Laparoscopic Bowel Surgery
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Your surgeon has chosen for you to have laparoscopic bowel surgery instead of open bowel surgery. This pamphlet will help you understand more about this surgery, your stay in the hospital, and your care at home.

Why have laparoscopic surgery?
This type of surgery has fewer complications than open bowel surgery. You will have smaller incisions (cuts) and there is less risk of infection. You will also have less discomfort, less scarring, a shorter hospital stay, and a quicker return to your normal activities.

If you have any questions, please ask.
We are here to help you.
What is laparoscopic bowel surgery?

In this surgery, part of your bowel will be removed using a laparoscope.

The picture on the right shows your large and small bowel. Other words for ‘bowel’ are colon or intestine.

A laparoscope is a special tube with a camera that sends pictures to a video monitor. This lets your surgeon see inside your abdomen (tummy area). This type of surgery is also called “keyhole surgery”. You will have 4-6 small incisions 1/4-2 inches long in your abdomen. The laparoscope and other surgical tools will be inserted through these incisions. One of these incisions will be in the umbilical (belly button) area; the others will depend on the part of your bowel that is being operated on.
Before your surgery

• Your surgeon may give you a prescription for a laxative to take the day before your surgery, or you may be given a laxative by the Pre-Admission Clinic. This will cause loose bowel movements (poop), which will eventually be yellow in colour with no formed lumps.

• You will be given instructions about what you may eat and drink during this time. Do not eat or drink after midnight the night before your surgery. Please follow your surgeon’s instructions.

• Please read the Planning for Your Hospital Stay after Surgery pamphlet to learn more about what will happen during this time, and how to get ready.
After your surgery

• You will be taken to a special recovery area to wake up from your surgery. Your breathing, pulse, and blood pressure will be checked often. When you are fully awake, 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.

• Your length of stay in the hospital will depend on the type of surgery you had and on how quickly you heal after your surgery. Usually the stay is 2-4 days.

• You will have an intravenous (IV) in your arm while you cannot eat or drink. This small plastic tube will give you liquids, salts, and some sugar.

• You may be given oxygen after your surgery. The oxygen is given through 2 small prongs under your nose.

• You may have a catheter (thin, hollow tube in your bladder to drain your urine). It will be taken out as soon as possible.
• You will have some discomfort at the incision sites. The pain can be helped with medication. You may also have some discomfort in your shoulder and neck area. This is normal and is because of the gas that is placed in your stomach during your surgery. This can be helped with medication and by moving around.

• Your incisions will be closed with staples (metal clips) or Steri-Strips™ (special tape). A small dressing may cover them.

• Your nurse will encourage you to get up and moving as soon as possible, even on the day of your surgery. The more you move, the less the chance there is of problems such as pneumonia or blood clots in your legs. You should be up and walking several times a day.

• If you do not have a stomach tube, you may be able to have liquids in the evening after your surgery. Once you have passed gas from your rectum, or have had a bowel movement, you will be allowed to eat solid foods. This is usually 1-2 days after surgery.
At home

Meals and snacks

• It may take time for your appetite to return to normal. Eating smaller meals more often may help.

• 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

• Take pain medication as instructed.

• Watch out for constipation (pain pills may cause this).

• **Do not drink alcohol if you are taking pain pills.**
Care of your incisions

- Steri-Strips™ can be peeled off as they become loose. This is about 7-10 days after surgery.

- If you have staples in your incisions, they will be removed in 7-10 days. This will be done in the Clinic or at your healthcare provider’s office.

- Keep your incisions clean and dry.

- You may shower if you put plastic wrap over your incisions to keep them dry.

- You may have a tub bath when the incisions are healed. This is usually a week after your surgery. **Do not soak in the tub for the first 2 weeks after surgery.** This may cause your incisions to open up.
Activity

- Increase your activity bit by bit. Walking is great exercise and can be started the day after your surgery. Walk a little longer and a little further each day.

- Some examples of good activities for you to do are light housekeeping, preparing small meals, and riding as a passenger in a car. Do not vacuum, lift anything heavy (over 15 lbs), strain, or do strenuous (hard) activities (like sports) for at least 2 weeks.

- You should not drive for 2 weeks or while you are taking pain medication.

- You can resume sexual activity (sex) when you feel well enough.

- How soon you return to work depends on your type of work and on how well you recover. Usually patients can return to work after about 2 weeks.

- Talk about any questions you might have with your healthcare team.

- Keep your follow-up healthcare appointments as scheduled.
Call your doctor if you have:

- Fever or chills
- Redness, swelling, or warmth around your incisions
- Drainage from your incisions
- Increasing abdominal pain
- Persistent (ongoing) vomiting
- Problems with passing your urine (peeing) or having a bowel movement

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

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