



## **CARE AFTER ANORECTAL SURGERY**

- A responsible adult must accompany you home after surgery.
- Expect 2-4 weeks of pain and disability after anorectal surgery.
- If instructed, remove the dressing placed in the anal area during your first bowel movement.
- Remove all packing in wounds twenty four hours after surgery.
- Use the bowel management regimen after anorectal surgery.
- Place gauze pads over the anal area to absorb drainage. **DO NOT REPACK THE WOUNDS.**
- Take warm baths or showers two to three times a day for no more than ten minutes at time. Frequent bathing keeps wounds clean. Excessive soaking can cause swelling and skin damage.
- You may feel fatigued and tired. Rest often and as necessary. However do not remain in bed all day. It is important to get up and take a walk each day after surgery.
- Eat a soft, bland diet. Avoid hard, spicy, greasy, or fatty, difficult to digest foods.
- Drink at least one liter of water per day, and 2 liters if possible.
- Do not drink alcohol while taking narcotics or nonsteroidal agents.
- Do not drive for the first 48 hours after surgery.
- Do not drive while taking narcotics.

**IF YOU EXPERIENCE A PROBLEM OR UNEXPECTED EVENT, OR HAVE QUESTIONS,  
PLEASE CONTACT DR JOSHUA KATZ AT 240-403-0415.**



## **PROBLEMS AFTER ANORECTAL SURGERY**

- **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.
- **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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