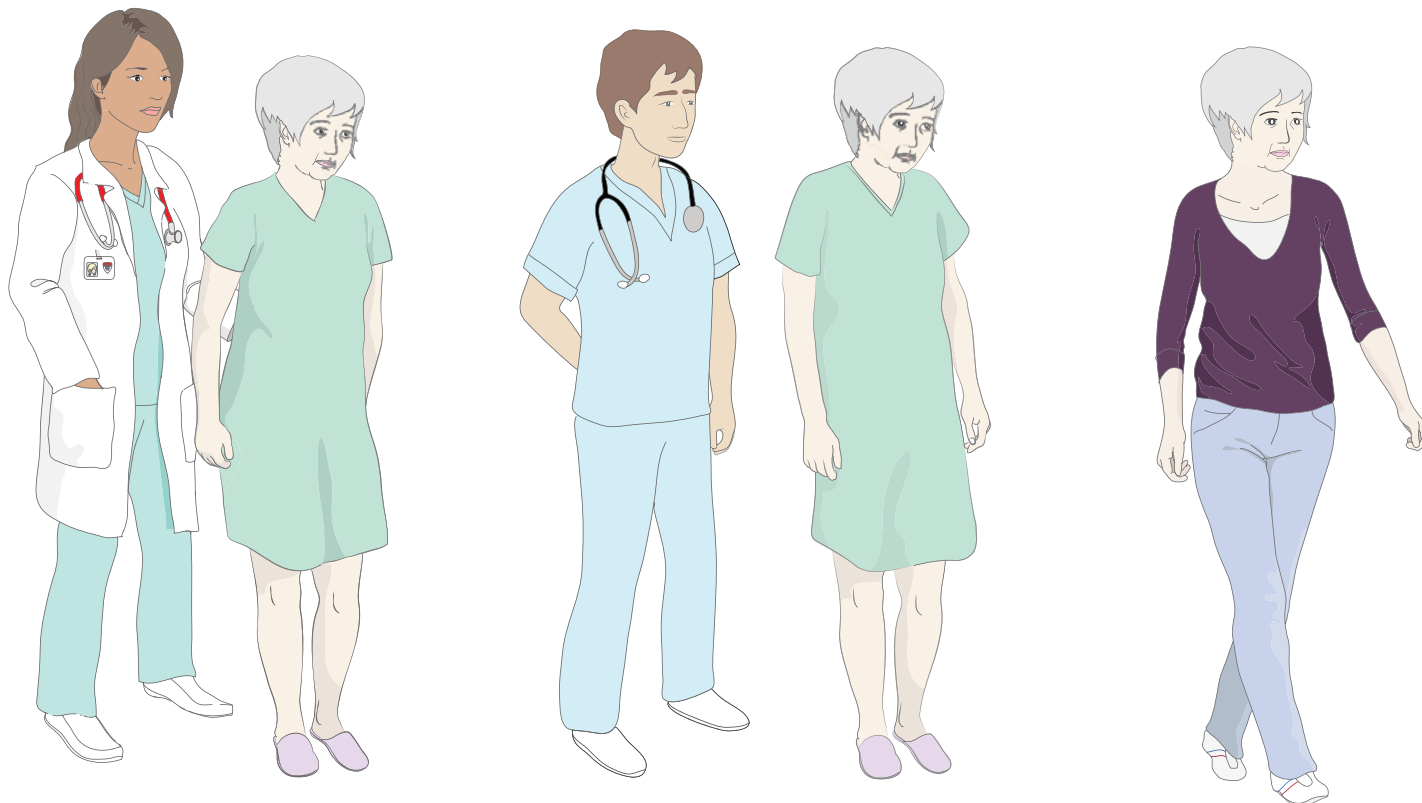


# A Guide to Bowel Surgery



This booklet is to help you understand and prepare for your surgery. Please have this booklet with you when you are completing your pre-admission telephone interview and bring it with you on the day of surgery.



Western  
Health

900-B-395  
February 2020

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# What is a Care Pathway?

When you are admitted to the hospital for bowel surgery, you will be part of a fast recovery program called a Clinical Care Pathway. The goal of this program is to help you recover quickly and safely. Your health-care team worked together to create this pathway.

This booklet will:

- Help you understand and prepare for your surgery
- Explain how you can play an active part in your recovery
- Give you daily goals to achieve

Research shows that you will recover faster if you do the things explained in this booklet. There are instructions about eating and drinking, physical activity, and controlling your pain. These things will help you to feel better faster and go home sooner.

**Have this booklet with you during your Pre-Admission Clinic appointment and bring it with you on the day of surgery.** Use it as a guide during your hospital stay. Hospital staff may refer to it as you recover, and review it with you before you go home.

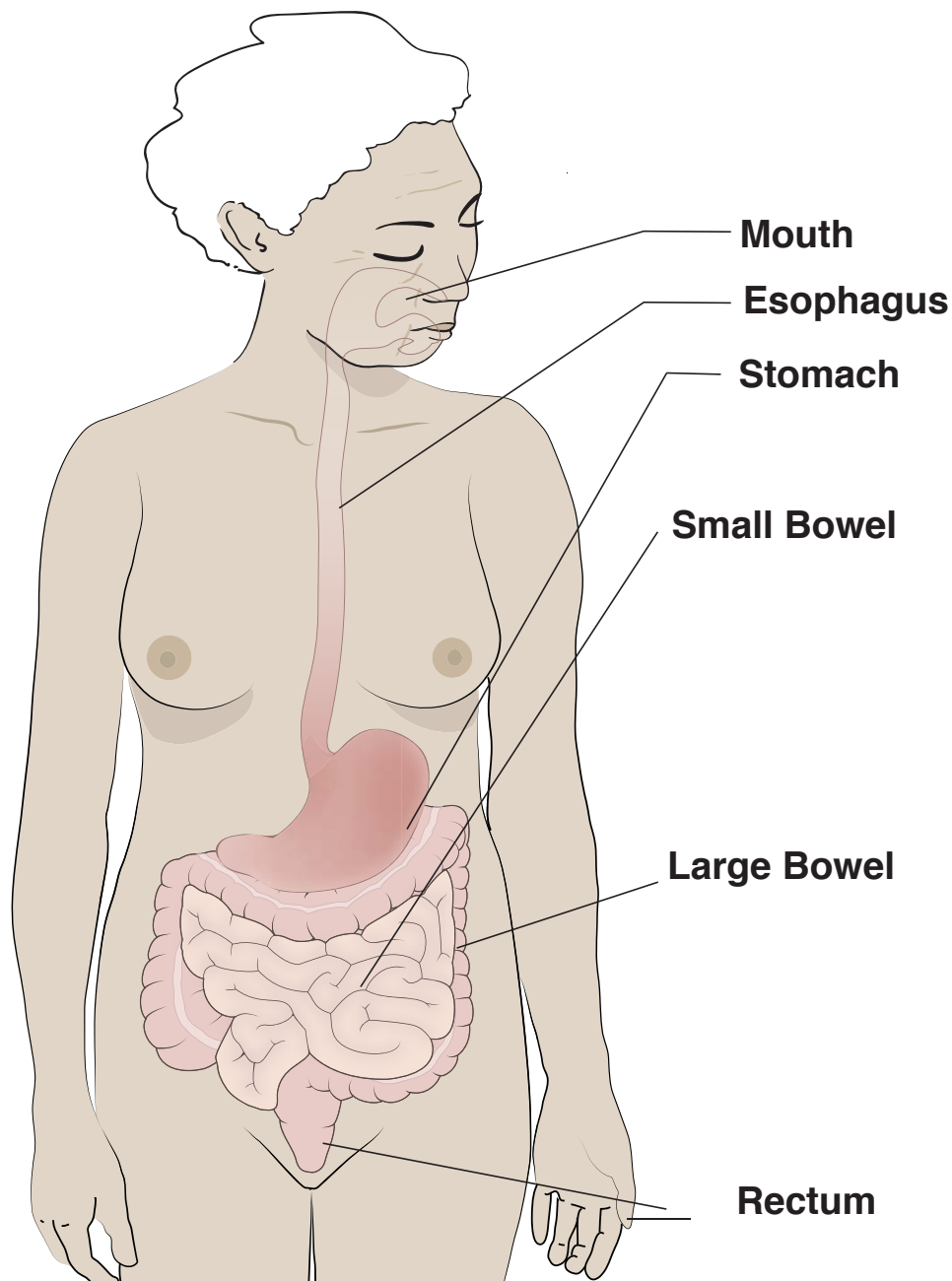
Having surgery can be stressful for patients and their families. The good news is that you are not alone. We will support you each step of the way. Please ask us if you have questions about your care.

**Western Health Surgery Team**

If you do not speak English, please bring someone to translate for you.

# What is the Bowel?

When you eat, food passes from your mouth, through your esophagus, into your stomach. From there, it passes into the small bowel. This is where nutrients are soaked up. What is left of the food goes to the large bowel. This is where fluid is soaked up from the food. The stool (waste that is left over) is stored in the rectum, until it is passed out of the body through the anus.



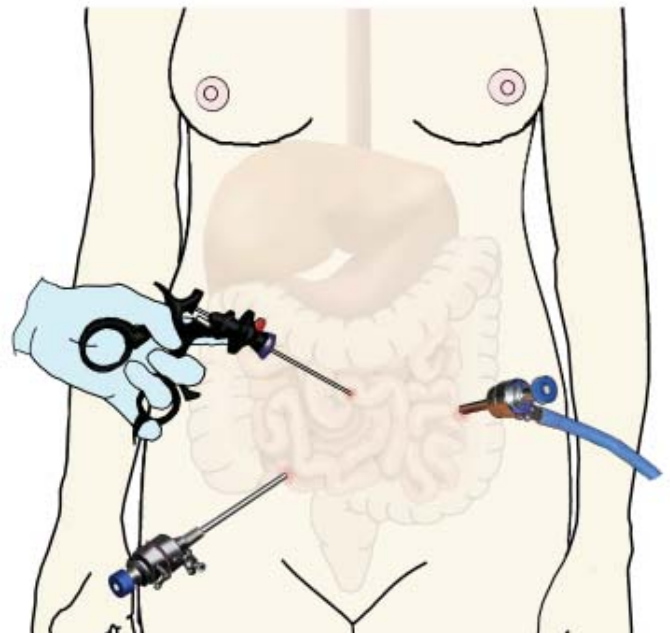
# What is Bowel Surgery?

Bowel surgery, also called colorectal surgery, is removal of a diseased part of the bowel.

The surgery may be done two ways. Your surgeon will talk with you about the kind of surgery you need.

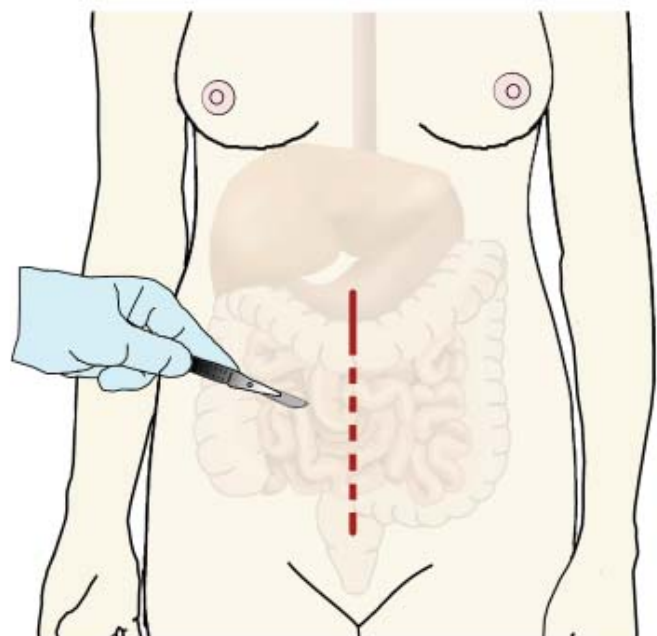
## 1. Laparoscopic

The surgeon works through small cuts in your belly, using a camera and instruments. One of the cuts is used to remove the diseased part of the bowel.



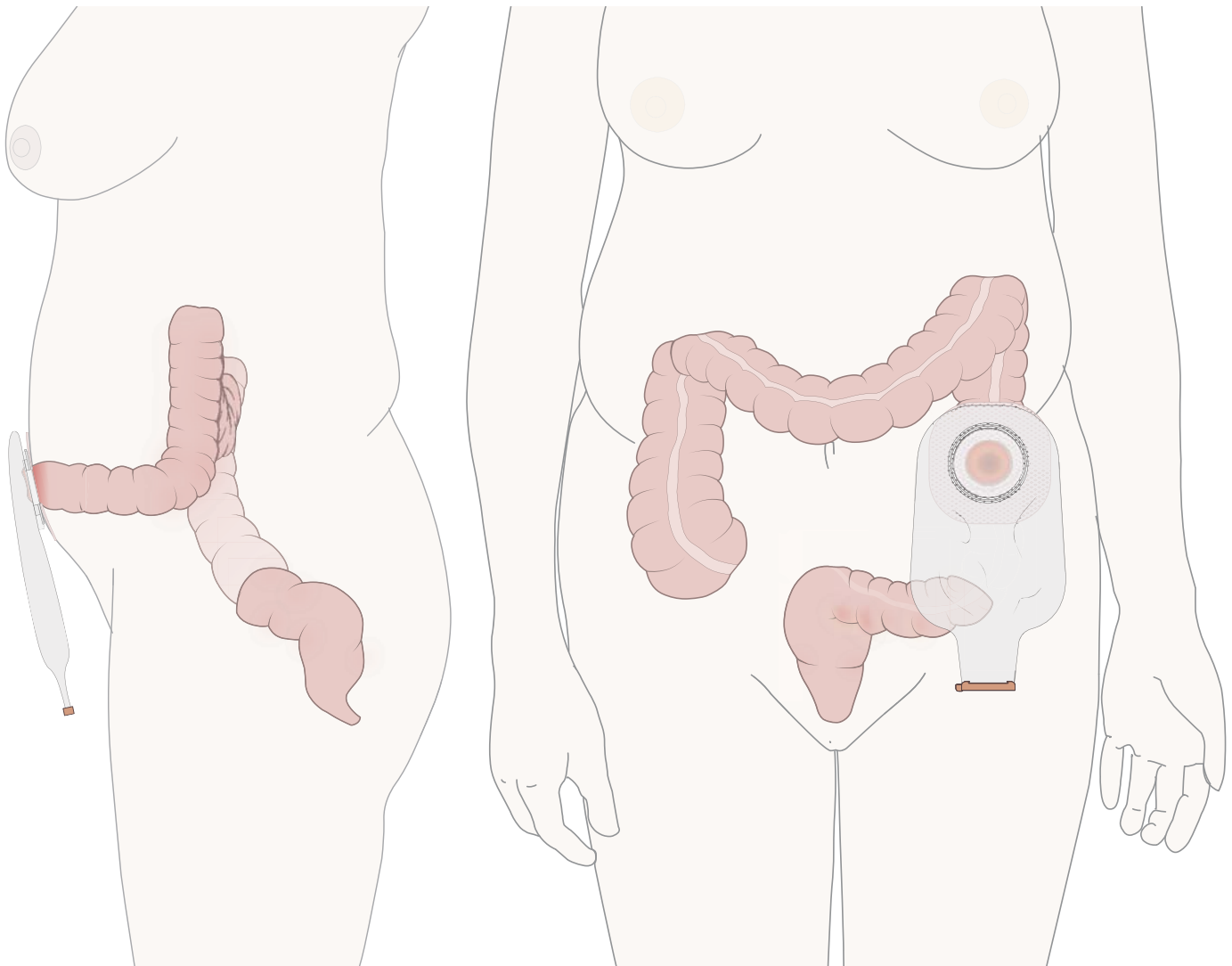
## 2. Open

The surgeon works through a 10-20 cm cut in your belly to remove the diseased part of the bowel.



# What is an Ostomy?

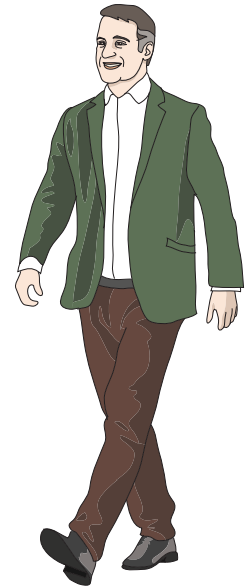
Some people, but not everyone, need an ostomy as part of their bowel surgery. An ostomy is an opening in your belly where stool and waste pass out into a bag. It may be temporary or permanent. If you need an ostomy, your surgeon will talk with you about it before your surgery. You will also meet with an Enterostomal Therapy (ET) Nurse before and after your surgery who will teach you how to take care of your ostomy.



# Preparing for Surgery

## Be active:

Exercise will help your body to be as fit as possible and keep your weight under control. If you are already active, keep up the good work. If you are not, start adding activity into your day. Exercise does not need to be hard to make a difference. A 15-minute walk is better than no exercise at all.



## Stop smoking:

If you smoke, try to stop before your surgery to decrease your risk for lung problems. Your doctor can help you stop smoking by prescribing medication. See page 32 to learn more.



## Restrict alcohol:

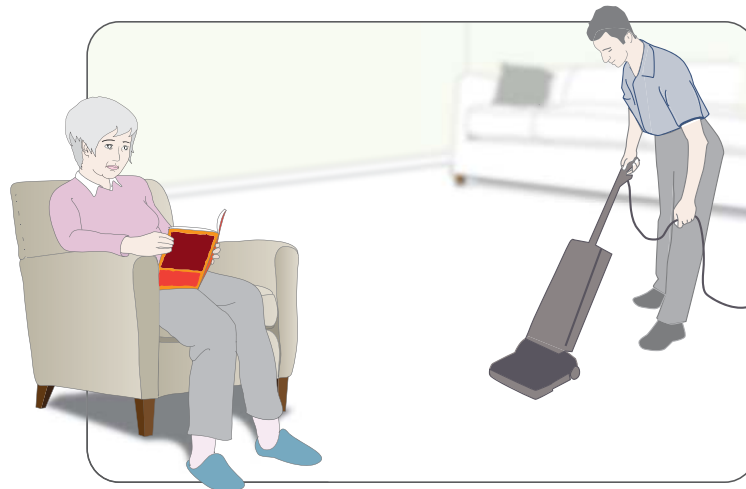
Try to decrease the amount of alcohol you consume leading up to your surgery. Do not drink ANY alcohol for 24 hours before your surgery. Alcohol can mix with the medicine you will receive in the hospital. Please tell us if you need help decreasing your alcohol use before surgery.



# Preparing for Surgery

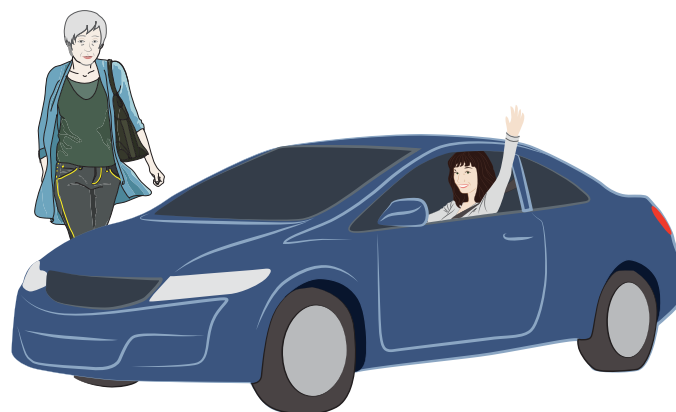
## Plan ahead

You may need help with meals, laundry, bathing or cleaning, when you go home from the hospital. Stock your fridge and freezer with food that is easy to reheat. Make plans with your family and friends so you will have the help you need.



## Arrange transportation:

You may go home from the hospital on Day 4 after your surgery. Tell your nurse if you have concerns about going home. Remember to arrange a ride.





# Pre-Admission Clinic Appointment

Call 784 - 6797 from 8:00 a.m. - 11:45 a.m. Mon - Fri to book your Pre-Admission Clinic appointment.

You will speak to a perianesthesia Screening Registered Nurse over the phone to prepare you for your procedure.

- Have your MCP card and your medications with you.
- Be prepared to give a complete history of yourself over the phone.
- If you have difficulties with hearing or speech please notify the Pre-Admission Clinic (PAC). A face to face appointment will be arranged.
- The registered nurse will ask specific questions regarding your health status and give instructions to which tests,(blood work, EKG, chest X-ray,etc) you may need.
- Your chart may be reviewed by an Anesthesiologist (pain doctor) who may recommend further tests. It may be necessary for you to meet with the Anesthesiologist before surgery. If so, the Pre-Admission Clinic will arrange this for you.

If your surgeon said you may need an ostomy, you will meet the ET nurse to explain about the ostomy and mark on your belly where the ostomy will be. Do not wash off this mark or take off the waterproof bandage the ET nurse puts on your belly.

You may need to stop taking some medicines before surgery. Be sure to discuss with your doctor if you take Aspirin, Pradax, Plavix, Warfarin or any vitamins or herbal medicines.



# Phone Call to O.R. Bookings

The day before your surgery, call the Pre-Admission Clinic office at 784-5231 between the hours of 1 - 4 p.m. to confirm your surgery time.



Date of surgery: .....



Time of arrival at the hospital: .....

If you get sick and cannot attend your surgery, please call your surgeon's office or the O.R. Pre-Admission Clinic office at 784-5231.

# Bowel Prep

Some people need to have a bowel prep (laxative) the day before their surgery and some need enemas a few hours before their surgery. An enema is when a nurse squirts water into your rectum to clean out the bowel for surgery. Your surgeon will decide what you should have. If you need any, the prescription and instructions will be given to you by your surgeon.

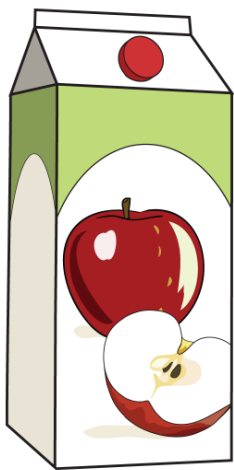
## The day before surgery:



### If you are not taking a bowel prep...

- Eat and drink normally until midnight.
- Before you go to bed, drink 800mL (3 cups) of apple juice OR cranberry cocktail.
- After midnight, do not have any food or milk products.

### Choose only 1:



Apple juice



Cranberry cocktail

# Bowel Prep

## If you are taking a bowel prep...

- Drink clear liquids all day (water, clear juice, clear broth, soft drinks, jello, coffee/tea with **no milk**).
- Do not have any food, milk products, or juice with pulp.
- Take your bowel prep as below.

## **Pico-Silax Bowel Prep:**

**Start preparation the day before surgery at 8:00 a.m. :**

- Mix one packet of Pico-Salix with 150 ml (5 oz) warm water.
- Stir for 2-3 minutes before drinking.
- Drink 1.5 - 2 litres of water or clear fluids over the next 4 hours.

**Between 2:00 - 4:00 p.m.:**

- Mix one packet to Pico-Silax with 150 ml (5 oz) warm water.
- Stir for 2-3 minutes before drinking.
- Drink 1.5 - 2 litres of water or clear fluids over the next 4 hours.

## **Golytely Bowel Prep:**

Mix powdered solution with water as instructed. Then place it in the refrigerator for 1-2 hours to chill.

**At 12:00 p.m. (noon) the day before your surgery:**

- Drink 2 litres (1/2 container) over 2 hours. During this time, do not drink anything else.
- Continue the clear fluid diet after this 2 hours.

**At 6:00 p.m.:**

- Drink 2 litres of the Golytely solution over 2 hours.
- Continue the clear fluid diet until your surgery.

# Eating and Drinking

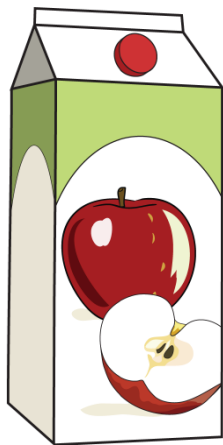
## The morning of surgery:

- Drink 500mL (2 cups) of apple juice OR cranberry cocktail OR sports drink (Gatorade®) 2 hours before surgery.
- **Do not eat or drink anything else.**

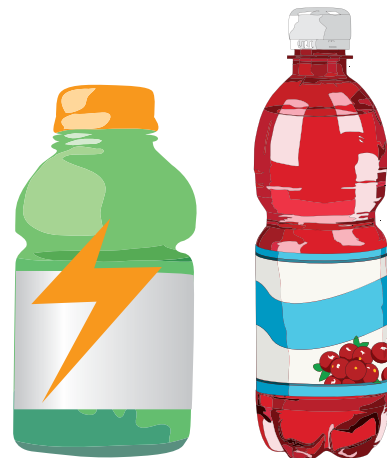
A small number of people should not drink at all on the day of surgery. Your nurse will tell you if you need to stop drinking at midnight.

Do not drink ANYTHING after your arrival at the hospital.

### Choose only 1:



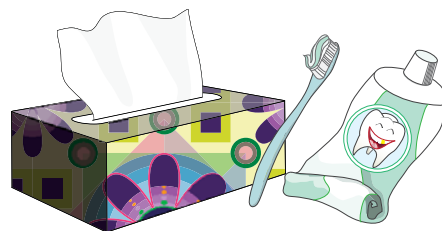
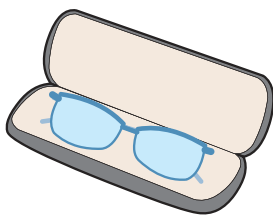
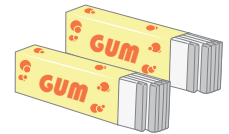
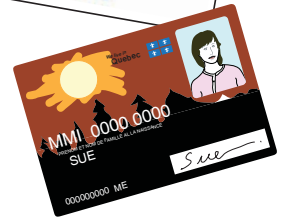
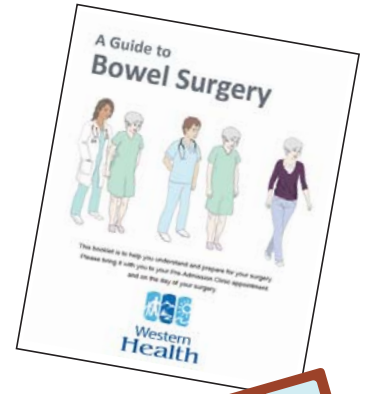
Apple juice  
500 mL (2 cups)



cranberry cocktail OR sports  
drink i.e Gatorade(R).  
500 mL (2 cups)

# Things to Bring to the Hospital

- ❑ This booklet;
- ❑ MCP and hospital cards;
- ❑ Private insurance information, if you have any;
- ❑ Your prescribed medications in their original containers and any over the counter medications you take;
- ❑ Two packages of your favourite gum;
- ❑ Bathrobe, slippers, pajamas, loose comfortable clothing;
- ❑ Toothbrush, toothpaste, mouthwash, comb, deodorant, soap, shaving supplies, tissues, and perhaps earplugs. Do not bring any scented products;
- ❑ Glasses, contact lenses, hearing aids and dentures. Bring their storage containers labeled with your name because you will be asked to remove these before your surgery; and
- ❑ Cane, crutches, walker, labeled with your name.



Please do not bring anything of value, including credit cards and jewelry. The hospital is not responsible for lost or stolen items.

# At the Hospital

## Admitting area:

Report to the Registration department at the time you were given. Bring your MCP card with you. You may request a private or semi private room but it is not always possible to accommodate this request.

## Preoperative area:

The nurse will complete a preoperative checklist then check your blood pressure and temperature. You will change into a hospital gown here.



## Operating room:

You will be brought to the operating room. You will meet your anesthesiologist (the doctor who will put you to sleep) and other members of your surgical team. You may have an epidural catheter (tube) placed in your back before your surgery to control your pain. You will be asleep and pain-free during your surgery.

# In the Recovery Room

After your surgery, you will wake up in the Recovery Room. You may find it hard to stay awake, but this is normal. This room has other patients and may be noisy. You will be there for approximately one hour. No visitors are allowed in here.

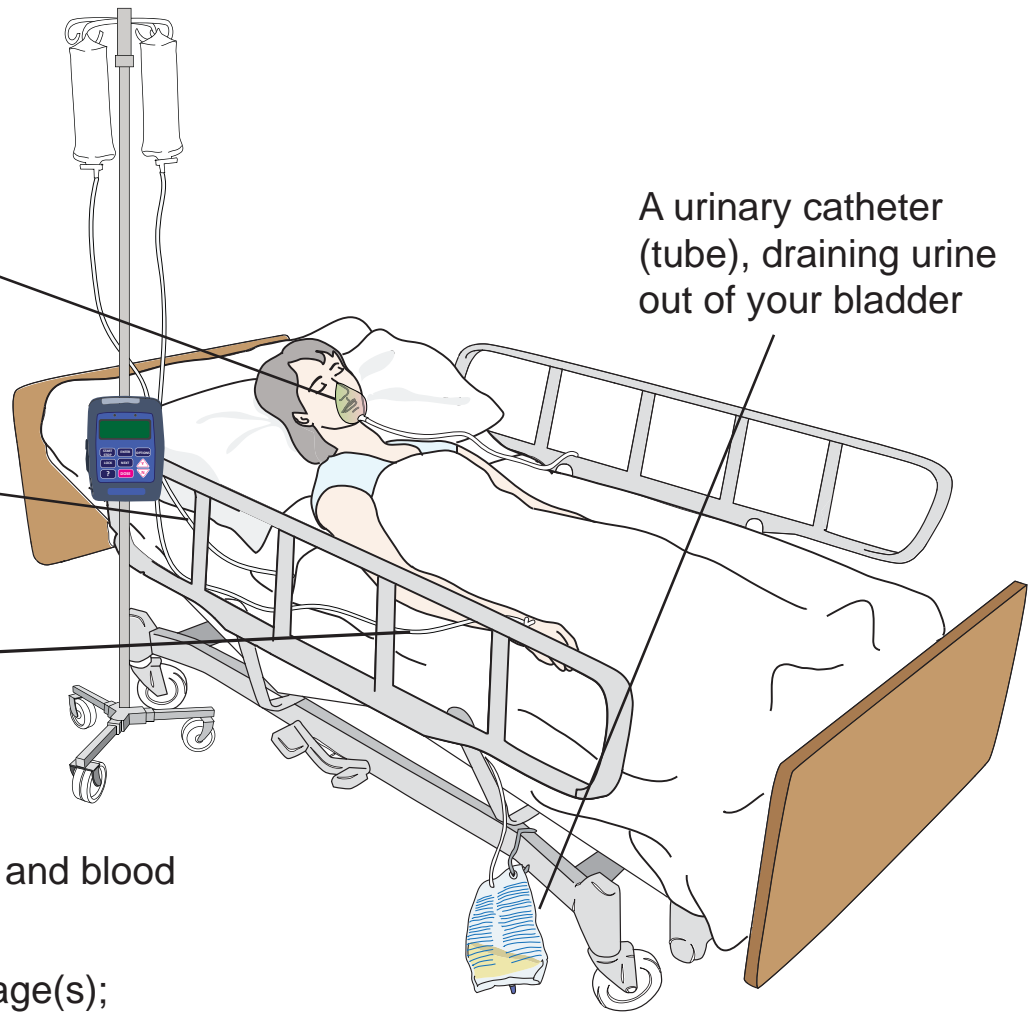
You may have:

A mask, giving you oxygen

An epidural (small tube in your back), giving you pain medicine

Intravenous (IV) lines in your hand or neck, giving you fluids

A urinary catheter (tube), draining urine out of your bladder



A nurse will:

- check your pulse and blood pressure often;
- check your bandage(s);
- give you medications if you have pain or are stomach sick; and
- make sure you are comfortable

When you are ready, the nurse will bring you to your room.



# After Your Surgery

Once you are in your room, your family may visit you. You may feel sore and tender. Do not try to get up out of bed alone. Ask for help. Do NOT eat or drink anything unless the nurse tells you.

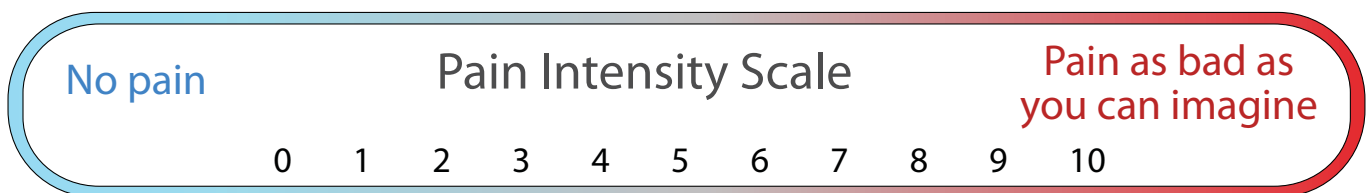
If you have an ostomy, you will see the Ostomy nurse to begin teaching after surgery. As soon as you begin walking, you should practice emptying/cleaning your ostomy as the Ostomy nurse shows you.

## Pain Control:

It is important to control your pain because it will help you to:

- Take deep breaths
- Move more easily
- Eat better
- Sleep well
- Recover faster
- Do things that are important to you

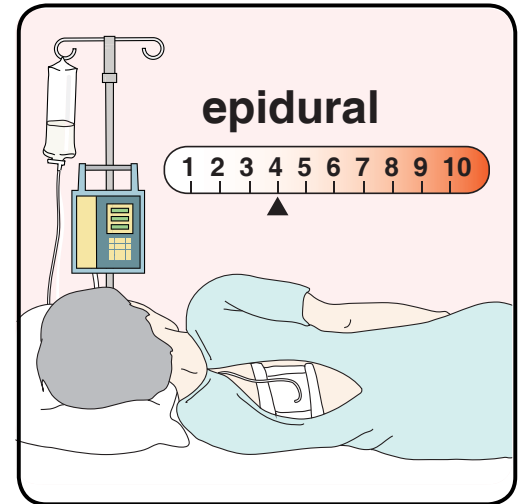
Your nurse may ask you to describe your pain using a number between 0 and 10. 0 means no pain and 10 is the worst pain you can imagine. We want to keep your pain below 4/10. Please tell us if you have pain. We will help you.



# After Your Surgery

## Epidural infusion:

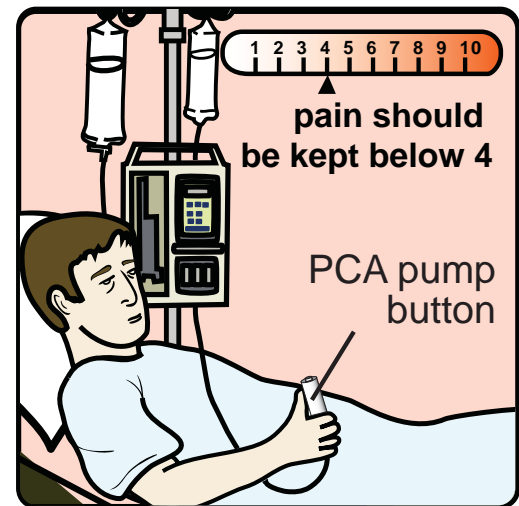
You may have a small tube in your back to give you pain medicine. This is called an epidural. It is usually started in the operating room before you go to sleep. It is usually removed on Day 2 after surgery when your pain is controlled.



OR

## Patient-Controlled Analgesia (PCA):

Instead of an epidural, some patients have a medicine pump attached to their IV. When you push a hand-held button, the pump gives you a safe dose of pain medicine.

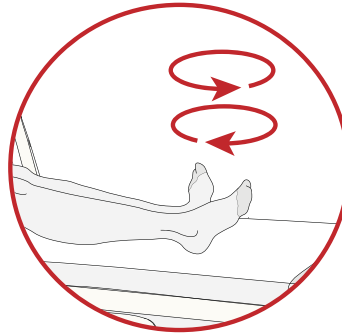


# Exercises

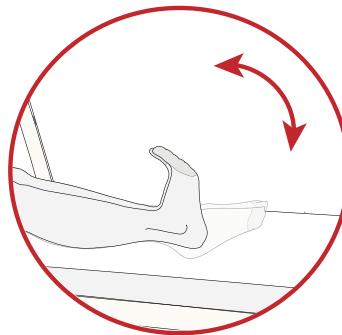
It is important to move around in bed to prevent pneumonia, blood clots, and muscle weakness. Start these exercises when you wake up and continue them while you are in the hospital.

## Leg exercises

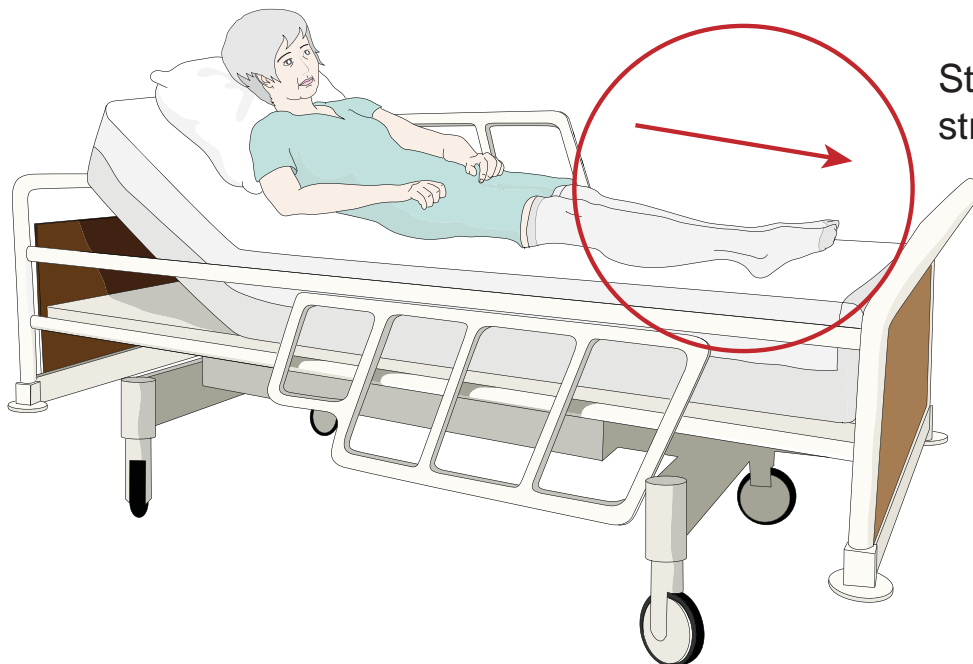
These exercises help your blood to circulate in your legs. Repeat each exercise every hour while you are awake.



Rotate your feet to the right and left.



Wiggle your toes and bend your feet up and down.



Stretch your legs out straight.

# Exercises

## Deep breathing and coughing exercises:

An incentive spirometer is a device that helps you breathe deeply to prevent pneumonia. This breathing exercise works best if you are sitting in a chair.



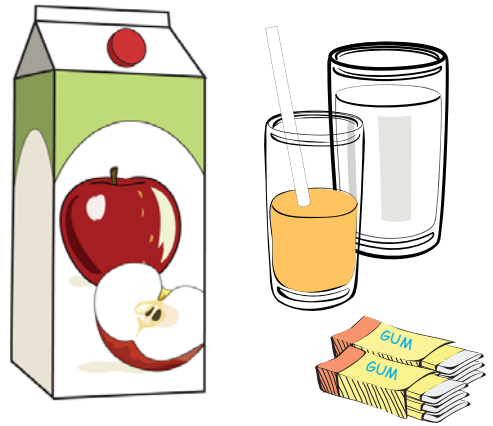
To use your incentive spirometer:

- put your lips around the mouthpiece, breathe in slowly and deeply, and try to hold the white ball up as long as you can;
- remove the mouthpiece, breathe out, and rest for a few seconds;
- do this 10 times every hour while you are awake; and
- take a deep breath and cough using a pillow to support your incision. The pillow decreases any pain coughing may cause.

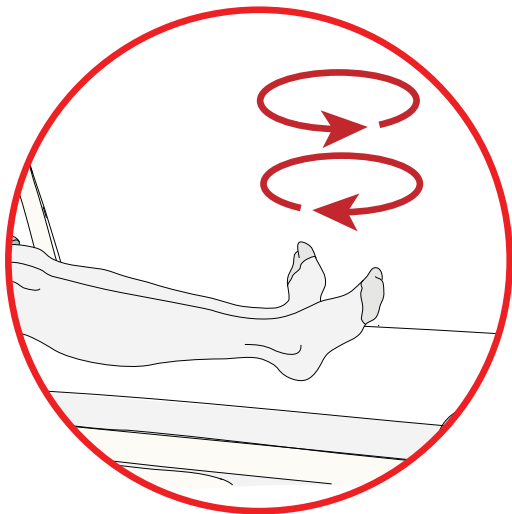
# Goals for the Evening of Surgery



Sit on the side of the bed with help from a nurse.



It is important to drink liquids the day of surgery. Chew gum for 30 minutes to help your bowels start to work.



Do your leg exercises (see page 20).



Do your breathing exercises (see page 21).

# Goals for Day 1

## Breathing

- Do your breathing exercises.

## Activities

- Do your leg exercises.
- Sit in a chair for meals.
- Walk in the hallway one time, with help.
- Be out of bed, off and on, for a total of 6 hours, as you are able.

## Pain control

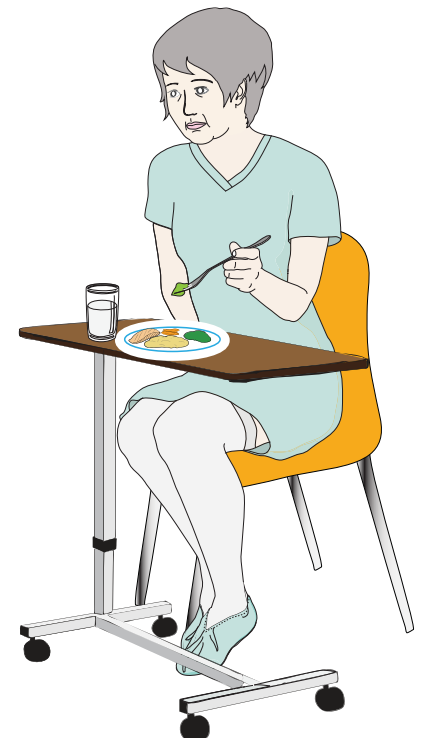
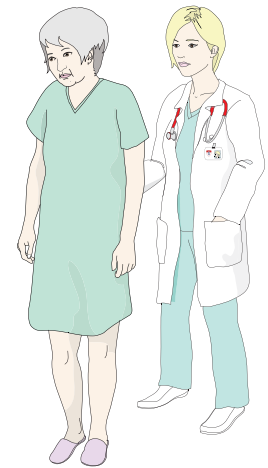
- Tell your nurse if your pain reaches 4/10 on the pain scale.

## Eating and drinking

- Drink liquids, including protein drinks like Ensure or Boost.
- Eat regular food, as you are able.
- Chew gum for 30 minutes three times/day.

## Tubes and lines

- For most patients, your urinary catheter will be removed today. For some patients, you will keep your catheter until Day 2.



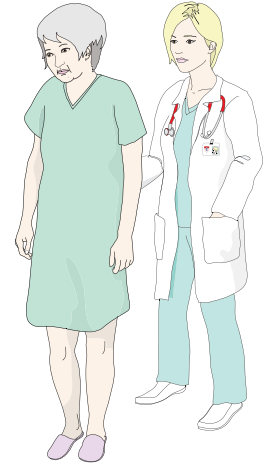
# Goals for Day 2

## Breathing

- Do your breathing exercises.

## Activities

- Do your leg exercises.
- Sit in a chair for meals.
- Walk in the hallway two times, with help.
- Be out of bed, off and on, for a total of 6 hours, as you are able.

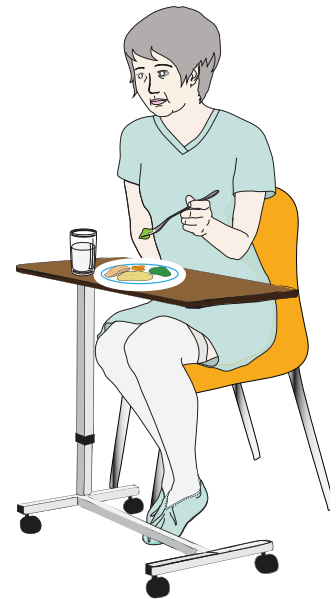


## Pain control

- Tell your nurse if your pain reaches 4/10 on the pain scale.

## Eating and drinking

- Drink liquids, including protein drinks like Ensure or Boost.
- Eat regular food, as you are able.
- Chew gum for 30 minutes three times/day.



## Tubes and lines

- Your IV will be removed when you are drinking well.
- If you have a PCA pump or an epidural (tube in your back), it may be removed today and you will take pills to control your pain.



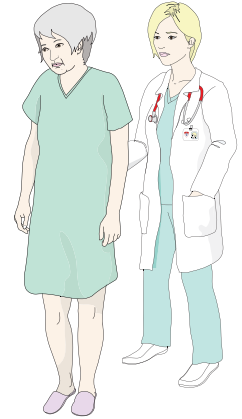
# Goals for Day 3

## Breathing

- Do your breathing exercises.

## Activities

- Do your leg exercises.
- Sit in a chair for meals.
- Walk in the hallway three times, with help.
- Be out of bed, off and on, for a total of 6 hours, as you are able.

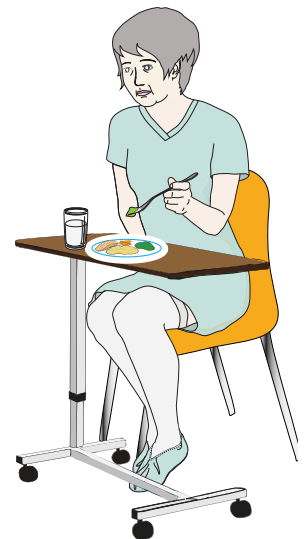


## Pain control

- Tell your nurse if your pain reaches 4/10 on the pain scale.

## Eating and drinking

- Drink liquids, including protein drinks like Ensure or Boost.
- Eat regular food, as you are able.
- Chew gum for 30 minutes three times/day.



## Tubes and lines

- All of your tubes and lines should be removed if your pain is well controlled and you are drinking well. You will take pills to control your pain.



## Planning for going home

- Plan to go home tomorrow before 11 a.m.
- Make sure you have a ride ready to pick you up.



# Goals for Day 4: Going Home

Plan to go home today before 11 a.m.



We will give you information about your follow-up appointment with your surgeon before you leave the hospital. The nurse will review your medications to take at home.

If you have clips or stitches to be removed, we will make arrangements for the community health nurse to remove them when you go home.



# At Home

## Pain

You may have pain for a few weeks after surgery. Take the pain medication prescribed by the surgeon when you left the hospital.

If you have severe pain that is not relieved with medicine, go to the emergency room.

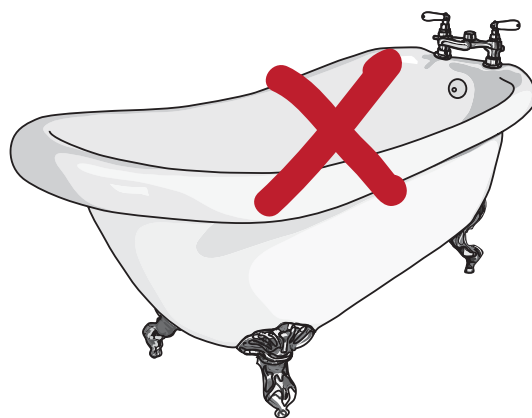
Pain medicine may cause constipation. To help your bowels stay regular:

- drink more liquids;
- eat more whole grains, fruits and vegetables;
- get regular exercise (a 15-minute walk when you are able); and
- take stool softeners if your doctor tells you to.

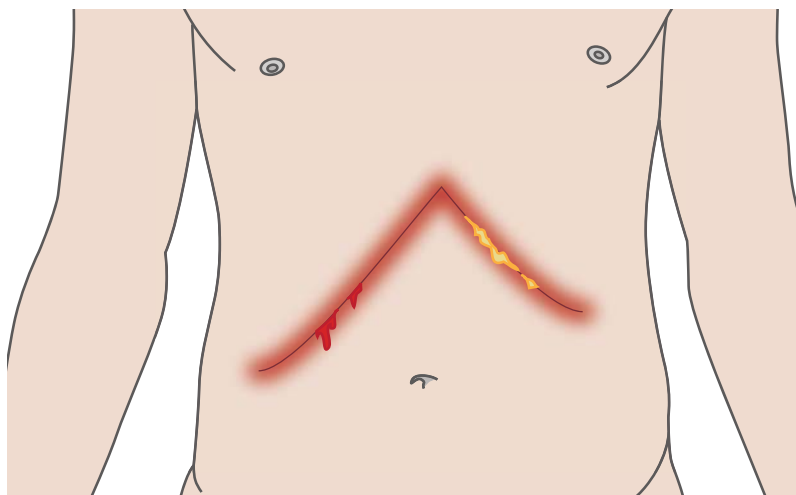


# Incision

Your incision(s) may be slightly red and uncomfortable for 1-2 weeks after surgery. Once you are walking after surgery you may take a shower. Let the water run softly over your incision(s) and wash the area gently. Do not scrub. Do not take a tub bath for two weeks.



Visit your family doctor or call your surgeon's office if your incision becomes warm, red, and hard, or if you see drainage coming from it.



# Diet

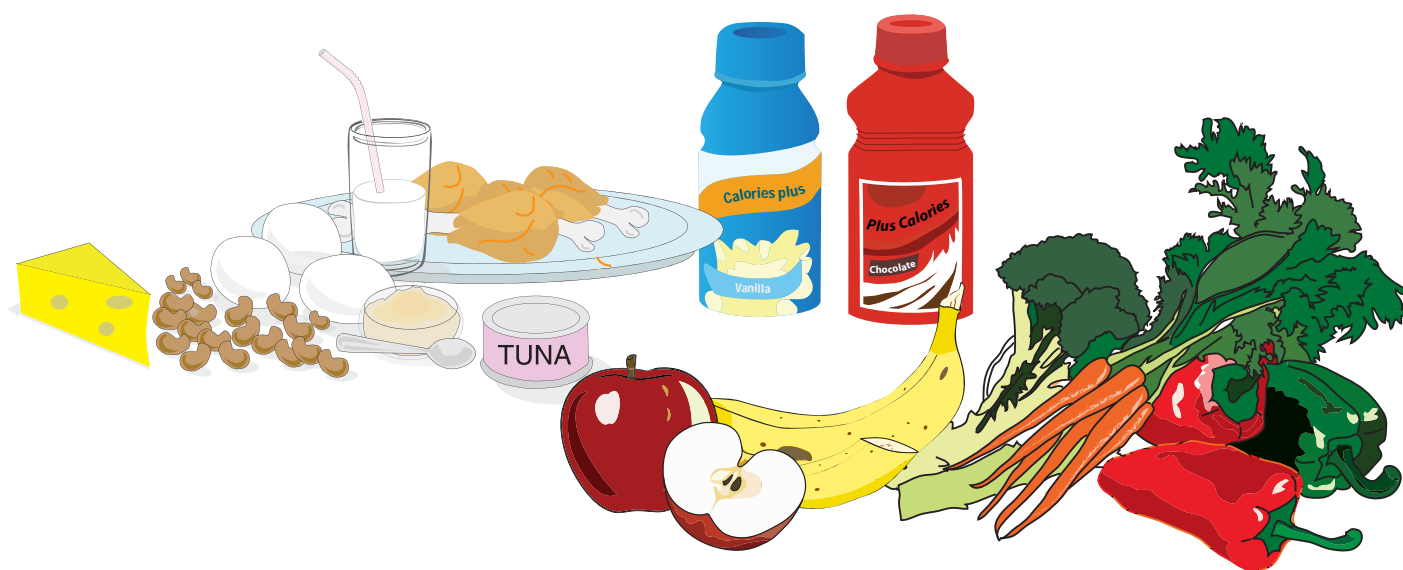
You may eat anything you want, unless your doctor, nurse, or dietitian, tell you not to.

Your bowel habits may change after part of your bowel is removed. You may have loose stools, become constipated, or have more frequent bowel movements. This should settle into a normal pattern over time.

Some foods may upset your stomach, or cause loose bowel movements, at first. If this happens, stop eating them for a few weeks and start them one at a time when you feel better.

Eat foods that contain protein to help your body heal. Meat, fish, poultry and milk products are good sources of protein.

If you find it hard to eat enough food, try eating smaller amounts at each meal. Add healthy snacks between meals. Try protein drinks, like Ensure or Boost.



# Activity

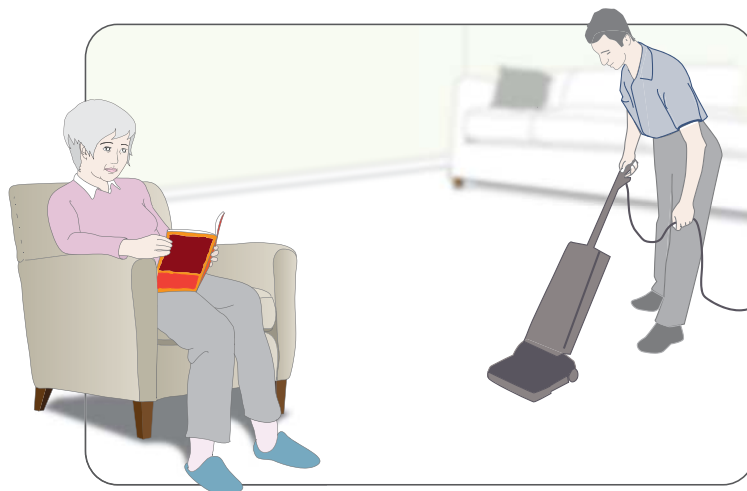
After you go home:

- Try to walk several times each day. Slowly increase the distance until you reach your usual level of activity.
- Do not lift more than 5 pounds for 6-8 weeks after your surgery.
- Ask your surgeon when you are able to drive again.
- Ask your surgeon when you may return to work. It will depend on your recovery and your type of work.
- When you are pain free, you may continue most activities, including sexual activities.



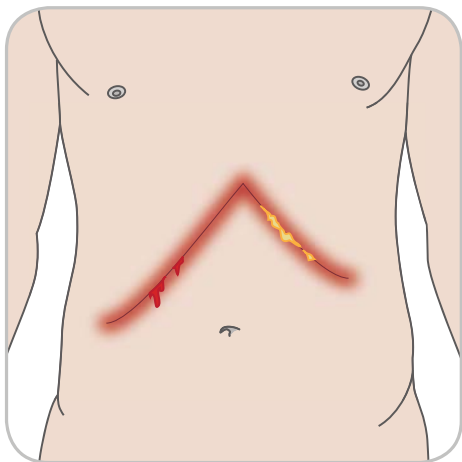
Ask your family and friends for help with:

- Transportation
- Meal preparation
- Laundry
- Grocery shopping
- House cleaning

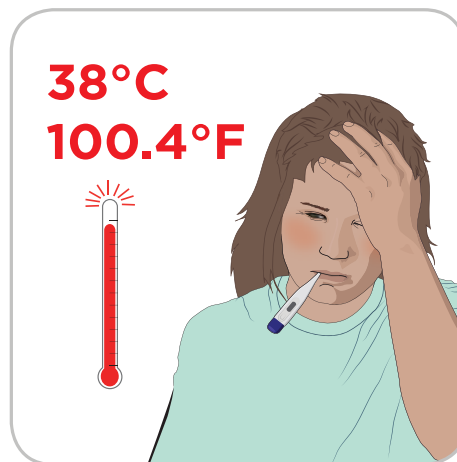


# When to Call Your Doctor

Visit your family doctor or call the surgeon's office if:



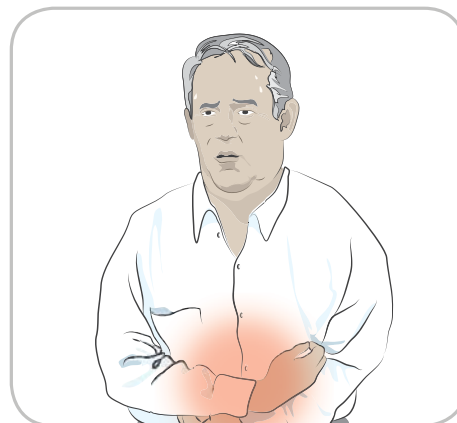
Your incision(s) becomes warm, red, or if you see drainage coming from the incision



You have a fever (greater than 38°C/100.4°F)



You cannot drink fluids or keep them down



You have pain that your pain medicine does not help

If you cannot reach your doctor, go to the nearest Emergency Department.

# Suggestions to Help You Stop Smoking

## Phases of quitting:

1. Preparing to quit
2. Choosing a quit date
3. Coping with withdrawal
4. Fighting relapses



## Strategies to help you quit:

- Stop smoking now and you will already be on your way to quitting.
- Take it one day at a time. Think of yourself as a non-smoker. Be proud of what you have already done.
- Ask your family and friends not to smoke around you.
- Ask a family member, or a friend, to stop smoking at the same time.
- Join a stop-smoking group and kick the habit with other people.
- Speak with your doctor about aids to help you quit, such as the nicotine patch.

If you are looking for help, please phone the Newfoundland and Labrador Smokers' Helpline: 1-800-363-5864.



# Notes

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We would like to thank the McGill University Health Center Surgery Recovery Program for permission to adapt their model and content for this booklet. We also acknowledge the Eastern Health team for sharing their resources with us.

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If you would like to know more about bowel surgery, the following links might be useful:  
<http://www.colorectal-cancer.ca>  
<http://www.ccfc.ca>



## Important

Information provided by this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional health-care practitioner, or to substitute medical care. Contact a qualified health-care practitioner if you have any questions concerning your care.



This material is also available through the  
**MUHC Patient Education Office** website:  
[www.muhcpatienteducation.ca](http://www.muhcpatienteducation.ca)

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Office d'éducation des patients  
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Enhanced Recovery Society of Canada  
Société de réhabilitation rapide du Canada



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***Our People, Our Communities -***  
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