



My Guide to Bowel Surgery

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* These are pages with areas for you to fill in your information

Welcome!



Thank you for choosing Bronson for your surgery. This booklet will help you and your family know what to do before surgery. It will also help you take care of yourself after surgery. “It’s OK to Ask” questions and share your concerns. Together we will strive for the best results!

Recovery is a journey. You will face many new challenges in the days and weeks ahead. We hope this book will be helpful to you. Bring it with you to your office appointments and to the hospital. When you have any questions along the way, feel free to ask anyone on your healthcare team.

Learning about my surgery

Below are some questions that will help you better understand your surgery and recovery. Talk about these questions with your surgeon and healthcare team before your surgery so you can best prepare for your recovery.

1. What surgery am I having? _____

2. What goals does my doctor have for this surgery?

3. What goals do I have after surgery?

4. How many days will I be in the hospital? _____

5. How long will it be before I can return to my normal activities (work, hobbies, driving, etc.)? _____

6. What can I do to help with my recovery (weight loss, exercise, quit smoking, etc.)?

7. What other questions do I have before surgery? _____

Enhanced Recovery After Surgery (ERAS)

What is enhanced recovery after surgery?

Enhanced recovery after surgery is a program to improve the experience of patients who need major surgery. It helps patients recover sooner so life can return to normal. The ERAS program focuses on making sure that patients are actively involved in their recovery.



There are four main stages:

- 1. Planning and preparing before surgery**

You will get information and education that will help you prepare and feel ready for surgery and recovery.

- 2. Reducing the physical stress of the operation**

You will be able to drink clear liquids up to 2 hours before your surgery.

- 3. A pain relief plan**

You will have a plan that includes medicine for pain relief. You will be encouraged to use heat, ice, music, imagery, support or different positions to manage pain during and after surgery.

- 4. Eating and moving around after surgery**

You will be encouraged to eat, drink and walk around as soon as you can.

It is important that you know what to expect before, during and after your surgery. Your care team will work closely with you to plan your care and treatment. You are the most important part of the care team.

It is important for you to participate in your recovery and to follow these guidelines. By working together, we can achieve the best possible outcome for you after your surgery.

Getting Ready for Surgery

Choose a coach

Surgery is a journey and having someone to support you during this time is very important. Your coach can be anyone you choose. Choose someone who will encourage you, help you, and be your cheerleader.

Prepare for your surgery

When you leave the hospital, you will need help from family or friends. You will need help with meals, taking medicines, shopping and errands.

You can do a few things before you go to the hospital to make things easier when you get home:

- Name of the person giving me a ride home after surgery:

- (If I work) Notify my employer and complete any FMLA or short-term disability paperwork.
- Clean and put away laundry.
- Put clean sheets on the bed.
- Put the things you use often where they are easy to reach.
- Remove any trip hazards around my home (rugs, cords).
- Bring the things you are going to use often during the day downstairs. But remember that you **WILL** be able to climb stairs after surgery.
- Buy foods you like and other things you need. Shopping may be hard your first days at home. Prepare and freeze some meals.
- Do yard work and housework.
- Arrange for someone to get your mail and take care of pets and loved-ones, if necessary.
- Continue taking vitamins and supplements.**
- Stop taking herbs 2 weeks before your surgery.**
- Stop taking ibuprofen (Motrin® or Advil®) and naproxen (Aleve®) 1 week before surgery.**
- If you are taking other medicines for chronic pain, please continue those up until your surgery.**



Planning For After My Hospital Stay

In some cases, patients need extra care in a rehabilitation setting before going home. These questions will help you decide if you might need extra time to recover or need help when you go home.

Things to consider:

- Do you live alone?

- Do you need help with daily living?

- Do you have any concerns about going home after surgery?

- Would you like to learn about facilities that provide care and rehabilitation before you go home?

If you answered yes to any of these questions, call your surgeon's office and the staff will assist you.

Preparing a Healthcare Directive

Any surgery carries a certain amount of risk. Bronson will take every precaution to assure that your surgery is successful and uneventful. However, in the event of an unexpected complication, we want to honor your wishes and individual considerations.

Healthcare directives (also known as advance directives) are a way of directing your medical care in the event that you are unable to do so yourself. Once the healthcare directive is on file, the doctor, staff and your family are committed to honoring your wishes.



Writing Down Your Wishes

Think about what type of treatment you would want if you could not speak for yourself. Then write down your wishes in a healthcare directive. Use the durable power of attorney for healthcare form provided in the pocket of this guidebook or another form that complies with Michigan law. The healthcare directive that is used in Michigan is the Durable Power of Attorney for Healthcare.

Choosing Your Advocate

Your advocate could be a family member, close friend, minister, priest or rabbi. (In most states, it cannot be your healthcare provider.) Name one advocate, and one or two alternates. They will serve as backup if your first advocate cannot be reached. Your advocate should be an adult older than age 18 whom you trust to follow your treatment choices.

If You Choose to Prepare a Healthcare Directive

- Make several copies of the healthcare directive. Give a copy to one of your healthcare team members and another copy to your advocate. Keep the original yourself in a handy place.
- Remember to bring a copy of your healthcare directive when you come to Bronson for your surgery.

Preadmission Process

Healthcare Appointments - Before Surgery

You may be required to have a pre-surgery medical appointment with one of your own doctors or one from Bronson Internal Medicine Hospital Specialists. This appointment is to make sure that any current medical conditions are safely managed during your surgery. Your surgeon's office will tell you if this is required.

If you have a pre-surgery medical appointment with a doctor from Bronson Internal Medicine Hospital Specialists, one of the doctors from this group will also visit you each day in the hospital. These doctors are also called hospitalists. They work closely with your surgeon to coordinate your care.

Preadmission Call

You will receive a phone call from a preadmission nurse to help you prepare. If you have not received a call the week before your surgery, you may call them Monday through Friday, 8am to 4:30pm:

Bronson Methodist Hospital (BMH) (269) 341-7940

Bronson Battle Creek Hospital (BBC) (269) 245-5909

The phone call with the preadmission nurse will take about 20 minutes. The nurse will review your medical history and medicines. The nurse will give you instructions on which medicines you need to take the day of surgery, and other pre-surgery information.

You will need to have your:

- Medicine list
- Health history
- Surgical history

My Surgery Checklist

- Lab work and testing complete
- Pre-surgery medical appointment if needed, date/time: _____
- Specialist appointment (cardiology, pulmonology, etc.) if needed, date/time: _____
- Call received from a Bronson pre-admission center nurse:
 - BMH (269) 341-7940
 - BBC (269) 245-5909
- Call received from Bronson registration
- Discuss advance directives or durable power of attorney for healthcare with my family.
- Discuss my discharge plan with my family and friends (see next page).
- QUIT SMOKING!** Smoking causes problems healing after surgery. For the best outcome after surgery and my overall health, I must quit smoking!
- Surgery date/time: _____
- Arrive at: _____ am/pm



The Day Before Surgery

It is important to follow these directions. They are for your safety and can help you have a better result after surgery.

- Follow the bowel prep instructions provided to you by your surgeon's office.
- You may drink clear liquids.
- Drink 2 portions of the carbohydrate loading drink. You will get the drink from your surgeon's office. Please follow the instructions on the next page.
- Do not smoke or use tobacco products 24 hours before surgery. Smoking makes it harder for you to heal.
- Call your doctor if you have a sore throat, fever or cold.
- Take a shower the night before surgery, but **DO NOT** shave the area of your surgery. This helps prevent infection.



Carbohydrate Loading Before Surgery

What is carbohydrate loading?

Carbohydrate (carbs) is a source of energy. “Loading” means making sure your body has carbs. Drinking carbs the day before and the day of surgery can help provide energy for healing and improve recovery.

Why is carbohydrate loading important before surgery?

- Your body needs energy for healing after surgery. If your body cannot get enough energy from carbs, some of the protein in your muscles may start to break down. This can make you feel tired and weak. This can also delay how fast you heal after surgery.
- Carbs help control blood sugar levels. This is important even if you do not have diabetes.
- Carbohydrate loading may also help prevent nausea and vomiting following surgery.

What carbohydrate will I use for loading to prepare for my surgery?

A carb drink will be given to you by your surgeon. It is absorbed quickly and has a light, sweet taste. You will get 3 cartons, each containing 50 grams of carbs.

Day Before Surgery

- At dinner time whether you are eating a meal or doing a bowel prep, drink one (1) carton.
- At bedtime (before midnight) drink the second carton.

Day of Surgery

- About 3 hours before your scheduled surgery time, drink the last carton.

Before You Leave Home Checklist

It is normal to feel nervous before surgery. We will be there to listen to your concerns and make you and your family comfortable. You will be asked to do some preparation at home before your surgery. Listed below are some of the things you should do.

Before You Leave Home

- About 3 hours before your scheduled surgery time, drink your last carbohydrate drink.**
- Wear clean, comfortable, loose-fitting clothing.
- Leave valuables, such as jewelry, watches, money and your wallet, at home.
- Remove all body piercings, for your safety.
- Follow the directions from the preadmission team about taking your medicines.
- Do not shave the area where your surgery will be.

Notes for Family and Friends

- The surgeon will discuss your loved one's surgery with you. Do not hesitate to ask him or her questions.
- We encourage you to be at the hospital during your loved one's surgery. If so, bring something to do.
- You will be able to see your loved one after surgery that same day.

What to Bring with you Checklist

- This “My Bowel Surgery” *Guidebook*.
- A complete list of medicines and supplements that you take (see page 11 of this guidebook). A nurse will review these with you.
- Healthcare directive, if you have one.
- Things that help you feel comfortable and support your healing (music, pictures, religious material).
- A case for your glasses, dentures and/or contacts.
- Clothing for overnight stays. Pack these items separately and have your family bring them to your hospital room after surgery.
- Devices you use to walk at home, such as a walker. If you do not currently use these for safety, leave these items in your car and have your family bring them to your hospital room after surgery. **(Do not buy one if you do not already have one.)**
- Your continuous positive airway pressure (CPAP) machine for sleep apnea or other breathing problems, if you have one. Pack your CPAP separately. Leave it in the car and have your family bring it to your hospital room after surgery.

Arriving for Surgery

For BMH, report to the second floor of the West Pavilion Surgery Waiting Area.

For BBC, report to the surgery waiting area at the end of the hall of the main entrance

When you check in at the desk, you may receive a pager. Staff will use the pager to

communicate with you and your family/coach.

A staff member will bring you back to the pre-op room. This is where you will change into a patient gown.

You will meet with the anesthesiologist. He/she will talk with you and answer any questions you may have about anesthesia.

A nurse will start your IV and you may receive medicines to make you more comfortable before surgery.

The nurses will give you antibacterial cloths when you are getting ready for surgery. They will ask you to wipe your body with them. You will then let your skin air-dry. The nurses will also give you nose swabs and have you rinse your mouth with a special mouthwash

Once you are prepared for surgery, your family may join you in your room until it is time for your surgery



Anesthesia Care

On the day of your surgery, you will meet members of your **Anesthesia Care Team**, which includes an **anesthesiologist** and a **nurse anesthetist**. The anesthesiologist will review your medical history and discuss your anesthesia plan with you.

Anesthesia for Bowel Surgery

In **general anesthesia**, you are unconscious and have no awareness or sensation. There are a number of drugs that can be used. Some are gases you breathe through a mask or tube. Others are medicines that go in through your IV.

Abdominal Wall Nerve Block

To help minimize your pain after surgery you may receive abdominal wall nerve blocks. An ultrasound machine and local anesthetics using a small needle will numb up the nerves to your abdominal wall. Mild sedation is used to keep you comfortable while the blocks are performed.

Anesthesia Care Team

During your surgery, you will be watched by the Anesthesia Care Team to identify and treat any medical problems. After surgery, they will continue to watch you closely in a recovery area until your surgery pain is controlled and it is safe for you to go to your hospital room.

Managing your pain during your surgery

Pre-op

To help decrease post-op pain, you will be given some pain medicines before your surgery starts that will help decrease some of the pain you might have after surgery.

In the Recovery Room

It is important to know, even with the most effective medications and pain relieving techniques; you will not wake up from surgery pain free. Pain medication will be used to help manage your pain and discomfort

If you have any questions about anesthesia before your surgery, please call:

Bronson Methodist - Kalamazoo Anesthesiology at **(269) 342-7833**.

Bronson Battle Creek – Anesthesia Associates of BC, PC at **(269) 245-3341**



During Surgery

After you have been prepared for surgery, you will be taken to the operating room. The surgery team will introduce themselves to you and move you to a special operating table. The operating room is staffed by a team of trained professionals. The operating room provides the most sterile and safe surgical setting possible.

The following staff members make up your surgical team:

- A **surgeon**, who is responsible for your overall care and leads your surgical team
- A **surgical assistant**, who helps the surgeon with your surgery. This may be a medical resident, a physician assistant or a nurses first assist (RNFA).
- An **anesthesiologist** or **nurse anesthetist**, who provides anesthesia medicines and monitors your vital signs
- A **circulating nurse**, who prepares the operating room, makes sure sterile methods are followed and helps other team members
- A **scrub nurse** or **surgical technologist**, who sets up instruments and assists the surgeon

During Surgery

The Equipment

The following equipment can be found in the operating room:

- An **IV** (intravenous line), which provides fluids to your body, or gives you medicine or blood. An IV feels like a pinprick when it is inserted.
- **Monitors** to show your vital signs (blood pressure, heart rate, heart rhythm) an electrocardiograph (ECG), which records your heart functions. It is connected by wires to several round, sticky patches that are placed on your upper body before surgery.
- A pulse oximeter, placed on your finger, which monitors your blood's oxygen level
- Lots of bright overhead lights and loud noises

After Surgery

After your surgery, the doctor will talk with the family and friends who came with you about your surgery. You will go to the Post Anesthesia Care Unit (PACU) to recover. Your family will be notified when you arrive to the PACU. We will closely monitor you until you wake up. When you are ready, we will ask your family to join you.

Staying the night

We will continue to check on you and ask how you feel.

The nurse will give you your medicine.

We may test your blood sugar even if you do not have diabetes. A healthy blood sugar level helps your body recover faster and fight infection better.

Once you are comfortable, the nurse will prepare you to go to your hospital room.

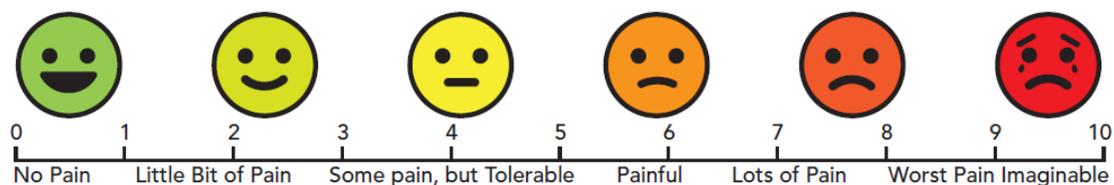
Your family will be told when you are going to your hospital room. They can meet you there.



Take Care of Yourself In the Hospital

Managing your Pain

As your healthcare team, we want you to recover as quickly as possible. When your pain is kept at a reasonable level, you are better able to perform your daily activities. This helps you recover faster. Let us know how much pain you are feeling, and ask for pain medicine when you need it.



- I feel some pain.
 - I can do anything I need to do.
 - I am able to sleep.
 - I am in pain but I can do most things.
 - Pain keeps me from doing somethings.
 - I can sleep but pain wakes me.
 - I am in pain and cannot do most of what I need to do.
 - I cannot think about anything but my pain.
- I am awake most of the time because of pain.

What is your Pain Goal?

Think about your expectations for pain after your surgery. *You will still have some pain, but the goal should be a level of pain where you are able to participate in activities.* Being able to participate in activities speeds your recovery.

My pain goal is _____.

Treating My Pain

Your doctor will prescribe different types of pain medicines depending on your pain level, the type of pain you have, and your medical history. Your nurse will give these to you through your intravenous line (IV) or in pill form.

Our goal as your healthcare team is to help you meet your expectations. We want you to be able to enjoy greater comfort while you heal, get enough rest and return to your normal level of health as quickly as possible. **Be sure to take your pain medicine at least a half hour before your therapy session.** Treatments that may be used in addition to medicine are:

- Ice
- Rest
- Activity (therapy)
- Position changes
- Relaxation and breathing



Activity

Once we have your pain managed, we will assist you with getting out of bed. Being active is a very important part of your recovery. On the day of your surgery, we will help you to sit at the edge of the bed and get up for the first time and possibly walk a short distance. Our goal is for you to be out of bed and walk 3-4 per day.

Noise is Everywhere

Use **C.A.R.E Channel** to Help

At Bronson, we know the impact that noise can have on both healing and lack of sleep. While there are some noises we can control (such as how loud we talk in the hallways), other noises are there for your safety (such as medical equipment alarms).



To help bring a healing setting to your bedside, we would like to introduce to you the **C.A.R.E Channel**:

- Peaceful scenes of nature with beautiful music that is a welcome alternative to normal television & hospital noise.
- Calming landscapes and sights that will delight and engage the viewer.
- Music that will appeal to all ages and cultures
- Different programs for daytime and nighttime.
- Programs that do not repeat for 72 hours.

Ask us how to use the channel with your headphones.

BMH - Channels 11 & 12

BBC - Channel 2

Prevent Problems After Surgery

Prevent Breathing Problems

Follow these tips to help prevent pneumonia:

- Take a deep breath in and then cough deeply 10 times every one to two hours while awake. If you have pain when you cough, you can hold a pillow or rolled-up blanket against your chest or stomach, and apply pressure as you cough.
- You will be given a device called an “incentive spirometer” to help you take deep breaths and measure your lung capacity. Staff will teach you how to use this.
- Get out of bed and move about as soon as possible after surgery.
- You may be helped to walk as soon as four hours after surgery. It will be important to spend as much time as possible out of your bed beginning the day after surgery.
- Changing your position helps you breathe deeper. This prevents breathing problems and improves the blood flow in your legs.
- Your doctor will tell you how much you can do.
- Do not smoke. This slows the healing process.
- Get out of bed at least three to four times a day. Call for help first.

Reduce the Chance for Blood Clots

- Keep the blood moving in your legs.
- Get out of bed and move about as soon as possible after surgery. Call for help first.
- Do ankle exercises (ankle pumps) three to five times every one to two hours after surgery:
 1. Lie on your back with legs straight and flat.
 2. Move your ankles by pointing your toes toward the foot of the bed and then point your toes towards your knee.
 3. Trace circles in the air with each foot.
- You may have inflatable wraps placed on your legs to help your circulation. They will be given to you when you arrive for surgery.

Patient and Family Activity Tracker

Day of Surgery	First Day After Surgery	Following Days
<p>Up to chair or edge of bed with help</p> <p><input type="checkbox"/></p> <p>Walk (Short distance with assistance)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Incentive Spirometer (every hour)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Ankle Pumps</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Up to chair for meals</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Walks</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Incentive Spirometer (every hour)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Ankle Pumps</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Up to chair for meals</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Walks</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Incentive Spirometer (every hour)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Ankle Pumps</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>

Use this tool to track your daily progress as you heal.

Preventing Falls in the Hospital

Falls can happen anywhere. Please follow these recommendations to keep yourself safe.

- Call or ask for help when getting up to go to the bathroom. Wait until someone comes to help you. Getting up the first few times after lying in bed or taking medicines may cause you to feel dizzy or lightheaded.
- Get up slowly from the bed or chair to help prevent dizziness. Use a walker, crutches, cane or wheelchair if needed. Grasp grab bars in the bathroom. Hold onto handrails in the hall.
- Keep personal items within easy reach, such as eyeglasses, phone, tissue, water or call button. Use your call button when you need help, especially when you cannot reach things you want.
- Wear non-skid socks or slippers. If you do not have any, ask your nurse for a pair.



Pain Control After Surgery

Pain after surgery can often be kept under control using non-opioid, over-the-counter pain medicines like acetaminophen and ibuprofen. This will help you to use less opioids.

How much pain will I have after surgery?

- You can expect to have *some* pain after surgery.
 - This is normal and part of the healing process.
 - Pain is usually worse the day after surgery. It should get better each day after that.
- Everyone feels pain in their own way.
- The goal is to make your pain low enough so you can do the things you need to care for yourself and heal:
 - Eat
 - Deep breathe
 - Walk
 - Sleep

How will I take care of my pain at home?

You will take care of your pain after surgery by taking acetaminophen (Tylenol) and ibuprofen (Motrin or Advil) **around the clock** while you are awake. **Switching back and forth between these medicines** helps you to get the best pain control.

How do I switch back and forth between my medicines?

- Take 650mg of acetaminophen (2 pills of **regular strength, 325mg acetaminophen**) every 6 hours while awake. **Do not take more than 3000mg of acetaminophen in 24 hours.** You will need to look carefully for regular strength acetaminophen. There is also a 500 mg dose.
- **In between take** 600 mg of ibuprofen (3 pills of 200 mg) every 6 hours while awake. **Do not take more than 3200mg of ibuprofen in 24 hours.**

Switching these medicines means you are taking a dose every 3 hours.

This is an example of how to switch your medicines, if you start at 12pm:

<u>12:00 PM</u>	Acetaminophen (Tylenol) 650 mg (2 pills of 325 mg)
<u>3:00 PM</u>	Ibuprofen (Motrin, Advil) 600 mg (3 pills of 200 mg)
<u>6:00 PM</u>	Acetaminophen (Tylenol) 650 mg (2 pills of 325 mg)
<u>9:00 PM</u>	Ibuprofen (Motrin, Advil) 600 mg (3 pills of 200 mg)
Continue switching every 3 hours for 3 days, until no longer needed.	

What else can I do to help lower my pain?

Pain medicines are only one part of your pain control plan. You can also:

- Use heating pads or ice packs if your surgeon says it is okay. Never put ice right on your skin. Use a towel to wrap the ice packs.
- Try non-drug options such as relaxation. You can listen to music, read, talk to others, and take slow deep breaths.

What if I still have pain?

- You will receive a prescription for a small amount of an opioid pain medicine like Oxycodone or Tramadol.
- You may use your opioid for *severe pain* after surgery.
 - Severe pain is pain that makes it hard to eat, breathe deeply, walk or sleep. Severe pain is pain that is not under control with scheduled Tylenol and Motrin.
- Do not take more than 1 opioid pill every 4-6 hours, and only for *severe pain*.
- If you are still having severe pain, call your surgeon or the number you were given when you left the hospital.
 - Never take more opioid pills than prescribed. Do not take them more often than prescribed.
 - Do not use your opioid pills for anything other than your *severe* surgical pain. This means you should not use your opioids to help you with anxiety, to help you sleep or for pain that is not from your surgery.
- Stop taking the opioids as soon as you can.

What is an opioid?

Opioids are strong prescription pain medicines that may have side effects. Some of the side effects are dizziness, nausea, vomiting and constipation. Opioid use puts you at risk of dependence, addiction or overdose if taken for more than a week.

How do I store my opioids in a safe way?

- Store your opioids in private, secure areas. A drawer or cabinet with a lock is a good place. They should be out of sight and reach of children, teens and pets.
- Do not store your opioids in places where others can easily find them.
-

What should I do with my unused opioids?

72% of opioids given to surgical patients do not get used. This creates a chance for misuse. Among those who misused prescription opioids, over 50% got them for free from a friend or relative. Sharing or selling of opioids is a felony in Michigan.

How can I safely get rid of my unused opioids?

Find a medication drop box near you at: <http://michigan-open.org/takebackmap/>

- Find a Medication Take Back Event near your home or work.
- As a last resort, use your home trash:

- Put opioids in a plastic bag. Do not crush. Mix with used coffee grounds or kitty litter.
- Throw into your trash.
- Cross out all of your information on the pill bottle before you recycle or throw it away.

Leaving the Hospital

Your doctor will discharge you from the hospital when you have met certain goals:

- You can move safely and steadily.
- Your pain is controlled with medicines you can take by mouth.
- You do not have any medical problems that will make it hard for you to leave the hospital.



If you need help getting stronger before going home safely or have a medical condition that requires further care, you may still receive care from:

- Inpatient Rehabilitation
- Skilled Nursing Facility (SNF)
- Home Health Care

The options available to you depend on your surgery, therapy needs, and insurance coverage. Ask your Case Manager for more information.

Returning Home

You have taken the next step in your journey to recovery by returning home. With good preparation and support from your family and coach, you can focus on getting stronger and healing.

- It is normal to feel anxious and uncertain about returning home after surgery. It's OK to ask for help from family, friends, and your coach as you get better.
- Keep active! Use the Patient and Family Activity Tracker on to monitor your activity.
- Listen to your body! It's normal to be sore, but do not over-do your activities. Make sure you are following the restrictions given to you by your doctor.



- It's normal to have ups and downs with your pain. As the nerves heal, they may be irritated and painful. It can take several weeks or months for this pain to go away.
- Keep an eye on your food and fluid intake. Make sure you are eating a well-balanced diet and drinking plenty of fluids.

After You Go Home

Please call your surgeon's office if you have:

- Nausea with vomiting
- Fever of 101 degrees or higher
- Chills
- Extreme pain
- New or increased bleeding
- Increased swelling near incision
- Pain or tenderness near incision
- Increased warmth near incision
- Pus from incision
- Bad smell from your incision
- Redness around your incision
- Incision opening up
- Difficulty breathing
- Chest discomfort
- Dizziness or light-headedness
- Fainting
- No bowel movement for three days
- Severe diarrhea

Caring for Your Wound

Taking good care of your wounds after surgery will go a long way towards helping them heal quickly and nicely.

- Make sure your hands are clean when touching or dressing your wound.
- Keep wounds clean by washing gently every day with mild soap and water.
- Do not use rubbing alcohol, iodine, peroxide or harsh antibacterial soap on your wounds. These can damage skin and make your wound heal more slowly.
- Keep wounds covered with clean dressings until your doctor tells you to leave your wound uncovered. This dressing may be wet or dry depending on what your doctor tells you.
- Change your dressings once or twice a day or as often as your doctor tells you. If the old dressing sticks to the wound when you are trying to take it off; wet the dressing with clean water and let it sit for a few minutes before pulling it gently off of your wound. Remove tape from your skin slowly and gently to prevent skin tears.
- Do not put any ointment or cream on your wound unless your doctor tells you to.
- Wear clean, loose fitting clothing that does not push or rub on your wounds.
- It is normal for wounds to itch while they are healing. This should improve as the wound heals. Do not scratch your wounds. If the itching is unbearable or if you have an itchy rash call your doctor's office, there may be a medicine that will help with the itching.
- Do not pick at stitches, staples, tape or glue on your skin.
- If you have skin staples these will be taken out at your follow up appointment when your wound is healed.
- If you have stitches holding your wound together they will either dissolve or be removed by your doctor when your wound is well healed.
- If you have Steri-Strips on your wound they should fall off after 1-2 weeks.
- If your wound starts to bleed put gentle pressure on the area with clean, dry gauze for about five minutes until the bleeding stops. If bleeding continues call your doctor's office.
- Don't smoke or smoke less after surgery, this will help your wounds to heal faster. Any product containing nicotine may slow wound healing.
- If you are diabetic you may heal more slowly than usual, especially if your blood sugar is not well controlled.

Bowel Movements after Surgery

Many people experience changes in their bowel habits after having surgery. It may take your body some time to adjust while you are healing from surgery. For many people your bowel habits will go back to normal a few weeks after you have had surgery. For some people changes in bowel habits are permanent because your body has been changed with surgery or because of your medical condition. You may have to get used to a new version of what is normal and learn to manage your new bowel habits.

What can you do?

Constipation:

- If you have not had a bowel movement for three days after going home from the hospital call your doctor's office right away on the third day.
- Eat as normally as you can. Your body needs to practice digesting food after surgery.
- **Drink lots of fluids.** Your body needs liquid for normal digestion.
- Get some gentle exercise like walking. Exercise helps to tell your body to digest food for energy.
- Your doctor may instruct you to take a fiber supplement, stool softener or laxative. You may need to take this on a regular basis for a set amount of time, or for an extended period of time.

Diarrhea:

- **Drink lots of extra fluids.** When you have diarrhea you are more likely to become dehydrated. Your body loses a lot of fluid when you have diarrhea, so that fluid needs to be replaced.
- Eat as normally as you can. Breads and starches like pasta and rice may help your bowel movements to normalize.
- A fiber supplement may help to absorb fluid and solidify your stool.
- Your doctor may instruct you to take an antidiarrheal medication like Imodium. Check with your doctor before taking any medications, your doctor may need to run stool tests first.
- If you have ongoing diarrhea or your stool has a foul smell you may have an infection and need stool testing and medicine to help you get better.

If You Have a New Ostomy After Surgery

Planned or unplanned, a new ostomy can be confusing at first and learning to manage it can be a challenge. Fortunately, there are many great resources available to you to help you learn about your new ostomy and how to care for it properly. Your ostomy may be temporary or permanent.

What is an Ostomy or Stoma?

An ostomy or stoma is an **opening** in the abdominal wall connected to your bowel or another organ such as the bladder

Colostomy: a colostomy is a surgically created opening into the **colon** through the abdominal wall

Ileostomy: an ileostomy is a surgically created opening into the **small intestine** through the abdominal wall

After surgery you will learn how to use an **appliance** to manage your bowel movements with your new stoma. There are many different types of appliances and products available depending on the type of stoma you have. Your care team will help you find the right products to manage your ostomy.

- It is normal for your new stoma to change sizes while it is healing.
- You should be able to eat and drink normally
- You should be able to swim with your appliance
- You can conceal your new ostomy, many people have an ostomy that friends and peers never suspect
- Your stoma should not hurt

Please call your doctor's office if you have:

- Pain at your stoma site, your stoma should not hurt
- Rash around your stoma
- Skin separation from your stoma (stoma sinking into the surrounding skin or coming apart)
- Bleeding from your stoma
- Sores or ulcers near your stoma or under your appliance
- Little or no output from your stoma, nausea and vomiting
- High output from your stoma (diarrhea)
- Leaking or poorly fitting appliance
- Discoloration of your stoma: your stoma should be bright pink or red, not dusky, blue or purple

Frequently Asked Questions

Q: What can I do after surgery?

A: Walking is encouraged. Follow the activity limits given to you by your surgeon.

Q: Can I drive?

A: You should not drive for at least 2 weeks after your surgery. Medicines make you slow to react and pain can distract you from the road.

Q: How should I take care of my incision?

A: Sutures that do not absorb and staples will be removed by a Medical Assistant in the office 2 weeks after surgery. Paper tapes (steri-strips) will fall off by themselves over 1-2 weeks. Please do not apply creams or lotions to your incision until healed.

Q: Can I shower?

A: You may shower the day after surgery, taking care not to scrub or soak the incision. Pat dry with a clean towel. Wash your hands frequently and do not allow others to touch your incision

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