

## **Abdominal and Pelvic Surgery**

Abdominal and pelvic surgery is major surgery with serious risks. These are discussed in the handout Preparation for Abdominal and Pelvic Surgery. Consultation by urologist is frequently requested for assistance during surgery. The urologist performs a cystoscopy and places catheters (tubes) in the ureters connecting the kidneys to the bladder. This is done after anesthesia begins, but involves an additional procedure.

Surgery requires anesthesia. Where appropriate, an epidural catheter is placed first and used for anesthesia during and for the first several days after surgery. Following this, general anesthesia is used. Most patients are awakened from anesthesia after surgery. Sometimes patients are kept asleep and on a ventilator (machine that helps breathing) after surgery.

Surgery takes 3-4 hours and can be longer depending on disease, progress and complications. During surgery, intravenous tubes are placed; a urinary catheter is placed and sometimes abdominal drains are used. An ileostomy or colostomy may be depending on the type of surgery being performed.

Hospitalization usually lasts 4-7 days, but may take longer if problems occur. Patients may need to be either in a routine hospital bed, or in a monitored bed, or in the Intensive Care Unit, depending the course of the surgery and the amount of nursing attention needed.

Recovery can take 6-8 weeks and longer. Patients will require pain medicine, first by injection and then by mouth.

It is critical for patients to get out of bed and walk after surgery as soon as possible. This helps prevent pneumonia and blood clots and keeps muscle strength and endurance.

Failure to walk after surgery can lead to serious problems and compromises safety and wellbeing.