

Your Guide to Colorectal Surgery



Preparing for Colorectal Surgery

Welcome to Sharp HealthCare, where it is our goal to seamlessly coordinate the specialty care you need. We know that preparing for surgery can be overwhelming. You may be receiving a lot of information leading up to and after your surgery. Know that our colorectal surgery team is here to help you throughout the process.

This booklet will guide you through the stages of surgery, including:

1. Getting ready for your surgery.
2. What to expect on the day of surgery.
3. Planning for recovery and going home after surgery.
4. What to expect once you are home.

It is important to remember that every patient is different. Your care team will tailor your recovery program to your specific needs.

Please try to read this booklet as soon as you are able to, and bring it with you to all your appointments and hospitalizations related to your colorectal surgery. Write down any questions you have so you can ask your surgical team when you see them, or call your surgeon's office (see our list of phone numbers on page 15). It is important for you, your family and your friends to understand what to anticipate so that everyone can fully participate in your recovery.

In good health,

Your Sharp HealthCare Colorectal Surgery Team

This book was adapted from a patient guide developed by The Johns Hopkins Hospital.

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Your Name _____

Surgeon's Name _____

Surgeon's Phone Number _____

Date of Surgery _____

Location _____

Upcoming Appointments

Appointment	Date	Time
Preoperative (surgeon's office)		
Pre-Anesthesia Evaluation Services (PAES)		
Lab		
EKG (if needed)		
Other		

Planning for Surgery

Scheduling Surgery

After you meet with your surgeon and decide to have surgery, your surgeon's office will work with the hospital to schedule your surgery.

Bring this booklet, your insurance card, a complete list of medications you are taking, contact information for your primary care doctor, and all pertinent medical information with you to the hospital.

Insurance Authorization

Your surgeon's office will be contacting your insurance provider to secure authorization for your surgery. Please notify your surgeon's office immediately if there have been any changes in your insurance since your last visit. Our Patient Financial Services team will contact you regarding

any deductible or copayment. **You will need to pay any deductible or copayment on the day of your surgery.**

Pre-Anesthesia Evaluation Services

Our Pre-Anesthesia Evaluation Services (PAES) Department will contact you for a phone appointment to review the following:

- Medical history
- Medications
- Preoperative instructions
- Bloodwork and testing, if ordered

If appropriate, your surgical team and prescribing doctor will plan the management of your blood thinners, such as warfarin, clopidogrel and aspirin.

Visit sharp.com/paes for additional information.

Advance Health Care Directives

An advance health care directive (advance directive) is a legal document that allows you to make your health care preferences known in the event you cannot make decisions for yourself. In your advance directive, you can name a health care agent — someone you trust to make health care decisions for you — and what your preferences are about treatments that may be used to sustain your life. Advance directives are optional and can be removed or revised at any time. If you have an advance directive, please bring a copy to the hospital before your next visit or admission. To learn more and download a form, visit sharp.com/advancedirective.

Steps to Take Before Surgery

You should plan to be in the hospital for a few days after surgery, until you are eating and drinking well, passing gas (a sign your bowels are working properly), and your pain is safely controlled.

One Month Before Surgery

It is likely that you will need some assistance from family members or friends immediately after leaving the hospital. **Pick one family member or friend who can be part of the team to help you make decisions and coordinate your care before, during and after surgery.**

If you do not have the assistance you will need at home, here are a few things you can do before coming to the hospital to make things easier for you when you get home:

- Place often-used items between waist and shoulder height to avoid having to bend down or stretch to reach them.
- You WILL be able to climb stairs after surgery. However, if you have a multistory home, it may be easier for you to bring the things you are going to use during the day downstairs.
- Stock up on food and other items, as shopping may be difficult when you first get home.

Eat a healthy diet for the month leading up to your surgery, as this helps you recover more quickly. Get plenty of exercise so that you are in good shape for surgery. Your current condition may limit this, but any exercise is good.

If you smoke, talk to your doctor about the benefits of quitting. Any inhalation (cigarettes, vaping and recreational drugs) can increase mucus, which is linked to increased risk of breathing problems after surgery.

Stop medications or supplements not prescribed by a doctor. Medications such as Tylenol PM or Advil PM can cause confused thinking and reduced awareness after surgery.

Notify your primary care doctor and cardiologist (if you have one) about your upcoming surgery.

Do not shave or otherwise remove any body hair on your abdomen or groin area for at least one week prior to surgery. Your doctors and nurses will remove any body hair near the surgical site with an electric hair clipper prior to your surgery, if needed.

Your Checklist

Use the checklists in this guide to prepare for your surgery and recovery.

- Eat a healthy diet leading up to your surgery and get plenty of exercise.
- Stop smoking.
- Meet with your doctors and nurses to review your medical history. Your doctor will tell you if you need to stop or change any medications.
- Receive a phone call from our Pre-Anesthesia Evaluation Services (PAES) Department to review your medications and health history.
- After your PAES call, obtain testing if ordered.

A Few Days Before Surgery

Bowel Preparation

Your doctor may prescribe a bowel preparation. This will help you empty your bowels to reduce the risk of infection. There are different preparations that you may take depending on what your surgeon prefers. Ensure you have all supplies needed for your bowel preparation as ordered. Please contact your surgeon's office if you have not been given bowel preparation instructions.

Your surgeon will also prescribe antibiotics to be taken the day before your surgery to reduce the risk of infections. These will be called into your pharmacy.

Skin Preparation

You will need to take two chlorhexidine showers. Take one the night before surgery and the second on the morning of surgery. This will help decrease the risk of infection.

We will provide you with one (4-ounce) bottle of chlorhexidine scrub at your preoperative visit, or you can purchase it at any pharmacy without a prescription. It is important that you use the scrub according to the directions on the side of the bottle.

Your Checklist

- Make sure you have all supplies needed for your bowel preparation as instructed.
- Make sure you have your antibiotic medications.
- Make sure your surgeon's office has given you one (4-ounce) bottle of chlorhexidine scrub for your skin preparation. This is enough for two showers.

One Day Before Your Surgery

Eating and Drinking

At breakfast time, one day before your surgery, you will need to start your clear liquid diet. Consume only the allowed clear liquids listed below. You may use salt and pepper.

You will also need to drink two bottles of pre-surgery drink beginning in the afternoon before your surgery and completing the second bottle before bed. Save a third bottle for the morning of surgery. If you have diabetes, check with your surgeon to make sure this drink is recommended for you.

These clear liquids **are allowed**:

- Water
- Clear broth
- Sports drinks
- Lemonade
- Soda, tea, coffee (no cream, milk, sugar, honey or other sweeteners)
- Gelatin (without fruit)
- Ice pops (without fruit pieces or cream)
- Italian ice
- Juice without pulp: apple or white grape juice

These liquids are **NOT allowed**:

- Milk or cream
- Milkshakes
- Tomato juice
- Orange juice
- Grapefruit juice
- Cream soups or any soup other than broth
- Alcohol (even if clear)

DO NOT eat mints or candy once you have started the clear liquid diet.

Note: It is important to stay well-hydrated during your bowel preparation. Please drink plenty of the allowed clear liquids.

Your Checklist

- Take your oral antibiotic pills at home as directed by your surgeon.
- Drink two bottles of pre-surgery drink, if recommended by your surgeon. If you have diabetes, check with your surgeon to make sure this drink is recommended for you.
- Perform your bowel preparation as instructed by your surgeon.
- Begin your clear liquid diet at breakfast time.
- The night before your surgery, shower using 2 ounces (half bottle) of chlorhexidine scrub, following the directions on the bottle.

Your surgeon will also prescribe antibiotics to be taken the day before your surgery to reduce the risk of infections.



Morning of Surgery

Your Checklist

- Drink the third bottle of pre-surgery drink if you were given this from your surgeon. **You must be completely finished two hours before your scheduled surgery check-in time.** If you have diabetes, check with your surgeon to make sure this drink is recommended for you. You may continue to drink clear liquids up until the time you leave to come to the hospital. Do not eat any solid foods.
- Take medications as instructed with a sip of water before leaving to come to the hospital.
- Shower using the remaining 2 ounces (half bottle) of chlorhexidine scrub, following the directions on the bottle.
- Leave valuables at home.

Day of Surgery

Your Hospitalization

Once your team is ready, you and one friend or family member, if desired, will be brought to the pre-surgery area. Here, the nurses and anesthesia providers will check you in and make sure everything is set for your surgery.

A nurse will place an intravenous (IV) catheter in your arm and measure your weight. They will give you several medications to help manage your pain and nausea during and after surgery. We will minimize the amount of narcotic pain medications you receive that can cause constipation and other problems. You will then be taken to surgery, and your family member or friend will be taken out to the lounge.

Operating Room

Many patients don't remember being in the operating room because the medications they are given during surgery can cause amnesia. The anesthesiologist will give you a general anesthetic, which will cause you to go to sleep. You will be connected to monitors.

Recovery Room

After surgery, you will be taken to the recovery room where you will wake up from anesthesia. Once awake and stable, you will be given water or juice to drink. The surgeon will talk with your family member or friend after your surgery and let them know about the operation. Most patients remain in the recovery room for about two hours. It is very important to get you moving as soon as possible after surgery. Being mobile helps speed up your recovery and prevent blood clots and pneumonia.

Surgical Unit

From the recovery room, you will be sent to one of the surgical units. The Post-Anesthesia Care Unit (Recovery Room) nurse or the receptionist in the family lounge will tell your friend or family member your room number.

In most cases, you will have a small tube in your bladder called a Foley catheter. This is so we can measure how much urine you are making and how well your kidneys are working. You may receive juice or water and may drink as you feel up to it. The sooner you can handle liquids, the sooner the Foley catheter can be removed.

You will be given medications to manage your pain. You should expect to have some pain, however, this should not prevent you from getting out of bed. If you are concerned about any of the medications or are still experiencing pain that prevents you from getting out of bed, talk to your nurses.

You will receive your regular medications except for some diabetes, blood pressure and blood thinning medications. You may receive a low dose of a blood thinner by injection to help prevent blood clots.

Recovering in the Hospital

Your Care Team

Although you may see your surgeon only once per day, the nursing staff is monitoring you constantly and is able to contact your surgeon or the surgeon on call for any issues that may come up.

Pain Relief

While you may not be pain-free at all times during your stay, our staff members will do everything they can to help safely manage your pain. Your pain will be assessed regularly on a scale from zero to 10. Pain assessment is necessary to guide your pain relief. It is essential that you are able to take deep breaths, cough and move. Prevention or early treatment of pain is far more effective than trying to treat severe pain. Therefore, we have created a specialized plan to stay ahead of your pain and use almost no narcotics, which can slow down your recovery.

Your Checklist

- ❑ Two hours after your surgery is over, get out of bed — with assistance — to take a few steps and sit in a chair.

One Day After Surgery

Focus on drinking and walking. If allowed, drink liquids as you feel up to it. Your diet will be ordered for you. You may be disconnected from IV fluids. Ask your nurse if some or all of the IV tubes attached to your arms or hands can be removed. Your urinary catheter may be removed. Ask your care team if it is not addressed.

Your Checklist

- ❑ Spend at least six hours out of bed. Walk at least three times in the hallway. The nursing staff will help you out of bed.
- ❑ If you have an ostomy — a surgically created opening in your abdomen that allows waste or urine to leave your body — participate in your ostomy care. Work with your nurse to understand how to care for yourself after you leave the hospital.

Two to Three Days After Surgery

You will start eating more solid food as you feel up to it. We will remove the tubing from your IV and your urinary catheter if we haven't already. If you have a new ostomy, one of the nurses will teach you how to care for your ostomy. You may be ready to go home if you are drinking enough to keep yourself hydrated, your pain is well-controlled, you are not belching or nauseated, you are passing gas, and you are able to get around on your own. Talk to your surgeon to see if you are ready to go home.

We will manage your pain with medications. It is important to stick to your planned medication regimen for maximum relief and to help minimize the need for opioid medications. If you are concerned about any of the medication or are still experiencing pain, talk to your nurses.

Planning for After the Hospital

You may meet with a Registered Nurse Transition Planner to discuss what your needs may be after you leave the hospital, such as home health, equipment and short-term skilled care in a nursing facility. Please let us know if you are going somewhere other than your home after leaving the hospital.

Your doctor may order home care to assist with your transition home. Through home care visits, you can learn about your treatments, as well as how to monitor medications, perform clinical assessments and report to your doctor. A home care coordinator can visit with you while in the hospital to discuss your options. A case manager can assist you with other services, such as physical therapy and ordering medical equipment.

If you have questions, please ask your nurse who is caring for you in the hospital.

Your Checklist

- Spend at least six hours out of bed. Walk at least three times in the hallway, with assistance as needed.
- Avoid dehydration by drinking plenty of liquids.
- Talk to your care team about how to manage your pain at home.
- Talk to your nurse about the signs and symptoms of infection and what to do if you think you have an infection.
- If you have an ostomy, talk to your nurse about:
 - How to empty your ostomy bag and care for the skin around your stoma (opening).
 - How to measure ostomy liquid output.
 - Which foods you can eat to make your ostomy output thicker and prevent dehydration.

- How to remove an ostomy bag and apply a new one.
- How to order additional supplies so you don't run out of supplies at home.

Leaving the Hospital

You will need to arrange for someone to meet you at the hospital and go home with you. For your safety, we will not release you without someone present.

When you are preparing to go home, you will receive:

- Detailed instructions with information about your operation and medications.
- All prescriptions for medications you need at home.
- Ostomy supplies, if necessary.
- An appointment to see your surgeon or provider for follow-up one to two weeks after you leave the hospital.

Please keep in mind that we strive to get patients ready to go home as quickly as possible. There may be delays for a variety of reasons, including complications that could prolong your hospital stay.

Your Checklist

- Make sure you have hospital release instructions.
- Make an outpatient appointment with your surgeon for within two weeks of leaving the hospital.
- Pick up any prescriptions you may need at the pharmacy.
- Take home a hospital bag containing ostomy supplies, if needed, and plan for how to get additional supplies delivered to your home.

Possible Complications

- **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 feel sick, you should reduce the amount of food and drink you are consuming. Small, frequent meals or drinks are best in this situation. As long as you can drink and keep yourself hydrated, the nausea will likely pass.
- **Ileus:** Following colorectal surgery, the bowel can shut down, making it difficult for food and gas to pass through the intestines. This is called an ileus. We have designed our care program to do everything possible to reduce the likelihood of an ileus. If you do develop an ileus, it usually only lasts two to three days. However, it may require a small tube down your nose to decompress the stomach. **The best way to avoid an ileus is to limit the amount of narcotic pain medications you are taking, get up as much as possible after your surgery, and stimulate the bowel early after surgery with small amounts of food and liquids.**
- **Anastomotic leak:** This is a rare but serious complication. Anastomotic leaks can develop five to seven days after surgery. They happen when two ends of the bowel that were joined fail to heal completely, leaving a small hole. Patients usually have severe abdominal pain, fever and vomiting. This often requires another operation.
- **Wound infection:** If a wound infection develops, it usually happens three to 10 days after surgery. If you have any redness or foul-smelling discharge, call your surgeon's office and let them know.
- **Urinary retention:** Anesthesia, pain medication and decreased activity can cause you to be unable to urinate on your own. If you are unable to urinate after your catheter is removed, the catheter may need to be reinserted until you are able to urinate on your own.

Recovering at Home

Call your surgeon's office if you are worried about your recovery. If you think something is not right, call sooner than later. It is generally easier to reach someone between 8 a.m. and 4 p.m. on weekdays. A surgeon is always on call for any emergency needs.

Call your surgeon immediately if:

- You have a fever higher than 101.5° F.
- Your wound is red or more painful than when you were in the hospital, or it has drainage.
- You are nauseated or vomiting, or cannot keep down liquids.
- Your pain is worse or uncontrolled with the medications you were sent home with.

Call 911 or go to the nearest emergency room if you believe you have a true emergency, such as severe abdominal pain, chest pain, shortness of breath or any other serious problems. Have the emergency room team contact your surgeon once you are stable.

Concerns After Your Surgery

Bowel Function

Your bowels will take several weeks to settle down and may be unpredictable at first. Your bowel movements may become loose or you may be constipated. The vast majority of patients return to normal function with time. Make sure you eat nutritious meals, drink plenty of fluids and take regular walks during the first two weeks after your operation.

Abdominal Pain

You may have gripping pains (colic) during the first week after your surgery — the result of spasms in your abdominal muscles. This pain usually lasts for

a few minutes but goes away between spasms. If you have severe pain lasting more than one to two hours, or if you have a fever and feel generally unwell, you should call your surgeon's office.

Diarrhea

The first step to improving your frequent or loose stools is to bulk up the stool with foods that are high in fiber while avoiding food and drink that cause gas, such as vegetables and carbonated drinks.

The second step is to add a fiber supplement. Psyllium is the most common type of fiber available at any drugstore.

Urinary Function

After bowel surgery, you may get a feeling that your bladder is not emptying completely. This usually resolves with time. However, if you are concerned, call your surgeon's office.

Wound Care

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, but do not scrub it. Do not soak in the tub for at least two weeks following surgery, until the wound is well-healed. It will take the wound several months to "soften." It is common to have bumpy areas in the wound near the bellybutton and at the ends of the incision.

If you have staples, they should be removed at the follow-up appointment with your surgeon. You may have a glue-like material on your incision. It will come off over time. It is the surgical glue used to close your incision. You also have sutures (stitches) inside you that will dissolve over time.

Post-Surgery Diet

Attention to good nutrition after surgery is important to your recovery. If you had no dietary restrictions prior to the surgery, you will have no special dietary restrictions after the surgery. However, consuming enough protein, calories, vitamins and minerals is necessary to support

healing. Some patients find their appetite is reduced after surgery. If this is the case for you, try eating frequent, small meals throughout the day.

It is common to lose 10 to 15 pounds after a colorectal surgery. However, by the fourth or fifth week, your weight loss should stabilize.

It is normal after surgery that certain foods taste different and certain smells may make you nauseous.

Over time, you will be able to increase the amount of food you can comfortably consume. You should try to eat a balanced diet, which includes:

- 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 (low-fiber varieties may be easier to tolerate initially).
- High-protein foods and beverages, such as meats, eggs, milk, cottage cheese or a supplemental nutrition drink such as Boost or Ensure.
- Plenty of fluids — at least 8 to 10 cups per day. This includes water, fruit juice, sports drinks, milk and decaffeinated tea or coffee. Drinking plenty of fluids is especially important if you have diarrhea.

Additional dietary tips include:

- Avoid fried, greasy and highly seasoned or spicy foods.
- Avoid raw fruits and vegetables.

Attention to good nutrition after surgery is important to your recovery.

Exercise and Activities

Listen to your body. Walking is encouraged after your surgery. Exercise several times a day and gradually increase your activity during the four weeks following your operation until you are back to your normal level. You may climb stairs. The most important thing is to avoid strenuous activity until you've seen your surgeon at your follow-up appointment.

Generally, you can return to hobbies and activities soon after your surgery. This will help you recover.

It can take up to two or three months to recover fully. Fatigue may occur, requiring an afternoon nap for up to eight weeks following surgery. Your body is using this energy to help you heal. Set small goals for yourself and try to do a little more each day.

Work

It is normal to return to work four to six weeks following your operation. If your job involves heavy manual work, please discuss your return to work plan with your surgeon.

Driving

You may drive once you are off narcotics and pain-free enough to react quickly with your braking foot. For most patients, this occurs two to four weeks after surgery.

Appointment	Date	Time
Follow-Up Appointment (surgeon's office)		
Other		
Other		

Important Contacts

Sharp Grossmont Hospital

5555 Grossmont Center Drive

La Mesa, CA 91942

619-740-6000

Inpatient Unit: 3 East

619-740-4840

Pre-Anesthesia Evaluation Services (PAES)

8860 Center Drive, Suite 220

La Mesa, CA 91942

619-740-5180

Sharp Memorial Hospital

7901 Frost St.

San Diego, CA 92123

858-939-3400

Inpatient Unit: 6 North

858-939-5660

Pre-Anesthesia Evaluation Services (PAES)

8008 Frost St., Suite 100

San Diego, CA 92123

858-939-3295

Sharp Chula Vista Medical Center

751 Medical Center Court

Chula Vista, CA 91911

619-502-5800

Inpatient Unit: 4 South

619-502-5978

Pre-Anesthesia Evaluation Services (PAES)

765 Medical Center Court, Suite 200

Chula Vista, CA 91911

619-502-5935

Sharp Coronado Hospital

250 Prospect Place

Coronado, CA 92118

619-522-3600

Inpatient Unit: Second Floor

619-522-3735

Pre-Anesthesia Evaluation Services (PAES)

230 Prospect Place

Coronado, CA 92118

619-522-3754



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