Bowel Surgery

This pamphlet will answer some of your questions about your stay in hospital and care at home. We hope this information will help you to take part in your care.

Your doctor has arranged for you to have bowel surgery. This means that a part of your bowel will be removed. The surgery and why it is needed have been discussed with you.

There are many kinds of bowel surgery. You can ask your doctor the name of your surgery. Write it in the space below:

If you have any questions, please ask.
We are here to help you.
Your bowel

Your small bowel (intestine) is about 6 metres (20 feet) long. The food you eat is digested and some is absorbed as it moves through your small bowel. The remaining liquid and solids (waste) are passed along to your large bowel.

Your large bowel (colon) is wider and much shorter than your small bowel. Your large bowel is about 1 1/2 meters (4 1/2 feet) long. Once food enters your large bowel, more liquid is absorbed and the remaining waste becomes firmer.
Before your surgery

Please read the pamphlet *Planning for Your Hospital Stay after Surgery* to learn what will happen during this time and how to get ready. You may be given a salty solution to drink. If needed, you will be told how much and how quickly to take the solution. The solution will cause loose bowel movements. You must take the solution until you pass only clear yellow liquid. There should not be any lumps of waste. You may pass some mucus shreds or a small amount of blood.

After your surgery

You will be taken to a special recovery area. Your breathing, pulse, and blood pressure will be checked often. When you are fully awake and stable, you will be taken to your hospital room. You may need to share a room with a member of another sex for a short time. If this happens, every effort will be made to change this as soon as possible. We thank you in advance for your understanding.

Intravenous (IV)

You will have a small plastic tube called an IV in your arm while you are not able to eat or drink. This will give you liquid, salts, and some sugar.
Oxygen
You will be given oxygen during the first night after surgery. The oxygen is given through 2 small prongs under your nose.

Catheter
You may need a tube in your bladder to drain your urine (pee). It will be taken out as soon as possible.

Controlling discomfort/pain
There will be some discomfort around the incision (cut). This pain can be helped with medication.

The anesthetist (doctor who puts you to sleep for surgery) may choose to control your pain by giving you medication continuously through a small tube inserted in your back (epidural). The epidural will stay in place for 3-4 days.

After it is removed, you will be given needles or pills for pain depending on your needs. These can be taken every 4 hours during the day and night. It is best to take pain medication regularly for the first 24 hours and before doing any activity.

You and your nurse can plan your activities for the times when your medication is given. Please ask for medication as needed.
Incision
Your wound will be closed with staples (metal clips) or Steri-Strips™ (special tapes).

Nasogastric tube (nose to stomach tube)
This tube may or may not be used. If used, it will be placed into your nose and down to your stomach during your surgery. It will be attached to a small suction machine at your bedside or on the wall. The tube will keep your stomach empty and help to prevent nausea (feeling sick to your stomach). The nurse will give you swabs to moisten your mouth. The tube may be in place for 2-3 days or longer. After the tube is removed, you may start to have liquids. When you are ready, your surgeon will order more food for you.

Bowel sounds
Your nurse or surgeon will check your bowel sounds every day using a stethoscope. Bowel sounds will be heard when the normal action of the bowel returns.
Your bowels must be active before you are able to eat.
Bowel movements (poop)
You may pass some black stool (waste). This is old blood. You may also have loose stools (diarrhea) for a few days. The remaining bowel will start to absorb more water and the diarrhea will stop on its own.

Ostomy (bypassing the rectum)
An ostomy is an opening from the bowel to the skin’s surface. It lets stools and gas pass from the bowel to the skin’s surface where it is collected in a special plastic pouch. This pouch can be emptied easily while you are sitting on the toilet.

An ostomy may be needed for a short time or be permanent. If your bowel is too diseased or infected for the surgeon to complete your surgery, an ostomy will be made. Later, the diseased bowel can be removed and the two ends of bowel will be joined again.

Your surgeon will let you know before surgery whether or not he or she thinks you have cancer. If the cancer has spread to nearby tissues and organs, it may not be possible to remove the tumour. If the tumour is likely to block the hollow centre of the bowel, an ostomy may be needed.
Activity after surgery

• Move your legs and wiggle your toes often to improve blood flow. This prevents blood clots from forming in the veins of your legs.

• Your nurse will help you get out of bed. You will gradually increase your activity.

• Although you may have discomfort, it is important to get up and move around.

• To prevent pneumonia, you will be asked to do deep breathing exercises every 1-2 hours.

At home

Meals and snacks

• It may take time for your appetite to return to normal.

• Ask your doctor about using stool softeners or laxatives if you need them.

• Remember that you do not need a bowel movement every day to be healthy.

What should I eat after bowel surgery?

Please ask for the pamphlet *Nutrition Guidelines After Bowel Surgery* if your surgeon wants you to follow a special diet or if you would like more information. Please ask to speak with a dietitian if you have questions about diet or your nutrition.
Controlling discomfort/pain
• You may take pills for pain or soreness at home for a short period of time.
• Take the pills as instructed.
• Watch out for constipation.
• Do not drink alcohol while you are taking pain pills.

Care of your incision
• We will give you an appointment with your surgeon or family doctor to remove the staples 7-10 days after your surgery. If you have Steri-Strips™, they can be peeled off when they get loose, usually about 7-10 days after your surgery.
• You may shower when your tubes are removed and you are up and about. Pat your incision lightly to wash and dry. There should not be any drainage or increased redness from the area. If your bandage must be left on, tape plastic wrap over it to keep it dry.
• You may have a bath when the incision is healed, usually in about 10 days.

Activity
• You may find that you get tired easily and may need extra rest. Over time your energy will return.
• Some examples of good activities for you are light housework, preparing small meals, and riding as a passenger in a car for a short distance.

• Walking is the best thing for you after surgery. Start slowly and go a bit further each day.

• Resume sexual activity (sex) when you feel well enough.

• For the next 6 weeks **do not:**
  › Lift anything heavier than 10 pounds (e.g., children, laundry, groceries, luggage).
  › Move furniture, mow the lawn, or shovel snow.
  › Do strenuous (hard) exercise.
  › Take long car trips – if a long car trip is needed, have someone else drive.
  › Drive a car for 2 weeks or if you are taking pain pills.

**Followup care**
You will be given an appointment with your family doctor a few weeks after you go home. **It is very important that you keep this appointment.**

**Returning to work**
Your general health, recovery, and type of work will determine when you can return to work. Be sure to talk about this with your doctor.
Call your doctor if you have:

› Fever or chills
› Nausea and vomiting (throwing up)
› Increased redness, swelling, or warmth around the incision
› Increased pain or tenderness around the incision
› Separation of the edges of the incision
› Drainage (pus) from the incision

If your family doctor or surgeon is not available, go to your nearest Emergency Department.