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WHAT TO EXPECT AFTER YOUR COLON SURGERY

In- Hospital Care

After the operation the nursing staff will closely watch you until you have recovered from the anesthetic. You may even be cared for in the intensive care unit immediately following your surgery.

The recovery period after colon surgery varies. It usually involves a stay in the hospital from 3-7 days in uncomplicated cases. On return from your surgery you will have a catheter (plastic tube) in the bladder to measure and drain your urine.

After surgery you will be given intravenous fluids (a drip) through which antibiotics may be given. The drip will remain in place until you are able to drink enough fluids. It generally requires 3-4 days before the colon has healed well enough to tolerate anything by mouth. You know the bowel has started to work again when you pass gas and/or have a bowel movement. You will then begin to take liquids by mouth and then solid food.

It is likely that on your return from surgery you will be wearing tight fitting stockings that are used to reduce the risk of blood clots forming in your legs. In addition, it is very important that you start moving as soon as possible. This helps to prevent blood clots forming in your legs and possibly going to your lungs. This can be fatal.

Also, you need to do your deep breathing exercises. Take ten deep breaths every hour to prevent secretions in the lungs from collecting. If this happens, you may develop pneumonia. At all costs, avoid smoking after surgery as this increases your risk of chest infection. Coughing is painful after abdominal surgery do not hesitate to use the pain medication provided.

Colostomy (“stoma” or “bag”)

Many patients undergoing colon surgery require a stoma. The colostomy or ileostomy drains bowel waste into an external bag attached to the abdomen. Most colostomy waste is softer and more liquid than normally passed bowel waste. The thickness of the bowel waste depends on where the stoma is. You will be taught how to clean around the colostomy and change the colostomy bag. The colostomy bag sticks to the skin around the stoma with special glue, and can be thrown away when dirty. This bag does not show under clothing, and most people learn to take care of these bags themselves. Stomas may be temporary or permanent, if reversible a second operation is always required.

Wound

Your wound will usually have no visible stitches or staples and is usually covered with a dressing. In certain cases staples or stitches are used to close the incision and will need to be removed at a later date.

Drains

You may also have a small tube that drains into a bag or a bottle from near your wound.

This drain removes fluid from the surgical site and is usually removed within a few days after surgery at the bedside.

Pathology Report/Need for further treatment

Depending on the pathologist's report, which is available 5- 7 days after the operation, further treatment may be required. These include:

Surgery- in rare circumstance an additional operation is required

Radiation Treatment- this been used for some people as the main treatment for rectal tumors but is not normally used in colon tumors. Radiation therapy is not as effective as surgery for patients who could normally be treated by bowel removal.

Chemotherapy (use of drugs to treat tumor) is usually used together with surgical removal and may not be offered as the only treatment".

Postoperative Instructions (after Discharge)

1. Soft diet for first week. Try eating six (6) small frequent meals rather than 3 big meals. Excessive sweets tend to make the stools more liquid. Add one new food at a time in small mounts. Drink plenty of fluids.
2. Fiber: Avoid raw vegetables and raw fruits for 1-2 weeks. Gradually increase the fiber in your diet, as this will thicken the stool. Lessen the doses of Metamucil, Konsyl or Citrucel if abdominal cramps or bloating occur.
3. Activity: Avoid activity which causes pain. Walking and climbing stairs OK. No lifting more than 20 lbs and no vigorous sports for 4-6 weeks or as directed.
4. Resume home medications except: Aspirin or NSAIDS unless otherwise directed by the Doctor.
5. No driving until seen in the office, riding in the car as a passenger is permitted.

6. Common problems

a) **Wound problems:** It is okay to shower and get the incision and staples wet. Some drainage from the incision is common; a light gauze pad over the incision can be helpful. If drainage is cloudy or associated with fever > 101 degrees, call the office.

b) **Medication reactions:** Reactions to medicines can occur. The most common symptoms are nausea, vomiting, or itching related to taking the medication. If this occurs stop the medication and contact the office.

Note: All Narcotics cause constipation

c) **Urinary difficulties:** Urinary tract infections occasionally occur following abdominal surgery. Pains with urination and/or blood in the urine are symptoms of infection. Bring these symptoms to the doctor's attention at your post-op visit.

d) **Bowel obstructions:** abdominal cramps, bloating, nausea, vomiting, and constipation. When these develop, call your physician for advice. If the symptoms are mild, you may restrict intake to liquids only and avoid solid food. If the symptoms are severe or if persist beyond 24 hrs, call your physician.

e) **Irritation around anus from severe diarrhea:** Use Destin ointment or Skin protective paste. Avoid vigorous wiping after a bowel movement. Instead use a shower nozzle attachment to clean the area. A warm tub bath or sitz bath is also helpful. Pat gently dry afterwards. Baby wipes can be used instead of toilet paper.

f) **Steroid withdrawal:** If you had been on prednisone for a long time and have now stopped the medication, you are at risk for steroid withdrawal if the weaning is too rapid or if you are in a stressful situation. The manifestations may be vague with severe fatigue, nausea, fever/chills and joint aches being the most common. If there is no improvement within 24 hours, call your physician.

g) **Infection:** If you experience fever above 101 degrees, shaking, chills, lower abdominal discomforts, difficulty in passing urine and sometimes drainage of pus from wound, call your physician.

7. Call the office on the day of your discharge to make follow up appointment in 1 to weeks (as directed at time of discharge).

On-call physician: To reach the doctor on call, dial the office number anytime day or night 631-862-3600.

The following is a brief list of the most common issues for which you should contact the physician:

- **Large amounts of bloody leakage from the wound.**
- **Blood in the stool.**
- **Fever and chills.**
- **Pain that is not relieved by prescribed pain killers.**
- **Tender, swollen abdomen.**
- **Swelling, tenderness, redness at or around the incision**

References for further study

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