



Patient & Family Guide
2022

After Rectal Surgery



www.nshealth.ca

After Rectal Surgery

How do I care for my incision (cut)?

- You may have gauze packing in your incision. This will fall out at home or be removed by a member of your health care team before you go home.
- Your surgeon may suggest sitting in a tub of warm salted water (or a sitz bath) 3 to 4 times a day. This helps keep the area clean and promotes healing.
 - › Add a handful of Epsom salt or table salt to warm bath water.
 - › Sit in the bath for 15 to 20 minutes.
 - › Pat the area dry — **do not rub**.
 - › Do this before **and** after each bowel movement (poop).
- **Do not** insert (put in) anything (enemas, suppositories, etc.) into your rectum (bum) for 3 months after surgery unless your surgeon says it is OK.
- It is normal to have a small amount of bleeding from your rectum after surgery, especially after having a bowel movement. You may want to wear a sanitary pad or Depend® underwear to protect your clothing.

If the bleeding gets worse and/or does not stop, call your surgeon's office or primary health care provider. **If you cannot reach your surgeon or primary health care provider, call 811 or go to the nearest Emergency Department right away.**

- If you have stitches, they will dissolve (go away) on their own.
- If you have staples, they will be removed by your primary health care provider or surgeon about 10 to 14 days after surgery. Your surgeon will give you instructions about this before you leave the hospital.

How do I control my pain after surgery?

- It is normal to have some pain after surgery. Good pain control is important for your recovery.
 - › You may take pills for pain or soreness at home as prescribed by your surgeon. If you have not been prescribed pain pills, ask your surgeon about over-the-counter pain relievers.
 - › **Do not** take more pills than you are prescribed or directed.
 - › **Do not** drink alcohol while taking pain pills.

- › **Do not** drive while taking prescribed pain pills.
- It is important to check with your surgeon before sitting on a cushion for comfort and to lower pressure on the area. Using a cushion can help promote circulation (blood flow) to the area. This can help with healing. If recommended, keep in mind:
 - › Cushions come in different sizes and prices.
 - › They may be made of foam or filled with air.
 - › They may be available at your local pharmacy or medical supplier.
 - › **If your surgeon recommends using a cushion after surgery, try to buy one before your surgery, if you can.**

What should I eat and drink after surgery?

- **If you have had an abdominal rectal surgery (resection):**
 - › For the first 2 to 4 weeks after your surgery, eat a low fibre diet. After 4 weeks, if you are constipated (not able to poop), you can take Metamucil® or a stool softener (like RestoraLAX®), if needed. This will help make your poop soft enough to pass. Follow the directions on the stool softener package.

- **If your surgery was for hemorrhoids, fissures, fistulas, or local excisions:**
 - › You may take extra fibre (like Metamucil®) right after your surgery, for as long as needed.
 - Foods high in fibre will help you have regular bowel movements. High fibre foods include:
 - › Grain products (like bread and muffins made with 100% whole wheat or whole grain flour)
 - › Bran
 - › Raw fruits
 - › Raw vegetables
- To learn more about eating a high fibre diet, ask your doctor to refer you to a dietitian.
- Drink plenty of fluids. Best choices are drinks with no caffeine or alcohol (like water, milk, juice, and decaffeinated coffee or tea).

What can I do to prevent constipation?

- **It is very important to try not to get constipated (not able to poop).** Constipation can be caused by what you eat and some pain medications.

- If you are constipated:
 - › Take Metamucil® (30 ml) 1 or 2 times a day, or follow the directions on the package. **It is very important to drink plenty of water while taking Metamucil®.**
 - › If Metamucil does not help, talk to your primary health care provider about taking a laxative (like Clearlax®, RestoraLAX®, Magnolax®, Lax-A-Day®).
 - › **If you have had an abdominal rectal surgery (resection),** wait 4 weeks after your surgery before taking extra fibre or a stool softener.
- **Do not** ignore the urge to have a bowel movement, but do not strain. During your recovery after surgery, it may help to take a pain pill when you feel like you are going to have a bowel movement to help with any pain.

When can I go back to my usual activities?

- You may go back to your usual activities the day after your surgery, when you feel comfortable.
- **If you have had an abdominal rectal surgery (resection):**
 - › **Do not** lift anything heavier than 10 to 15 pounds for the first 6 weeks after surgery.

- Talk with your surgeon about when you should go back to work after your surgery.

Do not put anything in your bum (like enemas, suppositories, or other) for 3 months after your surgery unless told by your surgeon.

Follow-up

Before leaving the hospital, your health care team will tell you if:

- A follow-up appointment has been booked for you.

OR

- You will need to call your primary health care provider to book a follow-up appointment.

Call your primary health care provider or surgeon if you:

- › have a fever (temperature above 38° C/100.4° F) or chills.
- › have bleeding from your incision that gets worse or does not stop.
- › are not able to poop for 2 to 3 days.
- › are not able to pee.

If your primary health care provider or surgeon is not available, go to the nearest Emergency Department.

