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Education for Colon Surgery

This information is meant to guide you before, during and after surgery. Intestinal surgery is complicated but there are a number of opportunities to improve your chances for the best possible outcome.

Prior to Surgery

Exercise for 20-30 continuous minutes a day has been shown to reduce the chance of pneumonia after surgery. You should feel like you are putting in an effort but you do not need to be winded to the point that you cannot speak.

Adding three extra servings of protein to your diet has been shown to reduce the chances of wound infection and healing problems. Good sources of protein include: eggs, nuts, cheese, yogurt, lean meats and supplements such as Boost, Carnation, Ensure, Impact and whey supplements.

People who do not use tobacco products (including cigarettes, cigars, chew and vaporizers) or quit using them prior to surgery have fewer post-operative complications. Expect to have surgery delayed 3-4 weeks to allow smoking cessation. Referrals for smoking cessation can also be made.

Stop blood thinners (including Warfarin, Xarelto, Plavix, Aspirin or other new anti-platelet agents) prior to surgery. Expect to discuss the specifics with your surgeon during your office visit.

If your surgery is to treat cancer, blood will be drawn prior to surgery and a CT scan of your chest, abdomen and pelvis will be done.

If you have diabetes, a hemoglobin A1C will be checked unless it has been done within a month. If the level is greater than 7.5 you will need to see your Primary Care Provider before surgery.

You will need to shower with antibacterial soap on the night prior to surgery.

Bowel Prep

The day before your procedure you may have a breakfast of cereal, eggs, toast or yogurt but avoid meats.

DO NOT EAT ANY SOLID FOODS AFTER BREAKFAST only clear liquids such as:

- Juice – apple, cranberry, grape, Crystal Lite lemonade
- Coffee & Tea – regular or decaf, herbal teas
- Pop – regular or diet Coke, Pepsi, 7-Up, Gingerale
- Sports Drinks – Gatorade, Powerade
- Broth – beef, vegetable, chicken
- Extras – jello, popsicles, fruit ice

You may be given a prescription for an antibiotic bowel prep. We commonly use **metronidazole 500 mg and neomycin 500mg to be taken at 1pm, 3pm and 7pm on the day prior to surgery**. We will adjust the prep if you have an allergy to the medications.

In certain circumstances you may need to drink **10 oz. of Magnesium Citrate at 5pm on the day before surgery**. Magnesium Citrate can be purchased over the counter.

During your Hospitalization

Expect to stay in the hospital 2-5 days on average but there are common circumstances that may require a longer stay.

You will receive a dose of antibiotics immediately before surgery. You may be given Entereg, which is a medication to aid the return of bowel function after surgery. You may also be given a cocktail of medicines to reduce the demand for pain medication after surgery.

You will go to the Surgical Ward on the 6th floor after surgery. The nurses will get you out of bed within four hours of your arrival. You need to walk at least four times every day. Eat all of your meals while seated in a chair. You will be taught to use an incentive spirometer by the Respiratory Therapists. Use it at least ten times every hour while you are awake. Devices will be put onto your legs to augment the return of blood flow. It is important that you wear them while you are in the hospital to reduce the chance of developing blood clots. You will also be given an injection of a blood thinner that may need to be taken at home as well. If a catheter is placed into your bladder during surgery then it will be removed on the first postoperative day. You may shower on an uncovered wound on post-op day one or two based on your surgeon's recommendation.

Clear liquids are permitted after surgery. Please do not eat or drink if you feel bloated or nauseated. Your diet will gradually be advanced based on your appetite and tolerance.

Chewing gum after surgery has been shown to shorten the time for bowel recovery after surgery.

Pain Control

We understand pain management is a major stress around the time of surgery. We are committed to doing everything appropriate to help you manage your discomfort but it is impossible to safely make the pain go away completely. Long-acting local anesthetics will be given during surgery. Early activity reduces pain by lessening muscle spasms. Muscle relaxants can help as well. Ice packs and Ibuprofen (or a similar drug) reduce inflammation and may be taken as long as it is safe for your kidneys and does not increase your bleeding risk significantly. Tylenol has been shown to reduce the need for narcotic pain medications. Narcotics are often necessary but are associated with numerous adverse side effects so we make every attempt to minimize their use.

Stoma Creation

If creation of a stoma is likely then you will visit the Enterostomal Therapists prior to surgery for education. You will continue your education within 24 hours of surgery. Please arrange to have your family or caretakers present to meet with them prior to discharge as well.

You will be given dietary recommendations as well as counseling in the use of Imodium and fiber supplements to manage loose stools.

Arrangements will be made for you to be evaluated within several days of discharge to assess your needs for supplemental IV fluid.

Discharge

Continue to walk at least four times a day after discharge. You should gradually increase the length and time of your walks. You may ascend or descend stairs as long as you feel steady on your feet. Do not lift more than 20 pounds for four weeks.

Continuing to apply ice packs until the fourth or fifth day after surgery will help control your pain.

Plan to eat a wholesome, bland diet for the first week or more after discharge. Avoid heavily processed, spicy, fried and fatty foods. Keep hydrated with water. You may advance your diet as you feel fit.

It is prudent to shower and rinse your uncovered wound daily. Do not soak or submerge the wound for a week. You may place a clean dressing daily at your discretion.

Driving is permitted once narcotics have been stopped and you feel that your reaction time and attention are safe for driving.

Constipation may occur. Take over the counter medications such as stool softeners, Senokot-S or Miralax if you feel bloated and have not had a bowel movement recently.

Blood thinning injections, with Lovenox, into your skin may be given for 2-4 weeks depending on the indication for surgery. You will be expected to do this yourself or have a family member do it for you.

You will be seen within 1-2 weeks of surgery. Your post-op appointment should be made at the time surgery is scheduled.

Prescriptions for narcotic pain medicine will be given at the time of discharge if necessary. Plan to wean them rapidly. You should not need them beyond seven days after surgery. If you feel that your pain is severe enough to warrant more medication then call the office and arrangements will be made to evaluate you as soon as possible. Prescriptions for narcotics cannot be called into a pharmacy and no refills will be given when the office is closed so please plan accordingly.

We prefer that you call us for any problems or concerns until you are seen in follow up. If you need to be seen emergently then we can facilitate your care. We will keep your Primary Care Provider updated.

Thank you for choosing Surgical Associates for your care. For prescription requests or refills (including narcotics) or for general questions please call our office during regular business hours; Monday-Thursday 8:00am-5:00pm and Fridays 8:00am-2:00pm. A surgeon is on-call after hours for emergent care. However, pain medication (narcotics) will not be provided after regular business hours.