



Preparing for Colorectal Surgery

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Contact Information



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Colorectal Surgery Office 402-717-4900
Pre-Anesthesia Clinic 402-717-0060
Wound/Ostomy Clinic 402-717-2211
Financial Aid Office 402-717-4800



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Pre-Operative Planning and Preparation

Prior to your surgery you will meet with your surgeon, complete any required testing, and meet with anesthesia for preoperative evaluation and optimization.

In the Hospital

After your surgery you will participate in Enhanced Recovery after Surgery (ERAS), this program is designed to speed recovery, reduce stress on your body and improve post-surgical outcomes.

Discharge and Home Care

This packet will help to review instructions for home care and discharge planning.

Surgery Information

Name of Surgery _____

Date of Surgery _____

Time of Surgery _____

Surgery Check-in Time _____

**Please check in at the Procedure Center
located off South 75th Street and Mercy Road by Lot J**

Preoperative Planning and Preparation

At least 2 weeks prior to surgery you will be seen in our pre-anesthesia clinic. They will assess your physical readiness for surgery. You will likely have orders for labs to be collected, a physical assessment, and further description of our ERAS protocol. You will also leave with a prescription for a nutrition supplement that you will take daily before and after surgery.

Nutrition

Proper preoperative nutrition can help to speed your recovery and shorten the length of your hospital stay. We recommend Impact AR® or Ensure Surgery® supplements prior to surgery. If you choose not to purchase this, it is recommended you drink one to three high protein drinks daily for 5 days prior to surgery. Impact AR® or Ensure Surgery® can increase blood sugars in diabetics. If you are diabetic, it is advised that you check your blood sugars more frequently and call the doctor who manages your diabetes prior to starting this.

Exercise

Try to increase your activity tolerance as best you can prior to surgery. A 15-30 minute walk each day will help to condition you and aid in faster healing.

Smoking

Stop smoking at least one month prior to surgery. Smoking increases the risk of blood clots, breathing complications, wound infections and can delay surgical healing.

Medications

If you are on blood thinners you may need to stop them up to 7 days prior to surgery. Check with your surgeon or primary care office about management of these medications.

Day Before Surgery

Reminder: Drink only clear liquids (no solid foods) from the time you wake up in the morning, until midnight. Clear liquids include the following: Gatorade, apple juice, cranberry juice, Jell-O, popsicles, coffee/tea (no cream), Kool-aid, soda pop, clear broth/ bouillon, water, crystal light, lemonade.

You will need these over the counter medications:

- One 238 gram (8.5oz) bottle of Miralax (no prescription needed)
- Dulcolax laxative tablets (bisocodyl 5mg) (no prescription needed)
- One 64oz bottle of clear light colored liquid

We will give you a prescription for these medications:

- Neomycin 1000mg
- Flagyl 500mg
- Zofran 4mg

11am

Take 4 Dulcolax tablets with a drink of clear liquids.
Take one 4mg tablet of Zofran.

12pm

Mix the Miralax in a 64oz bottle of clear liquids.

1pm

Take 1000mg of Neomycin and 500mg of Flagyl.

2pm

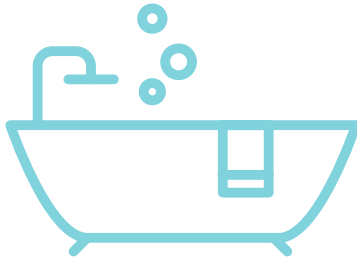
Take 1000mg of Neomycin and 500mg of Flagyl.
Begin drinking 1 glass of Miralax every 10-15 minutes.
Finish drinking all 64oz within 2 hours.

10pm

Take 1000mg of Neomycin and 500mg of Flagyl.

Hygiene

Please shower or bathe the night before and morning of surgery. Do not use any lotions, deodorant, perfumes or cologne after showering. Because your skin needs to be very clean before you have surgery to prevent infection, your provider may instruct you to use chlorhexidine wash or wipes. Make sure you follow the instructions on the label. Do not use chlorhexidine on your head, face or vaginal/perineal area. Also avoid any areas that have cuts or scrapes. If you have any adverse reaction (rash, hives or trouble breathing) rinse off chlorhexidine and notify your doctor.



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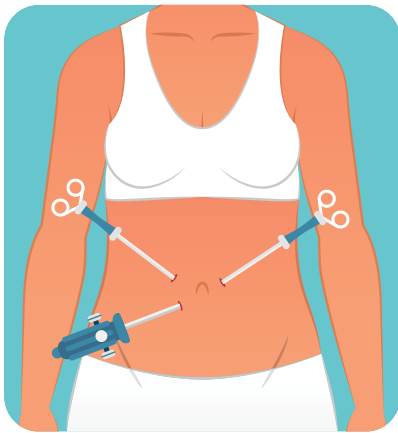


DO NOT use any lotions, deodorant, perfumes or cologne

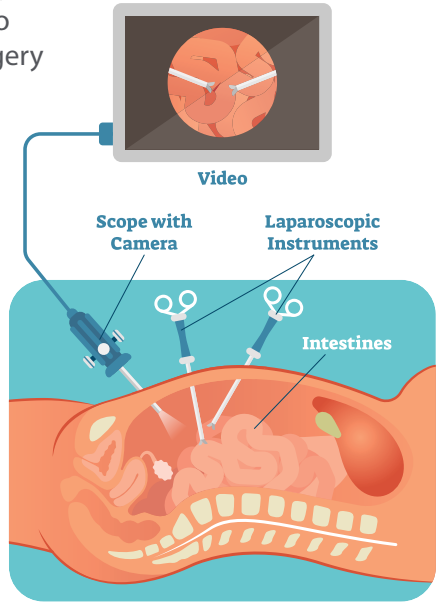
Bowel surgery is commonly performed in one of two ways: via laparoscopy or laparotomy

Laparoscopy

This type of surgery is done by creating small incisions for cameras and surgical instruments. Your surgeon may also choose to perform this type of surgery robotically.



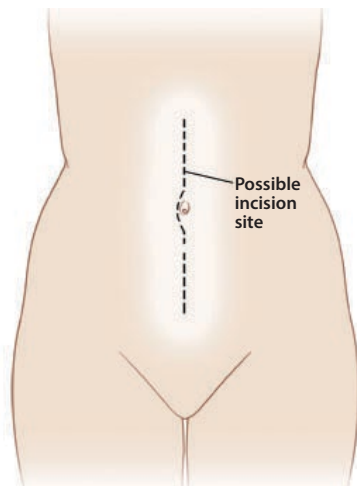
Patient Front



Patient Side View

Laparotomy

This type of surgery involves a larger incision up and down your abdomen. Your surgeon will close this incision with either staples or sutures that will dissolve over time.



Possible incision site

Day of Surgery

What to bring:

- A list of current medications
- A copy of your advanced directive or living will if we do not have it on file
- Your insurance card and identification card
- Storage containers for eyeglasses, contacts, dentures and hearing aids
- Ambulatory assistive devices such as a cane, crutches or walker
- Comfortable clothes for day of discharge
- A CPAP machine, if you use one
- If you use continuous oxygen please arrange to have enough portable oxygen for your trip to and from the hospital
- Rescue inhalers
- Toiletries
- Phone charger

What to leave at home:

- Valuables
- Your medications
- Jewelry

After Surgery

After your surgery you will wake up in the postoperative care unit. The nurses will monitor you while you recover from anesthesia. During this time your surgeon will update your family. Once you have woken up from anesthesia and your vital signs are stable you will be transferred to the inpatient unit.

In The Hospital

Pain Control

When you wake up from surgery you will be on a pain management protocol known as multimodal analgesia therapy. This involves the use of several pain management techniques that are strategically combined to block pain sensation at different sites of your nervous system. These medications will decrease your need for opioids and help you recover faster. Once you are tolerating foods, you will be switched to an oral pain medication. The better pain control you have, the easier the rest of your recovery becomes.

Diet

Most patients start a liquid diet the day of or the day after surgery. Take liquids as tolerated but do not “force” fluids. You will continue to receive fluids through your IV so you do not need to push yourself to drink. You will be advanced to a regular diet once you tolerate liquids. If you become nauseated, stop drinking and eating, and alert your nurse.

Leg Compression

You will wake up with compression wraps that will gently squeeze your lower legs every few minutes. These help to minimize the risks of developing blood clots in your legs. The wraps may be removed when you are up out of bed and walking 3-4 times a day after surgery. We want you to get up and move!

Bowel Activity

Your bowels will slow down - even go to “sleep”, for a period of time after surgery. The best way to re-start your normal bowel activity is to be active as soon as possible after surgery. To do this, we will encourage you to get out of bed within the first 24 hours after surgery and walk 3-4 times a day. Avoid the use of too much narcotic pain medication, as this medication can be constipating.

Breathing Exercises

Use your Incentive Spirometer or “IS”! This device will help prevent breathing related complications, like pneumonia after surgery. Your nurse will teach you how to use the IS. You should use your IS 10 times every hour that you are awake. A good reminder is to try to use it each time a commercial comes on.

Activity

Get up and get moving! Early mobility reduces your chances of many different complications following surgery. Aim to walk 3-4 times daily, nursing staff will help you until you are steady on your feet.

Wound Care And Bathing

Nursing staff will help you with bathing and post op wound care. You will wash with a CHG soap after surgery to lower your risk of infection. Unless your surgeon says otherwise it is okay to get your incision wet. You will shower or have a sponge bath with CHG soap for 7 days following surgery.

Drain Care

You may have a drain when you wake up from surgery, if you go home with this drain you will receive education from staff on how to care for, and maintain your surgical drain. Your drain can be removed when you have had less than 30ml of output for two 24hr periods in a row. Call our office at 402-717-4900 for removal.



Discharge and Home Care

Expect to go home as soon as your bowels are moving, you are eating, your pain is controlled with oral medication and your vital signs are stable. This is typically ____ days after your surgery and will depend on the type of surgery you had and how your recovery progresses. You will have home health care or home placement arranged by a social worker if needed. Complete instructions are given at the time of discharge. Your nurse will go over medications, activity recommendations, wound care, bathing, and when to schedule follow up appointments.

Drain Care

Your drain can be removed when you have had less than 30ml of output for two 24hr periods in a row. Call our office at 402-717-4900 for removal.

Home Health

When you leave the hospital you may require help at home to care for wounds, a new ostomy etc. if this is the case we will set this up for you prior to discharge.

Follow Up

You will follow up with our office 1 month after surgery. This may be sooner if you have post-operative concerns, or have a drain or staples to be removed.

When To Call The Doctor

Please call our office if you experience severe abdominal pain, signs and symptoms of infection (fevers (101*), chills, redness, warmth, pus or foul smelling drainage you're your incisions), new or continuous bleeding, leg or chest pain.

Diet

Your appetite may be decreased following surgery. You may need to continue to supplement with high protein drinks until your full appetite returns. If you experience nausea try having smaller, more frequent meals. When you do feel hungry focus on high calorie, high protein foods.

Constipation

It is important after surgery to avoid constipation. You may go home with a prescription for stool softeners, especially if you are on narcotic pain medication. Make sure to drink enough water and stay active. If you haven't had a bowel movement for 3 days call our office and we can recommend treatments to help.

Wound Care

Follow wound care instructions given to you at discharge. General wound care tips and tricks:

- Glue over incisions will fall off on its own, no need to scrub.
- You can take a daily shower unless otherwise instructed
- Do not use any creams, powders or lotions on your wounds unless otherwise directed
- Small lumps or bumps along your incision are normal and will soften over time
- Monitor for redness, warmth, swelling, pus drainage, or foul smell coming from incisions
- Call us with chills or a fever greater than 101*

Activity Restrictions

We encourage you to get up and start moving after surgery, moderate activity can help to prevent many post-operative complications. After surgery you will have the following activity restrictions:

- No lifting greater than 20lbs for 4 weeks
- No driving while taking narcotic pain medication
- Light exercise is great for recovery, use pain as your guide. If something hurts stop what you are doing, it may take time to build up to your previous level of fitness
- Avoid smoking. Smoking places you at increased risk for surgical complications.
- Avoid alcohol while taking narcotic pain medication.



Surgery and recovery can be physically and mentally challenging. We are here to help you navigate this process.

**Please feel free to call us at 402-717-4900
with any questions or concerns that may arise.**



General Surgery

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