

Colon Resection

Getting Ready to Learn About a Colon Resection

Learning something new can be hard. It is even harder if you are not feeling well. The purpose of this education plan is for you and the staff to review this information 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 a Colon Resection

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

1. I will be active.
2. I will care for my incision(s).
3. I will eat in order to heal.
4. I will manage my pain.
5. I will contact the doctor's office with questions or problems.

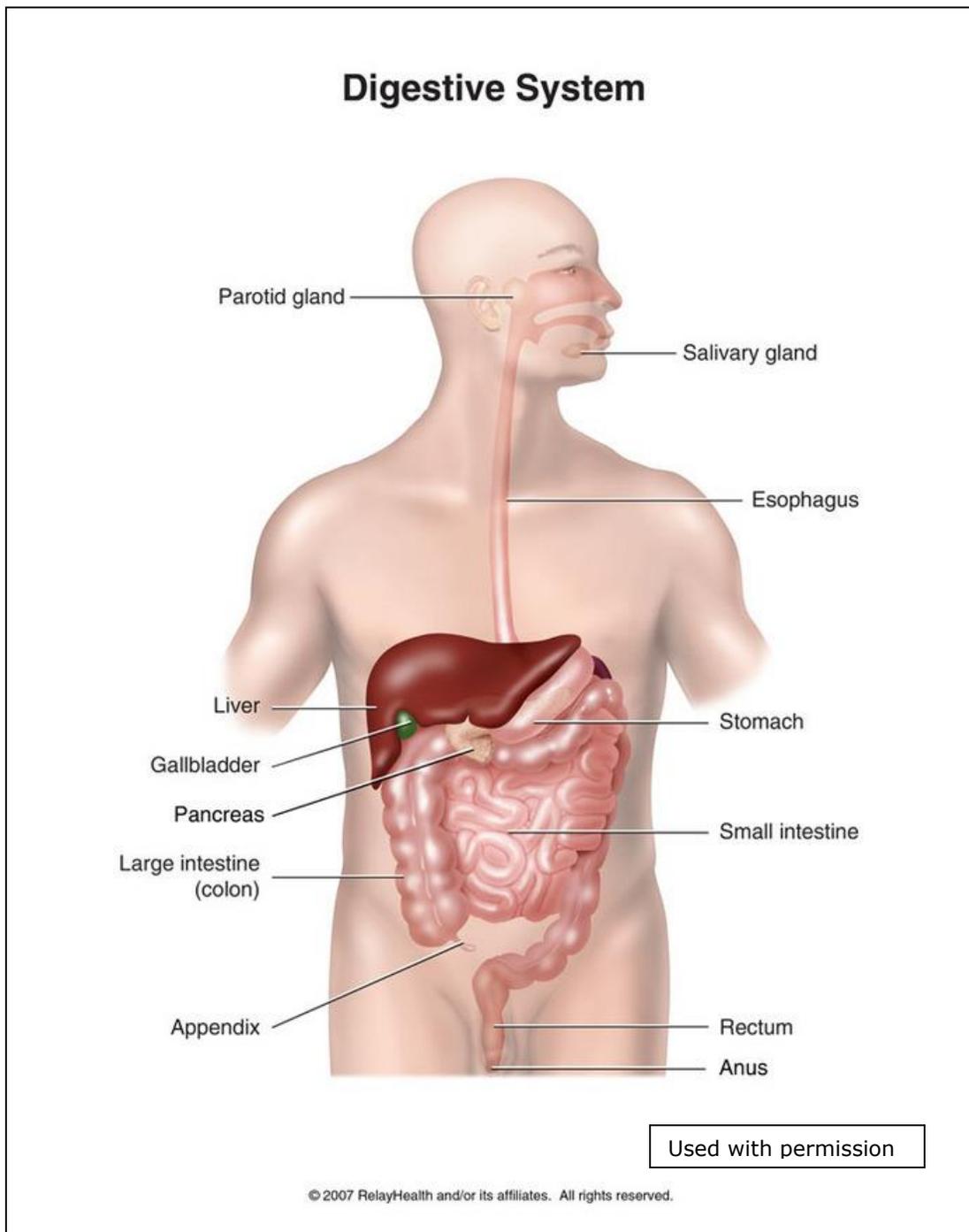
The staff will use three questions to teach me about a Colon Resection:

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 disease and how to take care of myself.

What is my main problem?

I am having or have had surgery to resect my colon. A colon resection is surgery to remove part of or all of the colon. The colon can also be called the large intestine or large bowel. The colon has 4 parts: ascending colon, transverse colon, descending colon, and sigmoid colon. The colon is part of the digestive system. I will 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.



What do I need to do?

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

- I will move around every 2 hours while I am awake.
- 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 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.
- I will 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.
- I will change the dressing as ordered by my doctor.
- I will not use ointments, lotions or creams on or around my incision.
- I will shower when it is okay with my doctor.
- I will not sleep with my pets. I will keep them away from my incision and my bandage.
- I will look for signs of infection.
 1. Increased tenderness or pain around the incision
 2. Increased swelling around incision
 3. New or more drainage from the incision
 4. Fever (temperature greater than 101.5° F.)
 5. Increased redness around the incision

I will be able to tell the staff what I will eat to help me to 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 a day or two.
- When my bowels start working, I will be able to eat soft foods. Soft foods are foods that are easy to chew and swallow. 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.

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

To manage my pain I will:

- 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.
- Call my doctor or pharmacist if I have questions about my medicine.
- I will talk with the staff other ways I can manage pain.
 - Warm showers, baths, hot water bottles, or warm washcloths
 - Cool cloths
 - Positioning with pillows

- Relaxation techniques

- _____

Precautions with all medications

- 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.

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 site
- Increased swelling or redness around incision site
- Drainage from incision site
- Nausea or vomiting
- Constipation or diarrhea

Why is this important to me?

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

Colon Resection Education Plan

Resources for Staff

- [Discharge Instructions for Colectomy](#)- Nursing Reference Center Plus
- [Colectomy: Open Surgery](#)- Nursing Reference Center Plus
- [Colectomy: Laparoscopic](#)- Nursing Reference Center Plus

Teaching Tools (Items given to the patient)

- Colon Resection Education Plan

References:

- [Discharge Instructions for Colectomy](#)- Nursing Reference Center Plus
- [Colectomy: Open Surgery](#)- Nursing Reference Center Plus
- [Colectomy: Laparoscopic](#)- Nursing Reference Center Plus

Approved by: Patient Education Council

Authored by: Bronson Education Services, General Surgery Unit

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.**