

Enhanced Recovery After Surgery (ERAS) Colon Surgery

Adapted from Colon Surgery: Your Guide to Recovery
Providence Health Care (FK.230.C719.PHC)

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The information in this document is intended solely for the
person to whom it was given by the health care team.
www.vch.ca

**Please bring this booklet with
you to all your appointments and
when you come in for surgery.**

Pre-op Information at a Glance

Your Surgeon is: _____

Office number: _____



Your surgery date is: _____

If you have a cold, fever, cough or have any new sickness before your surgery, please call your surgeon's office as soon as possible. Also call if you become pregnant.

Your planned surgery is: _____

Check in time is: _____

One business day before your surgery date, your surgeon's office calls you to give you your check-in time. If you have not heard from the office by 2:00 PM, call the office yourself.



My questions:

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Going Home at a Glance

Usually you are ready to leave at 10:00 AM.

Please arrange for your ride to come just before this time.

Your Surgery: _____

Surgery Date: _____

Your Surgeon: _____ Office phone: _____

Follow-up Appointment: _____

Before you leave, do you:

- know what to do or who to call if you have a problem?
- have a prescription for your medicines (if needed)?
- know how to care for your incision?
- know how to manage your pain?
- know how to prevent constipation?
- know how to care for your ostomy? (if applicable)
- know how to order your your ostomy supplies? (if applicable)
- know how to self-inject your (LMWH)? (if applicable)
- know about your activity levels at home?
- have all your personal belongings?



If you have staples or stitches, you need to have these taken out by your family doctor unless you are told otherwise.

Special instructions:

Additional Resources

A patient education video and patient story can be viewed at:

<http://enhancedrecoverybc.ca/learning-session-2/outcomes-congress-jan-12-2016>

Acknowledgements

Providence Health Care (2012) **Colon Surgery: Your Guide to Recovery.**
Print Health Education Materials.

We hope you found the information in this booklet helpful in preparing you for your surgery. If there is information you feel we missed, please let us know.

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Introduction

You are going to have colon surgery. This booklet will help guide you through the sequence of events and provide you with information to answer common questions you may have.

We will be using a program called Enhanced Recovery to help plan your surgery. By using an Enhanced Recovery Program we can help you to recover faster. To find out more about Enhanced Recovery and your role, please check on the link below to watch a 5 minute video:

http://www.youtube.com/watch?v=swXJ_7Gtqz4

(if the link fails, please cut and paste directly into Google Chrome to obtain the video)

Having a surgery can be a stressful event. We hope this booklet will help you understand your surgery, decrease some of the stress, and give you information to help speed up your recovery.

Please bring this booklet with you to your Pre-Admission Clinic appointment and when you come in for surgery. We will be using your booklet to help with your teaching and track what questions/concerns you might have.

There is space all through the booklet to write down any questions that come to mind. Use this space as well to write down the answers to your questions. We will go through the information with you and give you instructions that are specific for you.

In the hospital, you could hear words you are not familiar with. At the back of the book is a section for you to keep track of words you would like explained. If you hear words that you do not understand, please write them down and ask us to explain the words to you.

You are an important member of your care team. **You will benefit from taking an active part in preparing for your surgery and your recovery.** Your care team is here to help you and your family through your surgery. If you have any questions or concerns, please feel free to discuss with any of us.



Please feel free to ask any health care provider to wash their hands.

Your Bowels – A Quick Review

The bowel is a hollow tube that starts at the stomach and ends at the anus. As food passes through the bowel, nutrients and fluids are absorbed and waste matter is eliminated as stool or feces.

The small bowel is divided into three parts; the duodenum, the jejunum and the ileum. This part of the bowel is where most of the digestion and absorption of nutrients from your food happens. The small bowel is about 4 meters (13 feet) in total length.

How do you say that?

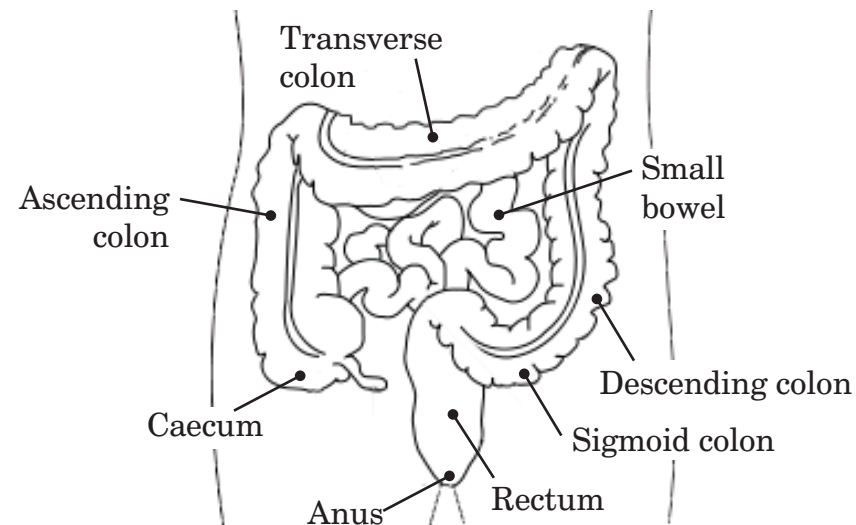
- Duodenum sounds like 'do-oh-dee-num'
- Jejunum sounds like 'jew-juh-num'
- Ileum sounds like 'ill-ee-um'

By the time food enters the large bowel (also known as the colon), most of the nutrients have been absorbed. The area where the small bowel and large bowel join is called the caecum (sounds like 'sea-come'). The large bowel, about 1.5 meters long (5 feet), is where fluid is removed from the food and waste matter is formed and stored.

The large bowel has three parts or segments:

- the caecum
- the ascending colon, transverse colon, descending colon (up, across, and down)
- the sigmoid colon

The large bowel ends at the rectum where waste or stool is stored until it gets emptied with a bowel movement. The anus is a muscle that relaxes and opens to allow bowels to empty.



When to Get Help

Contact your surgeon or family doctor if:

- Your pain gets worse or does not go away with pain medicine.
- You have a fever over 38.5° C (101.3° F).
- Your incision becomes red, swollen, or hot to touch.
- You notice foul smelling liquid coming from your incision.
- You start bleeding from your incision.
- You feel sick to your stomach (nauseated) or throw up (vomit) often for more than 24 hours.
- You have diarrhea that lasts for more than 2 days.
- If you have a drain that is accidentally pulled out.

If you are not able to contact your surgeon or family doctor, go to the nearest Emergency Department, or call HealthLink BC at 8-1-1 to talk to a registered nurse. Be sure to tell them about your recent surgery.

Sports

About 8 to 10 weeks after your surgery and if your surgeon says it is okay, you can go back to playing any sports that do not involve contact such as golf, running, and tennis.



Ask your surgeon when it is safe for you to play contact sports such as hockey or football.

Sexual activity

Some people find they do not have the same interest in sex as they had before surgery. This is normal and interest usually increases as you feel stronger.

You can resume sexual activity when you feel you have enough strength and your pain is under control.

Going back to work

Always check with your surgeon or family doctor before going back to work.



Some people return to work 3 to 4 weeks after surgery. When you go back to work depends on the type of work you do and the type of surgery you had. Sometimes it can take 6 to 8 weeks or longer for you to recover enough to go back to work.

Bowel Surgery

There are several reasons why bowel surgery is needed. The type of surgery you have depends on your bowel disease and medical history. Bowel surgery usually means removing the piece of bowel that is diseased.

We do the surgery in one of two ways:

1. In **laparoscopic surgery**, several small cuts or incisions are made on the belly through which instruments and a camera are inserted.
2. In **open surgery**, the surgeon makes a single, larger incision on your belly.

Your surgeon talks with you about the way he or she feels is best for you.

In most cases, the two ends of bowel are reconnected, or **anastomosed**, after the diseased piece of bowel is cut out.

It is not always possible to reconnect the ends of the bowel. Instead a piece of bowel is brought up to an opening made on the belly by your surgeon. This is called an ostomy or stoma. This means stool drains out of this opening on the belly into a pouch or bag attached on the belly. Sometimes the ostomy is temporary and the bowel is re-connected with later surgery. Sometimes the ostomy is permanent. Your surgeon will talk with you about whether you might need an ostomy and whether it will be temporary or permanent.



Figure 2
Laparoscopic Port Sites



Figure 3
Open Incision

Location and number of laparoscopic port sites may vary according to the procedure and surgeon

Before Your Surgery

Pre-Admission Clinic

All people visit the Pre-Admission Clinic before surgery, except patients admitted to hospital through emergency.

You meet with an anesthesiologist and a nurse. Together they will help guide you through the process of your surgery, go over what you need to do to get ready for surgery, and answer any questions you have.

Since we give you a lot of information during this visit, **we encourage you to bring a family member or friend with you.**



During this visit:

- We ask you questions about your health and medical history. This information helps us plan your care. We also start planning for when you go home after surgery.
- We tell you which medicines you are to take or stop taking before the surgery. If you are not sure, ask us.
- You meet the doctor who gives you the medicine you need to sleep through the surgery (the medicine is called anesthetic and the doctor is an anesthesiologist).
- We review what you need to do to prepare for the surgery.
- If you are going to have an ostomy, you meet with the Ostomy Nurse. Together, you talk about how to care for an ostomy. The Ostomy nurse marks the best place for the ostomy opening on your belly. The Ostomy Nurse sees you again after your surgery to help you learn to care for your stoma.

What to bring to this appointment:

- All the medicine, supplements and herbal products you are taking in their original containers
- A summary of your medical history and your health problems
- **This booklet**

**These are only general guidelines.
Please confirm them with your surgeon.**

- Plan your day to allow time for both rest and activity.
- Continue with your deep breathing and coughing exercises.
- Begin with taking short walks. Gradually increase how far you walk.

- For the first 4 to 6 weeks after your surgery:
 - Do not lift, push, or pull anything over 4 to 5 kg (10 pounds). This includes carrying children and groceries.
 - Do not do any activities that pull on your incision and abdominal muscles such as vacuuming, raking, painting walls, or reaching for things in high places.
- For at least 8 to 12 weeks after surgery:
 - Do not do anything that puts extra stress on your stomach muscles such as doing sit-ups.

These activities can delay your healing and possibly lead to a hernia (an opening in a muscle that lets a part of your bowel stick out).

Driving a Car

Before you start driving, check with your doctor to make sure it is okay.

- Only drive if you are able to:
 - Put pressure to the brake quickly and without pain.
 - Safely do a shoulder-check.
 - Wear your seatbelt.

- You can drive if you are only taking Plain Tylenol or ibuprofen
 - Do not drive your car while you are still taking opioid pain medicine if it makes you sleepy.



If you have an ostomy, check with your stoma nurse to see if there are any special instructions you need to follow.

Caring for your bowels

You might find your bowels do not work the same way they did before your surgery. It can take a few weeks for your bowels to work normally.

- Constipation

This can be from your pain medicine, especially if you are taking opioids.

To prevent constipation:

- Drink at least 6 to 8 glasses (1.5 to 2 L) of water each day unless you have been told differently because of a medical condition.
- Include fruits, vegetables, dried peas, beans, lentils and whole grains in your diet each day. These foods are high in fibre.
- Keep active. Go for a walk every day.

To treat constipation, talk to your pharmacist about a mild laxative or stool softener. Do not use an enema or suppository without checking with your surgeon first.

- Diarrhea

Persistent severe diarrhea is not normal and should be brought to your surgeon's attention.

So you do not become dehydrated, drink 8 to 12 glasses (2 to 2.5 L) of water each day unless your doctor or dietitian has told you limit how much you drink.

Activity and exercise

- Rest

Rest is important for your recovery. Your body does its healing when you are resting.

Try to get at least 8 hours of sleep each night.

Take naps or rest breaks frequently during the day.

- Exercise

Exercise helps build your strength, improves your circulation, and generally makes you feel better.

Be careful not to tire yourself out. Slowly increase your activity. Let pain be a general guide to what you do and how often you do it.



Listen to your body. It will tell you if you are doing too much too soon.

Emergency Admission

Sometimes people are admitted to the hospital through the Emergency Department and require urgent or emergent surgery.

If this happens for you, your experience will be different.

The nurse on the hospital ward will:

- Guide you through the process of your surgery and explain the preparation required
- Give you this patient education booklet
- Answer questions you may have
- Arrange to meet with the Ostomy Nurse if the Surgeon is planning for an ostomy

The Anesthesiologist will visit you on the hospital ward. He/She will:

- Ask you questions about your health and medical history. This information helps us plan your care.
- Discuss how your pain will be managed during and after your surgery.

Getting yourself ready

It is important for you to be in the best possible condition for your surgery. This will help you recover faster and decrease the chances of any problems. The recommendations below are things you can do to help prepare yourself for surgery.

Exercise

Exercise helps you be in the best shape possible before your surgery and can help speed your recovery. You do not need to join a gym. Just going for a walk for 30 minutes each day is good exercise. Talk to your doctor before starting an exercise plan.

Smoking and Tobacco Use

Research tells us that people who stop smoking at least 1 month before surgery have less complications after surgery. For free nicotine patches or gum to help you quit, call 8-1-1 and register for the BC Smoking Cessation Program. You can also visit the QuitNow website for more help: “www.quitnow.ca”.



Nutrition

Your body will need extra energy, nutrients, and calories to heal. It is important that you be in the best nutritional shape that you can be.

A dietitian can help you choose healthy foods that will help prepare you for surgery. If you have had unexplained weight loss or gain in the past 6 weeks, if you have noticed a decrease in appetite, or if you are overweight or underweight, it may be helpful to speak with a dietitian.

You can get a referral to a dietitian from your family doctor or you can contact a dietitian by dialing 8-1-1 (Health Link BC) on your phone. Be sure to tell them you are going for surgery.

Alcohol

Alcohol can interfere with your anesthetic and other medicines we give you during and after surgery. **Do not drink any alcohol for at least 48 hours** before your surgery.

- Staple removal:



Call your family doctor to have your staples removed.

Your surgeon will tell you when to have your staples removed. If you cannot remember, call your surgeon’s office.

- Dressing or bandage changes:

If you need dressing changes, we arrange for community nursing before you leave the hospital. The community nurse checks your wound and changes your dressing.

Diet

Depending on your surgery, you might have to eat a special diet. Even though we review your diet with you before you leave the hospital, you might still have questions. You can call 8-1-1 (HealthLink BC) any time and ask to speak to a dietitian.

It might take some time before your appetite returns to normal. To heal, your body will need extra calories, nutrients, and especially protein.

- Drink at least 6 to 8 glasses (1.5 to 2 L) of water each day (1 glass equals 250 mL).
- Eat foods high in protein such as chicken, beef, fish, eggs, tofu, lentils, dried peas, and beans. Dairy products such as milk, yogurt and cheese are also good sources of protein.
- Try to eat 5 or 6 small meals throughout the day rather than 3 big meals.
- If you are not able to eat enough food each day, you can continue drink 1 or 2 oral nutrition supplement drinks (e.g. Boost or Ensure) each day.

If you have an ostomy:

- The stoma nurse will go over information with you.
- They will help organize your initial supplies before you leave the hospital.

Caring for Yourself at Home

It can take 6 to 8 weeks to recover from colon surgery. Even when you are 'healed', it can still be several months before you feel completely recovered. There are some things you can do to help your recovery.

Pain

By the time we send you home, you will only need your pain pills. It is normal to have some abdominal pain for the first few weeks.



When you have pain:

1. Try first taking regular acetaminophen (Plain Tylenol®) to see if this will help it.
2. If the Tylenol® alone is not enough to ease your pain, take ibuprofen or another non-steroidal anti-inflammatory medicine.
3. If we gave you a prescription for an opioid pain medicine (e.g. hydromorphone or oxycodone), only take this medicine if the Tylenol® and ibuprofen does not help.

Continue to use the pain rating scale as a guide to treating your pain. Try to keep your pain score less than 4 out of 10 on the pain scale.

Caring for your incision

Your incision is usually closed and dry after a couple of days. You usually do not need a dressing and can leave the incision open to air. If you have staples or sutures, these can catch on your clothing. If this happens, place a light dressing or covering over top.

Do not put on creams or lotions to the wound (such as Polysporin, Vitamin E) unless your surgeon tells you.

- Bathing:

You can take a shower but try not to let the water spray directly on your incision for more than a few seconds.

For 2 weeks after your surgery, **do not soak in a bath.**

Planning now for when you go home

You are admitted to hospital on the morning of your surgery.

You can expect to go home 3 to 5 days after your surgery but this varies with each person depending on the type of surgery you are having and your health. Most people are ready to go home at 10:00 in the morning. Please arrange for a ride home.

Before you come to the hospital, think about what you will need when you go home (or wherever you will be staying). Get things ready in advance so they are ready when you leave the hospital. You will need help with meals, laundry, bathing, etc for the first week or so. Try and arrange for family and friends to help you. If you need help with wound care or other care, we will arrange this before you leave the hospital.

Something to organize to prepare for a successful recovery:

- Where will you be going after you leave the hospital? Will you go home or stay with family or friends for awhile?
- Who will drive you home from the hospital?
- Prepare and freeze meals ahead of time so all you have to do is microwave or reheat.
- Shop for extra food that is easy to prepare.



What to bring to the hospital?

- **Bring this booklet with you.** We refer to information in this booklet throughout your stay.

Pack a small bag with things you could need during your hospital stay.

- **Sugar-free chewing gum for after surgery**
- Your BC CareCard and private insurance information
- Your Driver's License or other government-issued identification
- If you do not speak English, bring someone to assist you. If you need an interpreter, please advise your surgeon before your hospital admission.
- All your medicines in original containers (including non-prescription medicines)
- Housecoat, slippers with non-slip soles, pyjamas
- Toothbrush, toothpaste, soap, deodorant, shaving equipment, earplugs
- Clothes to wear on the day of going home
- Glasses (in the case with your name on it)
- Dentures and container labelled with your name
- Hearing aids and spare batteries (with the container labelled with your name)
- Mobility aids you normally use (cane, walker)

Note: We have a 'No Scent' policy. Do not bring in any scented products or perfumes.

Please limit belongings to one small bag.

The hospital is not responsible for lost or stolen valuables.

Please leave any valuables at home.

Before you leave

Make sure you have:

- all your personal belongings including any medicines you brought with you
- your house keys
- your prescriptions
- instruction sheet for any new medicines
- your information booklets
 - *ERAS Colon Surgery*
 - *Pain Control After Surgery: Patient Information*
 - *Handbook for Patients with a New Ostomy* (if applicable)
 - *Nutrition Considerations for New Ostomy* (if applicable)
- found out where and when you are to get your staples removed
- talked with an occupational therapist if you need equipment at home
- asked your surgeon when you need to make a follow-up appointment
- someone to stay with you for the first few days at home in case you need help

Follow-up visit

Your surgeon will discuss with you your plan for follow-up before you go home.

If you are admitted to a different hospital related to a surgical complication, we would like to ask that a family member notify your surgeon's office.



Call your surgeon's office before you leave the hospital to make a follow-up appointment. If you go home on the weekend, call the next day the office is open.

At the appointment, your surgeon reviews how you are recovering, talks with you about any test results from your surgery, and tells you if you need any further treatment.

The Day You Go Home

How you know you are ready

Everybody recovers at a different pace depending on their general health, any existing health conditions, and the type of surgery.



Generally, you are ready to leave the hospital when:

- your blood tests are normal or close to normal
- your blood pressure, heart rate, and temperature are normal for you
- your incision is healing
- your abdomen is soft and not bloated
- you have bowel activity (**passing gas or having bowel movements**)
- you are able to control your pain with just pain pills
- you are eating well enough
- you are able walk around the unit and do most activities you could do before you had your surgery
- you can look after yourself at home (with help if needed)
- you can self inject your low molecular weight heparin (LMWH)

If you have an ostomy:

- you can look after your ostomy, change your bag and appliance, and know how and when to order supplies

Your ride home

Most people are ready to go home at 10:00 a.m.

Ask the person picking you up to come and get you from the unit.

If you cannot get picked up by 10:00 a.m., we may ask you to wait in the Patient Lounge. We do this so we can get your bed cleaned, ready for the next patient.

If there is a problem getting a ride or getting home, you might need to stay in a local hotel for one or two nights. You cannot continue to stay in the hospital if we feel you are well enough to leave the hospital.

Special Preparations

We have specific instructions for you on how to prepare for the surgery depending on what type of surgery you are having. Your surgeon might also give you other specific instructions.

We have checked off () in this section which instructions you are to follow. Follow these instructions along with what your surgeon has given you.

The week before your surgery

Medicines

- 7 days before your surgery, stop taking Vitamin E and any herbal medicines.
- Follow the instructions from the anesthesiologist in the Pre-Admission clinic.



The day before surgery

Surgery Time

- Your surgeon's office calls you to tell you what time you are having your surgery and what time you need to check into the hospital.
- Write this time on the inside cover of this booklet.
- If you have not heard from the office by 2:00 PM, call the surgeon's office to get this information.



Contact your surgeon's office as soon as possible if:

- You feel sick
- You have become pregnant
- For any reason you feel you need to cancel your surgery



The day before surgery, *continued*

Cleaning your bowels



You do not need to do any special preparation for your bowels.

You need to do a special preparation to clean your bowels. Your surgeon will give you instructions and we will review these instructions at your Pre-Admission Clinic visit. Please follow the instructions.

Diet



Do not eat or drink anything after midnight.

or

Stop eating solid food at midnight but you can continue to drink clear fluids until 1 hour before your check-in time at the hospital.

Drink only clear fluids after your bowel preparation. A clear fluid is something you can see through such as clear juices (look for 'no pulp' on the label), energy drinks, water, soft drinks, clear broth, consommé, or Jell-O. **Milk is not a clear fluid.** You can continue to drink clear fluids until 1 hour before your check-in time at the hospital.

Day 4 until you leave the hospital, continued

When can I go home?

Plan to go home on day _____.
 Review your *ERAS Colon Surgery* booklet.
 Review *The Day You Go Home* on the next page of this book.
 Review your *Pain Control After Surgery: Patient Information* booklet.
 If you need to take Low Molecular Weight Heparin, such as Dalteparin or Enoxaparin when you go home, we will continue teaching you how to take it.
 Before you leave, if you still have questions, take time to ask us.

What if I have an ostomy?

Empty your ostomy bag and change your appliance on your own.
 Review your handbooks *Care of your Ostomy* and *A Guide for Living with a Colostomy or Ileostomy*.

Notes

Day 4 until you leave the hospital

Topic	What to expect
How will I feel?	You continue to feel stronger. Continue to rest.
What equipment will be on me?	Your incision will be left open to air if there is no drainage. No other equipment or tubes.
How is my pain treated? If your pain score is more than 4 out of 10 on the pain scale, tell your nurse.	Use ways to relax and control the pain such as deep breathing, warm blankets, or listening to music. You will receive: <ul style="list-style-type: none"> - Regular acetaminophen (Plain Tylenol®) every 6 hours - Non-Steroidal Anti-inflammatory medicines such as diclofenac (Voltaren®) as needed - Other pain medicines as needed
What is my activity?	You do at least 8 hours of activity throughout the day. Sit up in a chair for all meals. Do deep breathing and coughing exercises. At least 2 times a day, walk one or more circuits around the unit. You can do all your activities on your own.
What can I eat?	Eat and drink what you feel like. We will modify your diet, depending on what surgery you had. Drink 2 oral nutrition supplement drinks today. We encourage you to chew gum for up to 15 minutes, 3 times a day.
Can I wash?	You can take a shower.
Can I have visitors?	Yes. Ask your family and visitors to let you rest for 2 hours during the day.

The day before surgery, *continued*

Carbohydrate loading for Non-Diabetic and Diabetics not on insulin



- The evening before surgery prior to midnight:
Drink clear fluids high in sugar (carbohydrate). This helps to keep you hydrated and helps keep your blood sugar normalized during surgery. Do not use diet or sugar-free drinks.

Examples of drinks:

- Apple juice 500 mL or 2 cups
- Cranberry juice 500 mL or 2 cups
- Iced Tea (sweetened) 500 mL or 2 cups

*** 1 cup = 8 ounces = 250 ml**

Drink at least the amount shown. Drinking more is okay.

Carbohydrate loading for Diabetics on insulin

- You are not required to drink a clear juice unless you feel hypoglycemic. You may continue to drink water to remain hydrated.

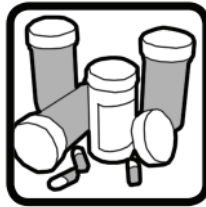
Preparing your skin



Our hospitals are starting a new program to reduce the risk of infection after surgery. Follow the instructions in the pamphlet “Lowering Your Risk for a Surgical Infection”. This will be given to you at your Pre-Admission Clinic appointment.

The day of your surgery

Medicines



The Pre-Admission Clinic Anesthesiologist will tell you what medicines to take on the day of surgery. You can take these medicines in the morning with a small sip of water.

Carbohydrate loading for Non-Diabetic and Diabetics not on insulin



- 1 hour before your check-in time at the hospital, drink 250 mL (1 cup) of the same drink you had the night before. Stop drinking all fluids once you have finished this drink.

DO NOT drink this sugared drink if you have been told not to drink or eat after midnight.

Carbohydrate loading for Diabetics on insulin

- 1 hour before your check-in time at the hospital, drink 250 mL (1 cup) of water. You may drink a clear juice instead (up to 250 mL) if you feel hypoglycemic.

Day 3, continued

Can I wash?	You can have a shower today. Try not to let the water spray on your incision.
Can I have visitors?	Yes. Ask your family and visitors to let you rest for 2 hours during the day.
When can I go home?	Plan to go home on day _____. Arrange for someone to pick you up by 10:00 a.m. on the day you go home. Review your <i>ERAS Colon Surgery</i> booklet, focusing on page 36 to help get ready for discharge. If you need to take Low Molecular Weight Heparin, such as Dalteparin or Enoxaparin when you go home, we will continue teaching you how to take it.
What if I have an ostomy?	Empty your ostomy bag. Change your appliance with help. Review your <i>Handbook for Patients with a New Ostomy</i> booklet. Review your handbooks <i>Care of your Ostomy</i> and <i>A Guide for Living with a Colostomy or Ileostomy</i> .

Notes:

Day 3

Day 3	What to expect
Topic	You feel stronger today. Continue to rest as required.
How will I feel?	If your dressing over your incision is still there, it is taken off today. If not already taken out, we will remove the catheter in your bladder.
What equipment do I have?	All other equipment and tubes should be removed or stopped.
How is my pain treated? If your pain score is more than 4 out of 10 on the pain scale, tell your nurse.	We treat your pain several ways: <ul style="list-style-type: none"> - Regular acetaminophen (Plain Tylenol®) every 6 hours - Non-Steroidal Anti-inflammatory medicines such as diclofenac (Voltaren®) every 8 to 12 hours - Other pain medicines if needed Relaxation techniques such as deep breathing, warm blankets, or listening to music.
What is my activity?	Walk to the bathroom without help. Sit up in a chair for all meals. Try to do a total of 6 to 8 hours of activity during the day. Every hour while awake: <ul style="list-style-type: none"> - Deep breathing and coughing - Leg exercises when in bed At least every 2 hours when in bed: <ul style="list-style-type: none"> - Turn or change your position. At least 2 times a day, walk one circuit around the unit on your own.
What can I eat?	Eat and drink what you feel like. We will modify your diet, depending on what surgery you had. Drink 2 oral nutrition supplement drinks today. We encourage you to chew gum for up to 15 minutes, 3 times a day.

The day of your surgery, continued**At the hospital**

- Go directly to the **Admitting Department**. You will be given directions on where to go.
- We check you in and make sure all your preparations are complete.
- You will be asked to wash again with the chlorhexidine wipes and then change into a hospital gown.
- If you need your glasses, leave them on until we ask to you take them off.
- Keep your hearing aid(s) or cochlear implant in place until we ask you to take it off.
- Leave your dentures in until we ask you to take them out.
- We might give you some medicines to help prepare you for your surgery.
- We encourage you to leave your bag of clothes and other belongings with family.

The surgery

We take you into the operating room about an hour before your surgery.

You meet with the anesthesiologist who will take care of you while you sleep through the surgery.

We insert an intravenous (IV) into your arm.

The anesthesiologist might also insert a small tube into your back called 'an epidural'. We use this to give you medicine to control your pain during and after the surgery. If together you and your anesthesiologist feel an epidural is appropriate for you, the nurse will give you a pamphlet.



The type of anesthetic you have depends on the type of surgery you have. There are two main types of anesthetics. The anesthesiologist gives you the anesthetic and looks after you while you sleep through the surgery.

- **General Anesthesia:** The anesthesiologist gives you anesthetic drugs through your intravenous to help you sleep and manage pain during surgery. We also place a mask over your mouth and nose to give you oxygen and possibly other drugs to help with your breathing.
- **General Anesthesia combined with Epidural pain management:** You have general anesthetic as above as well as an epidural in your back. The anesthesiologist uses the epidural tubing to give you pain medicine to numb the surgery area.

Waiting room

Your family or friends can wait for you in the waiting room.

Your visitors will not be able to see you until you have been moved to the nursing unit. We let you and your family know which unit you are going to.



Day 2, continued

What can I eat?

Return to eating and drinking your normal diet. We will modify your diet, depending on what surgery you had.
Drink 2 oral nutrition supplement drinks today.
We encourage you to chew gum for up to 15 minutes, 3 times a day.
Tell the nurse if you pass gas or have a bowel movement.
You will receive nausea medicine if you need it.

Can I wash?

Wash at your bedside or in the bathroom.

Can I have visitors?

Yes.
Ask your family and visitors to let you rest for 2 hours during the day.

When can I go home?

Plan to go home on day _____.
Review your *ERAS Colon Surgery* booklet, focusing on page 36 to help get ready for discharge.
If you need to take Low Molecular Weight Heparin, such as Dalteparin or Enoxaparin when you go home, we will start teaching you how to take it.
If you need help or equipment at home, you talk to a social worker, an occupational therapist, and physiotherapist.

What if I have an ostomy?

Empty your ostomy bag.
Learn about changing your appliance.
Review your handbooks *Care of your Ostomy* and *A Guide for Living with a Colostomy or Ileostomy*.

Notes:

Day 2

Topic	What to expect
How will I feel?	You start feeling stronger today. Rest between activities.
What equipment do I have?	If not already taken out, we may remove the: <ul style="list-style-type: none"> - Intravenous - Pain pump - Catheter in your bladder We change the dressing over your incision. If your incision is clean and dry, we leave it uncovered. You will see staples, sutures, or tapes along your incision line.
How is my pain treated? If your pain score is more than 4 out of 10 on the pain scale, tell your nurse.	We treat your pain several ways: <ul style="list-style-type: none"> - Regular acetaminophen (Plain Tylenol®) every 6 hours - Non-Steroidal Anti-inflammatory medicines such as diclofenac (Voltaren®) every 8 to 12 hours - Other pain medicines if needed Relaxation techniques such as deep breathing, warm blankets, or listening to music.
What is my activity?	Try to do a total of 4 to 6 hours of activity during the day. Get up to the chair without help Sit up in a chair for all meals. Walk to the bathroom with someone standing by. Every hour while awake: <ul style="list-style-type: none"> - Deep breathing and coughing - Leg exercises when in bed At least every 2 hours when in bed: <ul style="list-style-type: none"> - Turn or change your position. At least 2 times a day, walk one circuit around the unit at with someone standing by in case you need help.

After Surgery

Post-Anesthetic Care Unit

When your surgery is finished, we move you to the Post-Anesthetic Care Unit (PACU), often called the ‘recovery room’.

You wake up in the recovery room, although you may be drowsy. When you are able, we get you to put your hearing aid(s) or cochlear implant on. You can have your glasses at any time.



You will have an oxygen mask and at least one intravenous. If you had an epidural inserted before your surgery, this will be in place. You might have a catheter into your bladder to drain urine, and a tube in your nose and down into your stomach to keep your stomach empty (this is called an ‘NG tube’). We insert the bladder catheter and NG tube during your surgery, if needed.

We check your blood pressure, pulse, and breathing rate frequently. We also check the bandage (or dressing) covering your surgery area. We ask you how much pain you are having and give you pain medicine when needed.

You can begin to have fluids and gum if you feel like it. You can also begin to do your leg exercises.

When you are well enough to be cared for on our surgical nursing unit, we move you to that unit. Your family and friends can visit once you are on the unit.

High Acuity Unit/Stepdown Unit

Some people need to be watched for a longer period of time. If this is the case, you are moved to the High Acuity Unit. You can stay here overnight and up to several days. This may be because of other conditions you have or because of the type of surgery. When you are well enough, we move you to the surgical nursing unit.

Surgical Nursing Unit

You stay on this unit until you are ready to leave the hospital. Our goals are to control your pain, prevent complications, increase your activity, and return you to your normal diet. Most people will stay on the unit 3 to 5 days, but this varies with each person depending on the type of surgery you have had and your health. The team will keep you informed of your progress and anticipated discharge date.

Pain control

Many people are concerned about pain after their surgery. Some people feel pain is expected and try to “grin and bear it” while others do not want to take pain medicine because they are afraid of becoming addicted. You cannot become addicted to pain medicine when it is used to treat your surgical pain.



Pain is not helpful to your recovery. Your recovery will be slower if you are in too much pain. It will be more difficult to breathe deeply and move easily which can increase complications such as pneumonia and blood clots. Pain interferes with your sleep and can affect your appetite. Pain also slows down wound healing.

We give you several different pain medicines regularly. This helps give you better overall pain relief. You will receive these pain medicines even if you are not in pain at the time. If you are asleep, the nurse will wake you to take these regular medicines.

- you will get regular acetaminophen (Tylenol®) every 6 hours throughout your stay.
- you will get NSAIDS such as diclofenac (Voltaren®) every 8 to 12 hours throughout your stay
- you may have a pain pump for you to give yourself pain medicine (such as Patient-Controlled Analgesia [PCA]) or an epidural catheter
- you will get other pain medicines as needed.

Other things you can do to help ease the pain:

- listen to music
- do slow and relaxed breathing
- imagine peaceful situations

Ask your nurse about these other ways to help manage your pain.

Your pain score

An important part of managing pain is monitoring how much pain you are having. The best way to monitor your pain over time is to use something to measure the amount of pain you have.

To help us assess your pain, and the effectiveness of pain medicine, we use a pain rating scale. We will ask you to rate your pain on a scale of 0 – 10, where 0 means no pain at all and 10 is the worst pain ever.

Day 1, continued

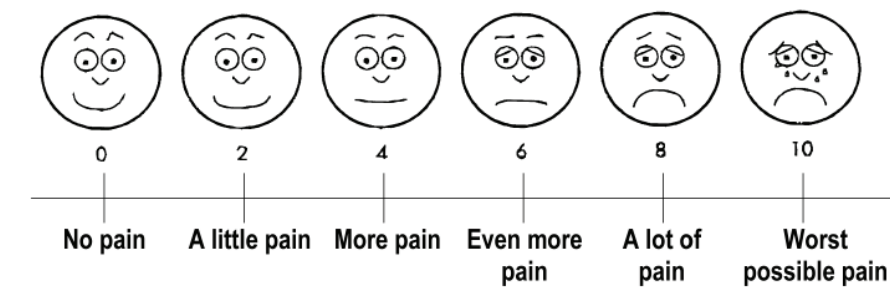
What can I eat?	You can drink any hot or cold liquids. You will be able to start eating solid foods. You maybe ordered a special diet depending on what surgery you had. Drink 2 oral nutrition supplement drinks today. We encourage you to chew gum for up to 15 minutes, 3 times a day. Tell the nurse if you pass gas or have a bowel movement. You will receive nausea medicine if you need it.
Can I wash?	Wash at your bedside or in the bathroom. You might need some help to get set up.
Can I have visitors?	Yes. Ask your family and visitors to let you rest for 2 hours during the day.
When can I go home?	Plan to go home on day _____. Review your <i>ERAS Colon Surgery</i> booklet, focusing on page 36 to help get ready for discharge.
What if I have an ostomy?	We start teaching you how to care for your stoma.

Notes:

Day 1

Topic	What to expect
How will I feel ?	You should feel stronger today but might still feel tired. Rest between activities.
What equipment do I have?	You could have several pieces of equipment and tubes. We might start removing some equipment or tubes today. <ul style="list-style-type: none"> - Intravenous – we leave it in place if you are not drinking liquids or we are using it to give you medicines. - Pain pump - Catheter in your bladder - Dressing over your incision
How is my pain treated? If your pain score is more than 4 out of 10 on the pain scale, tell your nurse.	We will ask you for your pain score at least every 4 hours. We treat your pain several ways: <ul style="list-style-type: none"> - Pain pump (Epidural pump and/or PCA Pump) - Regular acetaminophen (Plain Tylenol®) every 6 hours - Non-Steroidal Anti-inflammatory medicines such as diclofenac (Voltaren®) every 8 to 12 hours - Other pain medicines if needed Relaxation techniques such as deep breathing, warm blankets, or listening to music.
What is my activity?	Try to do a total of 4 hours of activity today. With help, you get up to walk short distances (2 times a day). You will walk to the bathroom with help. Sit up in a chair for meals. Every hour while awake: <ul style="list-style-type: none"> - Deep breathing and coughing - Leg exercises when in bed At least every 2 hours: <ul style="list-style-type: none"> - Turn or change your position in bed.

Please point to the number that best describes your pain:



If you have trouble choosing a number for your level of pain, we use pictures of faces below to ask about your pain (This tool is available in 22 languages).

Where we want your pain level to be:

- at a level less than 4 on the number scale, or
- at a comfort level that allows you to carry out your normal activities such as washing up, sitting and walking

Pain medicine works best if it is taken before pain becomes uncomfortable.

It is important to know that pain medicine will not make your recovery completely painless. The goal is to manage your pain and help you recover.

Let your nurse know if your pain does not get better with pain medicine or is getting worse.

Nausea and vomiting

You might feel sick to your stomach (nauseated) or throw up (vomit) after surgery. You will get medicine to prevent nausea every 8 hours for the first 1 to 2 days, and then as needed. Let your nurses know as soon as you feel sick to your stomach so we can give you medicine right away and prevent it from getting worse. These medicines work best if you take them before the nausea gets uncomfortable.

Other ways to help settle your stomach:

- Place a cool damp cloth on your face.
- Take some slow deep breaths.
- Take small sips of cold water or suck on ice chips.
- Try distracting yourself with music or watch TV.



Eating, drinking, and digestion

After surgery, your body needs healthy foods with extra calories and protein to help you heal. It is normal for your bowels to move slower than normal after surgery.

Drinking and eating as soon as you can after surgery helps your bowels return to working normally. The nurses will be providing you with a high protein drink (eg. Boost®) twice a day to supplement your diet.

If you have a nasogastric tube, you cannot eat or drink until after we take out the tube.

(This tube goes through your nose, down your throat, and into your stomach. We use it to help keep your stomach empty.)

We ask you often if you are passing any gas out of your backside (anus) or your ostomy. This is a sign your bowels are starting to ‘wake up’ after the surgery.

- Chewing sugar-free gum helps wake up your bowel faster. It can also help keep your mouth moist.
- You may chew gum for 15 to 60 minutes several times a day.
- Do not swallow the gum.
- Drinking coffee may also help wake up your bowels faster.

Activity

The sooner you can get up and move around, the better it is for your recovery. Lying in bed leads to muscle weakness and can cause blood clots and pneumonia. Activity increases strength, helps to prevent complications, and helps get your bowels moving.

Remember to do your leg exercises (see page 25) while you are in bed.

On the day of your surgery, your nurse or physiotherapist gets you up into a chair next to your bed.

When you start to eat, you will sit up in the chair for all your meals.



How is my **pain** treated?

If your pain score is more than 4 out of 10 on the pain scale, tell your nurse.

We treat your pain several ways:

- Pain pump (Epidural pump and/or PCA Pump)
- Regular acetaminophen (Plain Tylenol®) every 6 hours
- Non-Steroidal Anti-inflammatory (NSAIDS) medicines such as diclofenac (Voltaren®) every 8 to 12 hours
- Other pain medicines

Relaxation techniques such as deep breathing, warm blankets, or listening to music.

What is my **activity**?

With help, you get up to a chair or sit on the edge of the bed for 15 minutes at a time.

Every hour while awake:

- Deep breathing and coughing
- Leg exercises when in bed

At least every 2 hours:

- Turn or change your position in bed.

What can I **eat**?

Start drinking liquids. We will offer you an oral nutrition supplement drink. You will get nausea medicine every 8 hours to prevent nausea.

Start chewing gum for up to 15 minutes, 3 times a day.

Can I **wash**?

We may help you wash in the evening

Can I have **visitors**?

You can have visitors but remember you will be tired. Keep visits short. We suggest only close family visit you today.

What if I have an **ostomy**?

You have an ostomy bag in place. We look after it for you.

Notes:

What to expect each day

Every person's recovery is different. These next pages describe what most people can expect following colon surgery.

Most people are ready to go home in 3 to 5 days after surgery. We use the guidelines below to help us decide when you are ready to go home. You are ready to go home when you meet the 5 criteria below:

- Your pain is managed with pills only
- You are able to eat food without pain or bloating
- You are passing gas or have had a bowel movement
- You are able to do your basic activities of daily living as you were before surgery
- There is no sign of problems from your surgery



Any time you have questions about your care and recovery, talk with your nurse, your surgeon, or other care providers.

Surgery day

Topic	What to expect
How will I feel ?	You probably feel sleepy and need lots of rest.
What equipment do I have?	You might have several pieces of equipment and tubes. These are different for everybody but can include: <ul style="list-style-type: none"> - Oxygen mask - Intravenous for fluids - Pain pump – For you to give yourself pain medicine (Patient-Controlled Analgesia [PCA]) or Epidural catheter for pain control - Catheter into your bladder to empty your bladder and measure the amount of urine (pee) - Nasogastric tube to empty your stomach - Dressing or bandage over your incision

As you improve each day, you will be able to do more for yourself. Keep your activities short and do them often rather than try to do everything at once. We don't want you to get too tired.

We will encourage you to get up and walk around the unit as soon as you can. Most people are up and walking the day after surgery.

Deep breathing and coughing/iCOUGH Protocol

After surgery, your lungs make extra mucus. Deep breathing and coughing exercises help to clear this mucus from your lungs and prevent pneumonia. Deep breathing opens up your lungs and helps to loosen the mucus. Coughing helps remove the mucus from your lungs.

Before doing these exercises, make sure your pain score is at a level that allows you to do these exercises. If needed, ask for pain medicine at least one hour before doing these exercises.

Deep Breathing Exercise

Do every hour while you are awake.

1. Start by placing your hands on your ribs.
2. Take a deep breath slowly **in through your nose**, expanding your lower chest until you feel your ribs push against your hands.
3. Hold your breath for a count of 3.
4. Breathe **out slowly through your mouth**.
5. Repeat this 5 more times.



Coughing Exercise

Do every 2 hours while you are awake and after your deep breathing exercise.

1. Place a small pillow or blanket over your surgery area to protect or splint your incision. This helps decrease pain with coughing and allows a stronger cough.
2. Do your deep breathing exercises.
3. Cough several times.



Moving around in bed

Change your position in bed at least every 2 hours. This helps keep you from getting stiff and gets blood flowing to your arms, legs, and skin. You might find moving difficult because of incision pain.

To move your body sideways:

1. Lie on your back.
2. Bend your knees.
3. Lift your hips and shift them sideways.
4. Then follow with your shoulders.

To roll onto your side:

1. Bend your knees.
2. Support your incision with one hand (the hand on the side you are rolling onto).
3. With the other hand, reach across to the bed side-rail.
4. Pull yourself onto your side, rolling like a log.

To sit up on the side of the bed:

1. Bend the knee on the side you are not turning onto.
2. Use your bent leg to help you log roll onto your side. Roll your whole body as one as much as possible.
3. Drop your legs over the edge of the bed.
4. Push yourself up with your arms.

If you cannot remember how to do these exercises when you are in the hospital, don't worry. Your physiotherapist or nurse can review with you how to do all of these exercises. To help you remember to change positions, we remind you.

Leg Exercises

Exercises help keep the blood flowing through your legs, keep your muscles strong, and prevent stiff joints. Exercises reduce the chances of you getting a blood clot.

- Do all of these exercises **every hour** while you are awake until you can get up and walk around the nursing unit.

Ankle Pumps

1. Bend your foot up towards your head.
2. Bend your foot down towards the foot of the bed.
3. Repeat **5 times**.



Ankle pumps

Ankle Circles

1. Move your feet around slowly in large circles.
2. Repeat **5 times** in **each direction**.



Ankle circles

Hip Flexion

1. Bend your knee by sliding your heel up toward your body as shown.
2. Slide your heel back down.
3. Repeat **5 times**.



Hip flexion

Thigh Muscle Contraction

1. With your leg straight, tighten the muscles on the top of your thigh.
2. Press the back of your knee down.
3. Hold for **5 seconds**. Relax.
4. Repeat **5 times** then repeat this exercise with the other leg.



Thigh muscle contraction