



Patient & Family Guide
2021

Bowel Surgery



www.nshealth.ca

Bowel Surgery

Your doctor has arranged for you to have bowel surgery. During surgery, a part of your bowel will be removed.

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

There are many kinds of bowel surgery.

You have had:

- Bowel resection (partial colectomy)
- Colectomy
- Colostomy
- Other: _____

What are your questions?

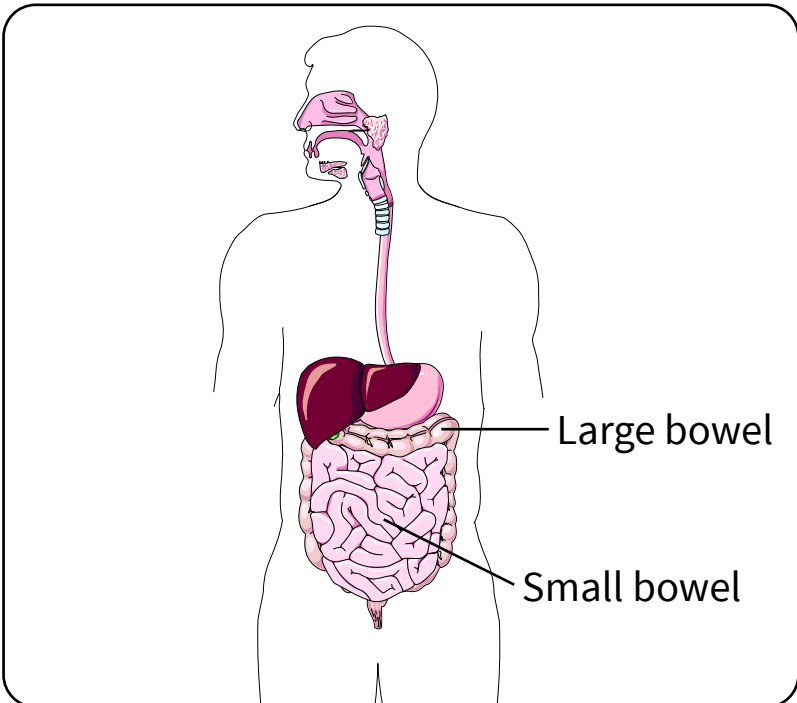
Please ask. We are here to help you.

Your bowel (intestine or colon)

Your small bowel (intestine) is about 6 metres (20 feet) long. As the food you eat moves through your body, it is digested and absorbed (taken in) in your small bowel. The liquid and solids (poop) that are left move on to your large bowel.

Your large bowel (colon) is wider and much shorter than your small bowel. Your large bowel is about 1 ½ metres (4 ½ feet) long. Once food enters your large bowel, more liquid is absorbed and what is left becomes more firm.

This picture shows your large and small bowel.



Before your surgery

Read the pamphlet *Planning for Your Hospital Stay After Surgery* to learn about what will happen during this time, and how to get ready.

- › www.nshealth.ca/sites/nshealth.ca/files/patientinformation/1395.pdf

You may be given a bowel preparation solution to drink. If needed, you will be told how much and how quickly to drink the solution. The solution will cause diarrhea (loose, watery poop) to clean out your bowel.

You must take the solution until you only pass clear yellow liquid. There should not be any lumps of poop. You may pass some mucus or a small amount of blood.

After your surgery

You will be taken to a recovery area. Your health care team will check your breathing, pulse, and blood pressure often. When you are fully awake and stable, you will be taken to your hospital room.

How long you will need to stay in the hospital after your surgery will depend on the type of surgery you had and how quickly you heal. This is usually 2 to 7 days.

Intravenous (IV)

You will have an intravenous (IV) in your arm. This is a small tube used to give medication(s), liquids, and nutrition (salts and some sugar). Once you are able to eat and drink on your own, the IV will be taken out.

Oxygen

You will be given oxygen during the first night after surgery. The oxygen is given through 2 open tubes 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). Ask your nurse if you would like medication to help with this.
- The anesthesiologist (doctor who puts you to sleep for surgery) may choose to control your pain by giving you medication continuously through a small tube in your back (epidural). The epidural will stay in place for 3 to 4 days. After it is taken out, you will be given pain medication by injection (with a needle) or pills, depending on your needs.

- If you do not get an epidural, you will be given pain medication through your IV by injection, or be given pills, depending on your needs.
- Pain pills can be taken every 4 hours during the day and night. It is best to take pain medication regularly for the first 24 hours (1 day) and before doing any activity.
- While you are in the hospital, you and your nurse can plan your activities for the times when your medication is given. **Please ask for medication as needed.**

Incision (cut)

Your incision will be closed with staples (metal clips) or Steri-Strips™ (special tape). It may be covered by a small dressing.

Nasogastric (nose to stomach) tube

You may have a nasogastric tube. 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 make sure your mouth does not dry out. The tube may be in place for 2 to 3 days or longer. After the tube is taken out, you may start to have liquids. When you are ready, your surgeon will order solid food for you.

Bowel sounds

- Your nurse or surgeon will check your bowel sounds every day using a stethoscope. They will be able to hear bowel sounds when your bowel activity has returned to normal.
- **Your bowels must be active before you are able to eat.**

Bowel movements (poop)

After surgery, you may pass black poop. It is black because of old blood. You may also have diarrhea for a few days. Your bowel will start to absorb more water and the diarrhea should go away on its own.

Your surgeon will tell you before surgery if they think 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, you may need an ostomy.

Ostomy

- An ostomy is an opening from the bowel to outside of your body. It lets poop and gas pass from the bowel to a plastic pouch. This pouch can be emptied easily while you are sitting on the toilet.
- You may need an ostomy for a short time or for the rest of your life. If your bowel is too diseased or infected for the surgeon to complete your surgery, they will make an ostomy. Later, you may need another surgery (called a stoma reversal) so that the diseased bowel can be removed and the 2 ends of bowel can be joined.

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. Slowly increase your activity. Ask your nurse to help you get out of bed the first time.
- Although you may have discomfort, it is important to get up and move around.
- To prevent pneumonia (lung infection), you will be asked to do deep breathing exercises every 1 to 2 hours while you are awake.

At home

Nutrition

Read the pamphlet *Nutrition Guidelines After Bowel Surgery* for more information on what to eat after bowel surgery.

- › www.nshealth.ca/sites/nshealth.ca/files/patientinformation/1415.pdf

It may take time for your appetite to get back to normal.

For the first 4 weeks (1 month) after surgery:

- Eat smaller meals. Eat a snack if you feel hungry. It is normal to feel full quickly after surgery.
- Chew your food well.
- Eat well-balanced, healthy foods to help you get your strength back after surgery.
- Some pain medications can cause constipation (not being able to poop).

- Try to drink at least 8 cups (2 litres) of liquid a day. Good liquids to drink include water, milk, juice, and decaffeinated tea or coffee. Avoid caffeine (regular tea or coffee) and alcohol.

Some people with other medical conditions or who are taking certain medications **should not** drink more fluids than usual. Check with your health care provider about the safe amount of fluids for you.

Please ask to talk with a dietitian if you have questions about meals and nutrition.

Controlling discomfort

Pain after surgery is normal. Good pain control is important to your recovery.

- You may take pills for pain or soreness at home as prescribed.
- **Do not** take more than you are prescribed or directed.
- **Do not** drink alcohol while taking pain pills.
- **Do not** drive while taking pain pills.
- If you have discomfort when sitting, it can help to take pressure off your incision site by using a cushion with a rear cutout or sitting on a rolled towel shaped into a doughnut.

Care of your incision

- Keep your incisions clean and dry.
- If you have staples, they will need to be removed 7 to 10 days after your surgery. A member of your health care team will talk to you about this.
- You may be given an appointment with your surgeon to remove your staples.
- You may need to make an appointment with your primary health care provider to remove your staples.
- If you have Steri-Strips™ over your incision, you can peel them when they get loose, usually about 7 to 10 days after surgery.
- After bowel surgery, you may need a drainage tube. This tube goes through your abdominal (stomach) wall and into your abdominal cavity. It will drain away any fluid build up from surgery. This tube is usually removed 2 to 7 days after surgery and before you go home. When your tubes have been taken out, and you are able to move around on your own, you may shower.
- It is OK to get Steri-Strips™ wet. Pat them dry after showering — **do not rub**. If your incision gets wet, lightly pat it dry.
- If your dressing must be left on, tape plastic wrap over it before showering to keep it dry.

- You may have a bath when the incision is healed, usually in about 10 days. **Do not soak in the tub for the first 2 weeks after surgery.**

Activity

- Moving your body and walking can help you heal and get your strength back after surgery. Start slowly and go a bit further each day.
- Some examples of safe activities include light housekeeping and preparing small meals.
- You may find that you get tired easily and may need extra rest. Over time your energy will come back.
- If you get short of breath or dizzy, take a break and rest. Try again, slowly or with help as needed.
- You may have gentle sex when you feel well enough.
- Talk with your surgeon and/or your primary health care provider about when you should go back to work.

For the next 6 weeks:

- › **Do not** lift anything heavier than 10 pounds. This includes children, laundry, and groceries.
- › **Do not** strain, or do any strenuous (hard) activities. For example, do not move furniture, mow the lawn, or shovel snow.
- › **Do not** take long car trips – if a long car trip is needed, do not drive yourself.
- › **Do not** drive for 2 weeks or while taking pain pills.

Follow-up

You will be given an appointment with your surgeon or primary health care provider a few weeks after you go home. **It is very important that you keep this appointment.**

Call your surgeon's office or your primary health care provider if you have:

- › Fever (temperature above 38.5° C/ 101.3° F) or chills that are not controlled by acetaminophen (Tylenol®) and last more than 48 hours (2 days)
- › Nausea and vomiting (throwing up) that does not go away
- › More redness, swelling, or warmth around the incision. Note: Some redness is a normal part of healing.
- › More pain or tenderness around the incision
- › Separation (coming apart) of the edges of the incision(s)
- › Green or yellow drainage (pus) from the incision
- › Problems peeing or pooping

If you cannot reach your surgeon or primary health care provider, go to the nearest Emergency Department.

