be recorded. Sometimes you will have a home health nurse who will come and do this for you. Please call your surgeons office if the output becomes cloudy or foul smelling. Your surgeon will remove it during your post-operative visit. Be sure to bring your output log. For self care, you will be taught how to care for the drain and given a measuring cup to monitor drainage output before you are discharged.



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## **What do I do with my dressing?**

In most cases your incision will be closed with a special kind of skin glue that will slough off over 10-14 days, do not pick at it. If you have a gauze dressing which needs replacing, your nurse will discuss this with you prior to discharge. An Aquacel dressing lasts five to seven days, you may shower with it in place.

## **Where is my pain medication?**

Your pain medication will be sent electronically to the pharmacy that you indicated to the hospital staff on arrival. Remember, if you are under the care of a pain management physician, or are receiving long term pain medication, your surgeon will be unable to prescribe you any additional pain medication as part of your agreement with your pain management physician.

## **When is home health coming?**

If you were told prior to discharge that you would have a home health nurse coming to visit you after discharge, they should come to your home within 24-48 hours after discharge. If they have not made contact with you after discharge, please call the case management office, their number is located at the front of this booklet.

## **Do I have any diet restrictions?**

Most patients will not have any diet restrictions at discharge. If you have an ileostomy be sure to be getting enough hydration both through liquids and foods.

## **How many days is it normal to go without a bowel movement BM?**

Most patients will experience diarrhea post operatively. If you haven't had a BM on the day of discharge, please let your surgical care team know prior to discharge. You can take stool softeners at the discretion of your surgeon after discharge.

## **I have questions about my ostomy?**

For all question about ostomy, please refer to the guidebook given to you by the wound and ostomy care nurse during your hospitalization titled: Getting back to life with your ileostomy/ colostomy. You will also likely have had a referral sent to the outpatient wound care center for any outpatient ostomy troubleshooting needs.

## **How long will I have the ostomy?**

Most patients will be able to have their ostomies reversed in about 3-6 months from the time of their original surgery. Speak with your surgeon for a definitive timeline.

## **What is "normal" ostomy output?**

If you have an ileostomy your output should be more liquid in form. If you have a colostomy it should be more like formed stool. Remember, it should never appear bloody. If you have more than 1000-1500 ml out of your ileostomy in 24 hours, please call your surgeons office.



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## **When can I start my regular medications/blood thinners?**

You will be told at discharge if there are any medications you are unable to take. In most cases, your blood thinner will be restarted prior to discharge.

## **Where do I get supplies for my wound/ostomy?**

The wound care nurse should send you home with some ostomy care supplies. They will be further supplied by home health after discharge. The wound care nurse can give you a list of companies available for supplies as well.

## **I was discharged with new medications. Who refills these?**

Your surgeon will send you home with pain medication at discharge. These will not have a refill. If you are still in pain after your pain prescription is gone, please call your surgeon's office. If you were prescribed a new medication for an existing or new medical condition, you will follow up with your usual primary care provider for refills and monitoring of this medication.

## **I still have a question that wasn't answered in this book**

For a non-urgent question, please call the Surgical Nurse Navigator at 941-766-4135 from 6 am to 2 pm weekly. Please leave a message if there is no answer. Your call will be returned as soon as possible. If you have any **urgent** questions please call your surgeon's office directly.







## CALL YOUR SURGEON OR GO TO THE CLOSEST E.R.:

- **You have a persistent fever (oral temperature greater than 100.4 degrees)**
- **You cannot keep fluids down because of severe nausea, vomiting, diarrhea.**
- **Increased redness, warmth or drainage from your incision**
- **Increased pain with no relief from the prescribed medication**
- **You have shortness of breath, chest pain, calf pain, blood in urine or stool**
- **Greater than 1000-1500 ml out of you ileostomy in 24 hours**



## Resources and Support Groups

### American Cancer Society

[www.cancer.org/cancer/colon-rectal-cancer.html](http://www.cancer.org/cancer/colon-rectal-cancer.html)

### Colon and Rectal Cancer Online Support and Education

[www.cancer.org/treatment/support-programs-and-services/online-communities.html](http://www.cancer.org/treatment/support-programs-and-services/online-communities.html)

### CancerCare®

#### Colorectal Cancer Patient Group (Free)

[www.cancercare.org/support\\_groups/45-colorectal\\_cancer\\_patient\\_support\\_group](http://www.cancercare.org/support_groups/45-colorectal_cancer_patient_support_group)

### Colorectal Cancer Alliance

#### Patient and Family Support Group Chat (Free)

[www.ccalliance.org/patient-family-support/patient-family-support-group-chat](http://www.ccalliance.org/patient-family-support/patient-family-support-group-chat)

### United Ostomy Associations of America, Inc.

#### Local Support Group Finder

[www.ostomy.org/support-group-finder/](http://www.ostomy.org/support-group-finder/)

### Crohn's and Colitis Foundation

[www.crohnscolitisfoundation.org/](http://www.crohnscolitisfoundation.org/)



[www.ShorepointHealthCharlotte.com](http://www.ShorepointHealthCharlotte.com)