

Bowel Surgery

What I need to know after my bowel surgery.

Learning about bowel surgery

Learning something new can be hard. It is even harder if you are not feeling well. The purpose of this learning plan is for you, your support person, and the staff to review this material together. Here are some good things to tell the staff:

- Who you want to learn with you. We would like to have someone who will be helping you at home learn with you.
- The best way for you to learn. Do you learn best by reading a book or pamphlet, or by doing things yourself?
- If you are not feeling well, if you are in pain, or you cannot focus on learning right now.

This information is important to your health. We may explain something more than once. We will be giving you information in small bits over several days.

What I need to learn about bowel surgery:

By the time I leave the hospital, I will be able to tell the staff how I will:

1. Be active.
2. Care for my incision(s).
3. Eat in order to heal.
4. Manage my pain.
5. Follow-up with my doctor after discharge.
6. Contact my doctor's office with questions or problems.

The staff will use three questions to teach me about my bowel surgery:

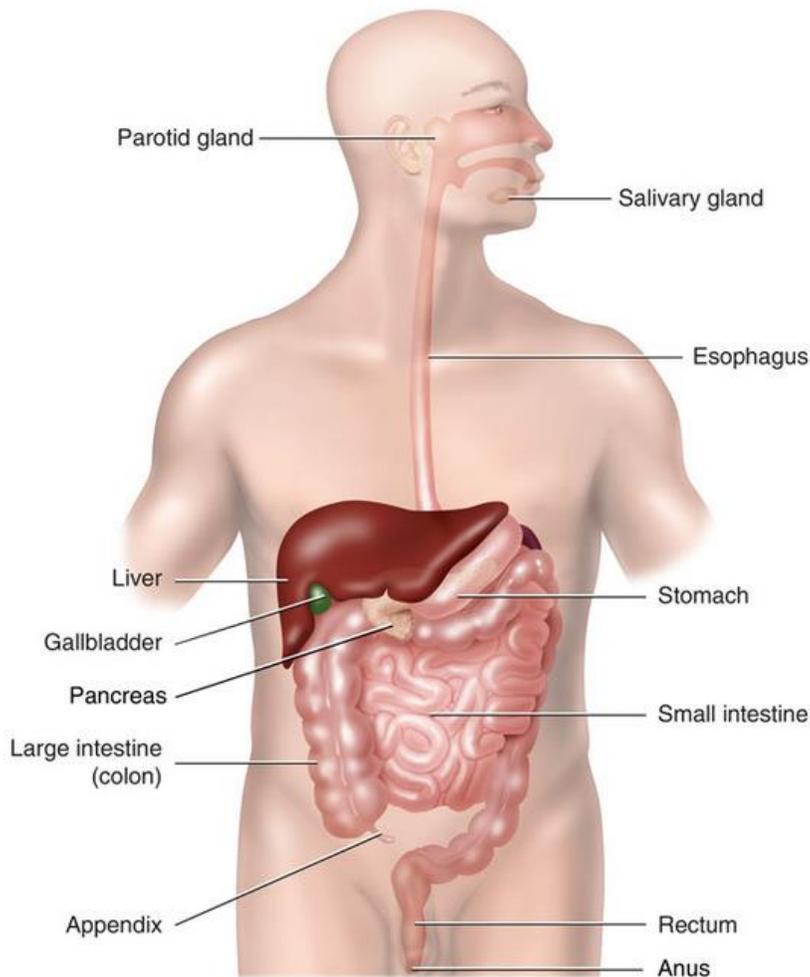
1. What is my main problem?
2. What do I need to do?
3. Why is this important to me?

The staff will ask me to repeat back important points in my own words, or ask me to show what I have learned. They want to make sure that I know about my health condition and how to take care of myself.

What is my main problem?

I had or am having surgery on my intestine or bowel. I have either one large incision or 3-4 very small incisions (laparoscopic) on my belly. I am at risk for problems because I have had surgery.

Digestive System



© 2007 RelayHealth and/or its affiliates. All rights reserved.

What do I need to do?

I will be able to tell the staff how I will be active after surgery.

- I may be less hungry, feel tired, sleep poorly, or feel sad after major surgery. It is not unusual and will slowly get better each day.
- I will move around every 2 hours while I am awake. I will not stay in bed for long periods of time.
- I will slowly increase my walking. My doctor will decide how much I should walk.
- I will not drive until my doctor says I can.
- I will follow my doctor's instructions on how much I can lift. My doctor will tell me when I can lift more.
- I will not return to work until my doctor decides it is safe for me to return.
- I can return to sexual activity after I've talked with my doctor.

I will be able to tell the staff how I will care for my incision after surgery. I will:

- Wash my hands before I touch my incision or bandage.
- Keep the incision clean and dry. I will not take a bath, swim in a pool or soak in a hot tub until my doctor says it is okay.
- Change the dressing as ordered by my doctor.
- Leave my steri-strips in place for 14 days or until they fall off.
- Have my staples removed by my doctor during a follow up visit 7-14 days after surgery.
- If I have an open wound under my dressing, be taught how to care for it. I may need home care services to help me if I have an open wound. I can expect my discharge planning nurse will discuss this with me.
- Not use lotions or creams on or around my incision.
- Wear loose clothing because my incision may be sensitive.
- Shower when it is okay with my doctor
- Not sleep with my pets. I will keep them away from my incision and my bandage.
- Look for signs of infection and call my surgeon if:
 - Increased tenderness or pain around incision
 - Increased swelling around incision
 - New or more drainage from the incision
 - Fever greater than 101.5° F.

- Increased redness around the incision

If I have a drain, I will:

- Be taught how to care for the drain before I leave the hospital.
- Be taught how to empty the bulb and record the amount of daily drainage in the log.
- Bring a list of the recorded daily drainage to my follow-up visit.
- Call and tell my doctor, if the drainage in the bulb slows down to less than 30cc in 24 hours.

If I have an Ileostomy or Colostomy:

- I will be taught how to care for my stoma.
- I will be given written instructions and prescriptions for supplies for the ostomy.
- I may need home care services to assist me with caring for my ostomy at home. I can expect my discharge planning nurse will discuss this with me.

I will be able to tell the staff what I will eat to help me heal from the surgery.

To help my bowels start working during the first few days after surgery:

- Staff will check my belly for bowel activity.
- Staff will ask me if I am passing gas.
- I may be on a liquid diet for 1 or 2 days.
- I may have new bowel patterns after surgery. My bowel movements may be looser, more often, or urgent.
- I should drink plenty of fluids if I have diarrhea to prevent dehydration.
- I will be able to eat soft foods after my bowel starts working. A soft diet limits foods high in fiber so that my stools are smaller and less frequent.

To follow a soft diet for the first few weeks at home I will:

- Choose breads and cereals made from white or refined flour. Examples are white bread, pasta, cream of wheat, and cereals that are low in fiber. I will not eat whole grain breads and cereals.

- Choose canned or well-cooked fruits and vegetables. I can remove skins and seeds from fruits and vegetables. I will not eat raw vegetables, dried beans, and dried fruits.
- Choose meats that are tender and easy to chew. I will not eat tough meats or meat with gristle.
- Not eat nuts, seeds, and hulls including popcorn.
- Ask my doctor when I can start to eat foods that have more fiber.

To help my incision heal, I can:

- Eat at least 2 servings of food rich in protein each day. Foods rich in protein include meats, chicken, turkey, fish, eggs, and smooth peanut butter.
- Eat 3 servings of dairy foods rich in protein. Dairy foods that are rich in protein include yogurt, cheese, and milk.
- Eat 5 servings per day of canned or well-cooked fruits or vegetables. These foods are rich in vitamins that will help my incision heal.
- Eat smaller, more often meals until I start feeling hungry. My appetite will improve as I begin to feel better.

I will be able to tell the staff how I will manage the pain from my surgery.

- Learn that it is normal to have some belly discomfort from either the incision or from gas after bowel surgery. This will improve over several weeks.
- Take the pills my doctor ordered to relieve my pain.
- Not wait until the pain is too bad before taking my pills. The medicine works best if I take it before the pain is too bad.
- Call my doctor if I think my pills are not helping or if I feel I am having side effects.
- Side effects from pain medicine may include sleepiness, dizziness, lowered heart rate and breathing rate. I may also have a skin rash and itching, hard time having a bowel movement, nausea and vomiting.
- Call my doctor or pharmacy if I have questions about my medicine.
- Supporting my belly with a pillow when coughing or changing positions will help avoid strain on my incision.
- I will talk with the staff about other ways I can manage pain.

- Warm showers, water bottles, or warm washcloths
- Cool cloths
- Supporting with pillows
- Relaxing techniques

I will be safe with all medicines.

- I will take my pain medicine with crackers or food. This may keep me from having an upset stomach which may cause nausea and vomiting.
- I will not drive if I'm taking pain pills that make me drowsy.
- I will let my doctor know if I am taking aspirin or another blood thinner medicine.
- I will let my doctor know if I have bruising or a lot of bleeding.
- Before I go home, my doctor will review a list of medicines I should take at home. This list may include medicines I was on at home before surgery. It will also include new medicines I will be taking at home.
- If I have any questions about the new medicines or medicines from home that have been removed from the list, I should ask.
- My doctor may give me medicine to reduce pain. This might be Vicodin, Norco, or Oxycodone. These medicines contain Tylenol (Acetaminophen). I should not take Tylenol while taking this pain medicine.
- I will take this medicine as directed by my doctor.

I will be able to tell the staff when I should follow-up with doctor after discharge.

- I will have a follow-up office visit with my doctor scheduled for 1-2 weeks after going home from the hospital.
- I will be given a date and time of the visit before I leave the hospital.

I will be able to tell the staff that I will call my doctor if I have:

- Fever greater than 101.5°F.
- Increased tenderness or pain around incision.
- Increased swelling or redness around incision site
- Strong-smelling drainage from incision site.

- An incision that opens
- Nausea or Vomiting
- Diarrhea or inability to have a bowel movement.
- Dark colored urine or a decrease in the amount of urine.
- Large amounts of bleeding with or without a bowel movement.
- A drain that stops working or a large change in the amount of drainage.

Why is this important to me?

Following these directions will help me heal and keep me safe after surgery.

As part of my care, I have received this education plan and may receive the following:

- Jackson Pratt Education Plan
- Instructions for care of a colostomy or ileostomy.
- Information about my medicines.

Colon Resection Education Plan

Resources for Staff

- [Nursing Reference Center Plus](#)- Colectomy

Teaching Tools (Items given to the patient)

- Colon Resection Education Plan
- Jackson Pratt Education Plan (if needed)

References:

- [Nursing Reference Center Plus](#)

Approved by: Patient Education Council

Authored by: Bronson Education Services, General Surgery Unit; Amy Sams

Last revision date: May 2015

Always close each teaching session with the question, “What questions do you have for me?”

***This page is intended for staff use only. Do not give to the patient. This document is not a part of the permanent medical record.**