



CARE AFTER ABDOMINAL AND PELVIC SURGERY

Removal of a portion of the colon, small bowel or rectum is a major operation. After a period of hospitalization from four to 10 days, you will be ready for discharge to home or to an alternative care facility. Discharge from the hospital requires:

- Being able to eat and drink enough food and liquid.
- Passing bowel movements and gas from anus or stoma
- Sufficient pain control with oral medication such as percocet, vicodin, and motrin and ability to tolerate oral pain medications (as pertains to . There is a tremendous variability of "normal" in all of these areas.

Activity

Plan to walk every day. Do not spend prolonged periods of time in bed except to sleep.

You may walk up and down stairs slowly and with care.

PLEASE DO NOT LIFT ANYTHING HEAVIER THAN FIVE POUNDS OR STRAIN YOURSELF EXCESSIVELY. There is a risk of hernia from the wound incision if you strain or exert yourself prematurely.

Diet

It is important to eat sufficient food and drink sufficient fluids to recover from surgery. Avoid heavily spiced, fried, or fatty foods. Remember “boiled, broiled, and bland” when preparing meals.

Avoid alcohol and limit caffeinated or carbonated drinks. One cup of coffee or tea per day is acceptable. Remember that both caffeine and alcohol make the intestines move faster and can cause diarrhea, and are also diuretics that can lead to dehydration. If you experience diarrhea, switch to a BRAT Diet (Bananas, Rice, Applesauce, Toast) and drink copious.

BE SURE TO KEEP HYDRATED: Drink at least 2 liters of liquids per day. Use the products PROPEL and GATORADE to supplement your drinks as these replace lost minerals and sugar.

PROBIOTICS refer to the “good” bacteria present in our bodies. When hospitalized and when taking antibiotics, the good bacteria can be wiped out and disease causing bacteria take over. One way to manage this is to put the good bacteria back in the body. This is accomplished by eating products that contain the good bacteria. These include any yogurt product with live yogurt cultures, including DANACTIVE and ACTIVIA.

If you experience severe diarrhea, or abdominal cramps, or nausea or vomiting, please call as soon as possible. If you cannot eat or drink, please return to the hospital emergency room for treatment.

IF YOU EXPERIENCE A PROBLEM OR UNEXPECTED EVENT, OR HAVE QUESTIONS,
Please contact Dr Joshua Katz at 240-403-0415



Wound Care

During surgery, cuts are made in your body to perform the operation. These cuts are referred to as wounds. Some patients have wounds closed with metal staples. These are removed 7-14 days after surgery either in the doctor's office or in the hospital. Some patients have their wounds closed with absorbable stitches that fall out on their own. These wounds may be covered with adhesive tapes. You can and should shower or bath daily with these wounds. However, do not rub them or use soap or washcloths on them. Simply let the water run over the wounds. Pat dry gently. Unless there is drainage it is not necessary to cover these wounds.

Open Wounds

Sometimes the skin overlying a wound is left open. This occurs in cases of infection or excessive discharge of fluid from the wound. If you have an open wound please follow the instructions you received when you leave the hospital, and please call if you have questions or do not understand. The most common type of wound care is called a wet to dry dressing. Cotton gauze is moistened with salt water and placed in the wound. It is then covered with dry gauze. As the gauze dries, it removes unhealthy tissue from the wound and keeps it clean. Generally open wounds should be changed once or twice a day.

Resumption of Normal Activities

Return to normal activities depends largely on the patient and what "normal" means. Most patients need four to six weeks minimum to recover from abdominal surgery. If you need to take narcotics you should not drive or operate any kind of machinery or equipment. However, many patients find it beneficial to resume some work in a limited capacity, either from home or part time. This should be done after discussion and a follow-up visit with your doctor.

Sexual Relations

Resumption of sexual activity after surgery can be difficult and anxiety provoking. Many issues are involved. There is for the some the question of body image and self esteem. Some patients may feel embarrassed or "not normal" after the surgery. There is also the issue of pain from the incision, and the fatigue and weakness of illness. Finally, surgery, radiation, and chemotherapy can alter sexual function. Therefore some degree of change in sexuality after surgery can be expected for an unpredictable period of time. Please discuss this with your doctor.

PROBLEMS

- **CHEST PAIN AND DIFFICULTY BREATHING:** Pneumonia, Heart Attack, and Pulmonary Embolism (Blood Clot to the lungs) can happen after surgery. If you experience chest pain or difficulty breathing, call an ambulance or go to the nearest emergency room.

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- **BLEEDING:** Small amounts of bleeding from the wound and passage of small amounts of clot or blood in the stool can be expected after surgery. If bleeding becomes constant, or there is a large amount, please call the doctor immediately or return to the Shady Grove Hospital Emergency Room.
- **INFECTION.** Cough, redness or foul smelling wound drainage, pain with urination can be the sign of infection. Loss of the ability to urinate, is another bad sign. Should these symptoms occur, return to the emergency room or call the doctor immediately.
- **LEG SWELLING:** Sometimes blood clots occur after surgery. If one or both legs swell up, please call your doctor.
- **URINATION.** Some patients cannot urinate after surgery due to pain, anesthesia or swelling. This condition is a potential emergency and requires treatment with a catheter placed into the bladder, and left in place from 1-5 days. Evaluation by a urologist may be necessary, but most cases resolve as the patient recovers from surgery. If you lose the ability to urinate, call the doctor immediately.
- **PAIN.** Surgery causes pain. Pain is treated with narcotics, acetaminophen (Tylenol) and where appropriate, nonsteroidal antiinflammatory agents. Individual responses to pain and the impact of pain on the ability to work and function cannot be predicted reliably. Patients may need a variable amount of time off from work after surgery. Pain should gradually get better each day. Increasing, severe, worsening, persistent pain should prompt a phone call to the doctor.
- **NAUSEA AND VOMITING:** Many patients have nausea after surgery. This can result from anesthesia, from medicine given for pain, and from complications such as obstruction or infection. However, not all nausea or vomiting is the same. Mild indigestion and nausea can be treated with clear liquids and rest. If this does not work, or if you cannot drink or eat without vomiting, return to the emergency room, or call your doctor immediately.
- **BOWEL MOVEMENTS** As a result of narcotic use, patients may experience constipation. It is important after anorectal surgery to have regular bowel movements. Patients are advised to avoid straining, and use copious amounts of fiber (Metamucil, Konsyl, Citrucel, Benefiber), stool softeners (Colace, Surfak) and Laxatives (Miralax, Milk of Magnesia, Fleets Phosphosoda) liberally for the first 4-6 six weeks after surgery.

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