

Keck School of Medicine of **USC**

To: Patients undergoing colorectal surgery

From: Kyle Cologne, MD

Welcome to USC!

I'm glad you have chosen us here at USC for your surgical care. I understand this can be a very difficult time filled with uncertainty, lots of questions, and significant anxiety. The following packet is designed to help you understand more aspects of your care by giving you an idea of what to expect before and after surgery.

While the whole packet will not pertain to your surgical care, please find the appropriate section for more information. It is divided into two parts: 1) information during your surgery and hospital stay and 2) post-discharge instructions. At the time of your clinic appointment, you will be given more information about your specific surgery. At any time, you may also refer to our website for more information.

Finally, if you have any questions, please do not hesitate to contact our office. I can also be reached via e-mail at kyle.cologne@med.usc.edu. Thank you, and I look forward to taking care of you.

Warmest personal regards,



Kyle G. Cologne, M.D.



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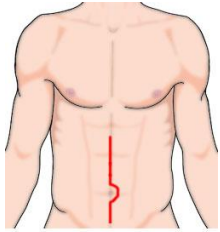
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Open Surgery
Incision

PART I: **WHAT TO EXPECT DURING YOUR HOSPITAL STAY**

MAJOR (OPEN) ABDOMINAL OPERATIONS

This information helps you understand your hospital stay so you have realistic expectations for the first few days after surgery. Following the guidelines on this sheet will help you recover from your surgery as quickly as possible and reduces the risk of some complications.

What to expect on a day to day basis:

Day 0: the afternoon and evening of surgery:

Once you wake up you should start breathing and leg exercises. You may be allowed to drink liquids. You will be encouraged to sit in a chair, and to take a short walk. Nausea frequently occurs after anesthetics, so be sure to ask for the nausea shot if this occurs. You will be getting a series of pain pills brought to you on a schedule. You may also have an IV pain pump called a "PCA" that you can use to give yourself additional medication if needed.

Day 1: the first post-op day:

You will be given liquids to drink. Drink only what you can comfortably tolerate. If you feel full, bloated, or nauseated then stop drinking for a bit until you feel better. Keep doing the breathing exercises. Get out of bed and walk at least five times. Your pain medications will keep yourself comfortable, but if you are still in pain, you can ask for additional pills. During this time, you will be transitioned off IV to oral medication (pills) for pain. These pills are equally effective as intravenous medication, but have less effect on the return of bowel function.

Day 2: the second post-op day:

If you still have a tube in your bladder it will probably be taken out today. You may be allowed thicker liquids, and probably solid foods later this evening. Drink or eat only what you can comfortably tolerate. Keep walking and doing your breathing exercises.

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Day 3: the third post-op day:

If you are tolerating oral liquids, your intravenous fluids will be stopped today. You will start some solid food. Keep walking and doing your breathing exercises.

Day 4: the fourth post-op day:

If you are doing everything from day 3, you may be going home today. If not, don't worry. These are only guidelines about how things can go. Everybody is different and sometimes it takes another day or two before you are ready for discharge.

Specific points:

Pain control: You will have a system for pain relief after surgery (a patient-controlled analgesia (PCA) pump). This will make you feel comfortable and helps you do your exercises and ambulate after surgery. Once you are taking liquids orally, you will be given oral pain medications. These work just as well as a PCA or epidural. The pills work best when used regularly, so ask for another dose before the pain gets too bad. You will likely have the following medications for pain control:

Ibuprofen 400-800mg 3x per day

Tylenol 650mg 3x per day

Neurontin 300mg 3x per day

Oxycodone (narcotic) as needed for severe pain not controlled by the above meds

Diet: Liquids may be started the night of surgery, or the following day. You may drink as much as you like. It is better not to drink too much. Avoid carbonated beverages. When you are tolerating fluids, solid food will be started. It is important not to over eat. You may pick and choose what you like off your tray. Indeed, you will probably find that you feel better taking small frequent meals, even after you go home. If you feel bloated or nauseated just stop drinking or eating for an hour or two before trying again. You may need a medication to relieve your nausea.

Bowel activity: Surgery tends to paralyze the bowel for a variable period of time. This period is minimized by getting active after surgery. Standing and walking promote return of bowel function; lying in bed does not. Minimizing your use of intravenous pain medications also tends to help your bowel recover, as does an early transition to pain pills.

Breathing exercises: These are extremely important. You should do these every hour during waking hours, taking at least ten deep breaths. This expands the small air sacs in the lungs and minimizes postoperative fever and pneumonia. A breathing machine will be given to you after surgery to help with this.

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Exercise: Getting up and walking after surgery aids recovery in many ways. Much of the pain after major surgery is from muscle spasm. Getting out of bed, sitting and walking help you loosen up and actually reduce your pain. This also helps your breathing and quickens the recovery of your bowel function. Exercise will not damage your wound or the surgical area in any way.

Day of discharge: Expect to go home on the third to fifth postoperative day. Make provisional arrangements in advance unless instructed otherwise. Some patients may be able to leave earlier than this.

Going home: When you go home, expect to be able to drink freely and eat a little. You will be on oral pain medications for any residual pain or discomfort. You will be passing flatus and may have moved your bowels. If you live alone, you may wish to make arrangements with family or friends in advance to stay with them for a few days. If you live a long distance away from the hospital, you may wish to make arrangements with a local hotel to stay nearby for a few days before going home.

Upon discharge please call our office to make a follow up appointment in 6 weeks, or the following week if you are discharged with staples in place (to have them removed).

Should any questions or concerns arise, please call our office. During off hours, weekends, and holidays, you can still reach the doctor on call through this number.

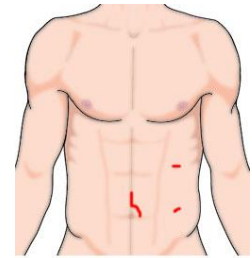
Monday – Friday: 8am-5pm 323-865-3690

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PART I: **WHAT TO EXPECT DURING YOUR HOSPITAL STAY**

LAPAROSCOPIC COLORECTAL OPERATIONS



Laparoscopic
(Minimally Invasive)
Surgery Incision

This information helps you understand your hospital stay so you have realistic expectations for the first few days after surgery. Following the guidelines on this sheet will help you recover from your surgery as quickly as possible and reduces the risk of some complications.

What to expect on a day to day basis:

Day 0: the afternoon and evening of surgery:

Once you wake up you should start your breathing and leg exercises. You will be allowed to drink liquids once you are fully awake from the anesthesia and without nausea. You will be encouraged to sit in a chair, and to take a short walk in the hallway. Please ask for assistance if needed but it is important to begin physical activity as part of your recovery.

Day 1: the first post-op day:

You will be given liquids to drink as your first meal. Drink only what you can comfortably tolerate. You may advance your diet as you tolerate, however you may find it better to eat 4-5 small meals. Keep doing the breathing exercises. Get out of bed and walk at least five times. Use your oral pain medications to keep yourself comfortable.

If you have a tube in your bladder it will probably be taken out today. You may be allowed thicker liquids, and probably solid foods later in the day. Drink or eat only what you can comfortably tolerate. You will be started on pain pills first thing in the morning. Keep walking and doing your breathing exercises. You will likely have the following medications for pain control:

- Ibuprofen 400-800 mg 3x per day
- Tylenol 650mg 3x per day
- Neurontin 150-300mg 3x per day
- Oxycodone (narcotic) as needed for severe pain not controlled by the above meds

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<http://www.surgery.usc.edu/colorectal>

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Day 2: the second post-op day:

If you are doing everything from day 1, you will probably be going home today. If not, don't worry. These are only guidelines about how things can go. Everybody is different and sometimes it takes another day or two before you are ready for discharge. Generally, if your pain control is adequate on pills, you have passed flatus, and can tolerate small solid meals and liquids you should be able to be safely discharged.

Specific points:

Pain control: Once you are taking liquids orally, you will be given oral pain medications. These work just as well as an IV or "PCA" and have a lower risk of nausea or slowing the return of bowel function. The pills work best when used regularly, so ask for another dose on the schedule. You will have stronger medicine available if the standard medications are not sufficient, so don't be afraid to ask if you are still in pain. We would like to turn off the intravenous pain medicine as soon as the oral program is effective to reduce drug side effects.

Diet: Liquids may be started the night of surgery, or the following day. You may drink as much as you like. It is better not to drink too much. Avoid carbonated beverages. Thicker liquids like yogurt or cooked cereals may settle your stomach better than clear liquids like broth or jello. Your body absorbs liquids with electrolytes (e.g. Gatorade) better than plain water. When you are tolerating fluids, solid food will be started. It is important not to over eat. You may pick and choose what you like off your tray. Indeed, you will probably find that you feel better taking small frequent meals, even after you go home. If you feel bloated or nauseated just stop drinking or eating for an hour or two before trying again. You may need a medication to relieve your nausea.

Bowel activity: Surgery tends to paralyze the bowel for a variable period of time. This period is minimized by getting active after surgery and using the set of pain pills we have ordered. Standing and walking promote return of bowel function; lying in bed does not. Minimizing your use of intravenous pain medications also tends to help your bowel recover.

Breathing exercises: These are extremely important. You should do these every hour during waking hours, taking at least ten deep breaths. This expands the small air sacs in the lungs and minimizes postoperative fever and pneumonia.

Exercise: Getting up and walking after surgery aids recovery in many ways. Much of the pain after major surgery is from muscle spasms. Getting out of bed, sitting and walking help you loosen up and actually reduce your pain. This also helps your breathing and quickens the

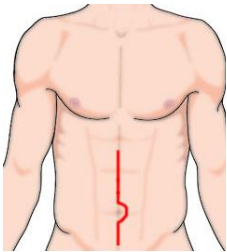
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recovery of your bowel function. Exercise will not damage your wound or the surgical area in any way.

Day of discharge: Expect to go home on the second or third postoperative day. Make provisional arrangements in advance unless instructed otherwise. Some patients may be able to leave earlier than this. Occasionally, patients need to stay longer if the bowels have not started working yet.

Going home: When you go home, expect to be able to drink freely and eat a little. You will be on oral pain medications for any residual pain or discomfort. You will be passing flatus and may have moved your bowels. If you live alone, you may wish to make arrangements with family or friends in advance to stay with them for a few days. If you live a long distance away from USC, you may wish to make arrangements with a local hotel to stay nearby for a few days before going home.

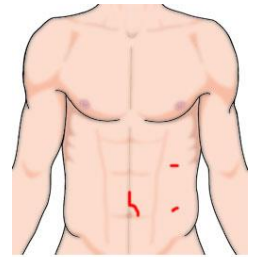
Should any questions or concerns arise, please call our office. During off hours, weekends, and holidays, you can still reach the doctor on call through this number: **323-865-3690**



Open Surgery
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PART II:
AFTER SURGERY

**Post-Discharge Major/Laparoscopic
(Abdominal) Surgery Instructions**



Laparoscopic
(Minimally Invasive)
Surgery Incision

This information helps you understand how your post-discharge recovery should progress, so you have realistic expectations for the first few weeks after surgery. Following the guidelines on this sheet will help you recover from your surgery as quickly as possible and reduces the risk of some complications.

What to expect:

Diet:

You will find it better to continue to eat 4-5 smaller meals until your appetite has fully returned and the abdominal bloating fully resolves. There are no specific food restrictions unless you have an ileostomy (see below). Once your appetite is fully recovered you should begin 1 tablespoon of Metamucil (mixed in water or juice) after breakfast and after dinner. This will help to thicken your stool and return the normal bacteria to your colon.

Bowel Habits:

Your bowel habits may be erratic following your procedure. You may not move your bowels for several days after discharge. If you feel constipated you may take 1 tablespoon of milk of magnesia at bedtime for several nights to help your bowels move, however if you are patient the bowels will move on their own.

If you develop frequent loose stools the Metamucil should help thicken the stool. However, you may carefully use Imodium AD (over the counter). It is best to start with 1 pill in the morning and one pill at

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bedtime initially. You can advance the amount and frequency as stated on the package with the maximum being 2 pills every 6 hours.

If you develop bloating, nausea, or vomiting, decrease your diet to clear liquids and notify the office. The best liquids are sports drinks (like Gatorade) as they provide sugar and salt to support your fluid levels. If you drink water or other beverages you may dilute the salt in your blood and you may actually feel worse. If the symptoms persist please call our office to speak with someone.

Activity:

It is very important to gradually and consistently increase your physical activity after surgery. You are free to walk and take stairs as you are able. The activity improves your lung and heart function and improves the ability of your body to use nutrition to heal.

You should not drive a car until your pain control is adequate without need for any narcotic pain pills.

You should not lift >30lbs for 6 weeks from the day of surgery. After that time you can perform any physical activity you can tolerate.

Wound Care:

If your wounds were closed with absorbable sutures you will find short white steri-strips over the incision. It is ok to shower with those in place and you can remove them on the 7th day after surgery.

If you have staples, please call the office and arrange for a visit with our Physician Assistant (Eva Moya) to have them removed approximately 10 days after surgery.

If you notice that the wound becomes increasingly painful or becomes increasingly red around the edges you may be developing a wound infection. Please call the office so that we can discuss this.

Pain control:

You will be discharged with prescriptions for the same pain pills we were administering in the hospital. This program should ease your pain and reduce any problems with the return of bowel function. The medications are listed below.

Ibuprofen 600mg 3x/day (routinely not intermittently)
Acetaminophen (Tylenol) 650mg every 6hrs (routinely not intermittently)
Neurontin 300mg 3x/day (routinely not intermittently)
Oxycodone **(narcotic as needed)**

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As your pain decreases you can stop the Oxycodone first, then the Neurontin, and finally the Tylenol and ibuprofen.

Ileostomy care:

If you have an ileostomy you can follow all of the above recommendations. A visiting nurse should have been arranged to assist in your care of the ileostomy. The most important issue is to monitor the output of the stoma to avoid becoming dehydrated.

Your stoma output should approach the consistency of toothpaste over time.

If the stoma is greater than 1500ml and watery, you are at risk for dehydration.

Drink sports drinks liberally to stay hydrated as stated above.

Use Imodium and Metamucil as stated above to help thicken the stoma output.

If your urine output decreases or your urine becomes increasingly darker, you are becoming dehydrated.

Upon discharge please call our office to make a follow-up appointment in 4-6 weeks.

Should any questions or concerns arise, please call our office:

Monday – Friday: 8am-5pm 323-865-3690

Weekends, Holidays or after-hours, you may call our exchange at **323-865-3690** or the hospital operator at **323-442-8500** and ask for the **Colorectal Resident on-call**.