

COLORECTAL SURGERY

Enhanced Recovery After Surgery (ERAS)

Your Guide to Healing



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Patient Name

Surgery Date/Time to Arrive

Surgeon

We want to thank you for choosing UVA Health for your surgery. Your care and well-being are important to us. We are committed to providing you with the best possible care using the latest technology.

This handbook should be used as a guide to help you through your recovery and answer questions that you may have. Please give us any feedback that you think would make your experience even better.

Please bring this book with you to:

- ☒ Every office visit
- ☒ Your admission to the hospital
- ☒ Follow up visits

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Contact Information

The main hospital address:

UVA Health
1215 Lee Street
Charlottesville VA 22908

Contact	Phone Number
Colorectal Surgery Clinic	434-243-9970
Clinic Fax	434-924-2520
If you don't receive a call by 4:30pm the day before surgery (or by Friday at 4:30pm if your surgery is scheduled for Monday) please call:	434-982-0160
Anesthesia Perioperative Medicine Clinic	434-924-5035
UVA Main Hospital	434-924-0000 (after 4:30pm and on weekends ask for the Blue Surgery resident on call)
Lodging Arrangements	434-924-3627
Hospitality House	434-924-2091
Parking Assistance	434-924-1122
Interpreter Services	434-982-1794
Hospital Billing Questions	800-523-4398

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Enhanced Recovery After Surgery (ERAS)

What is Enhanced Recovery?

Enhanced recovery is a program for improving the experience of patients who need major surgery. ERAS helps patients to recover sooner so life can return to normal as quickly as possible. The ERAS program focuses on making sure the patients are actively involved in their recovery.



There are four main stages in the ERAS program:

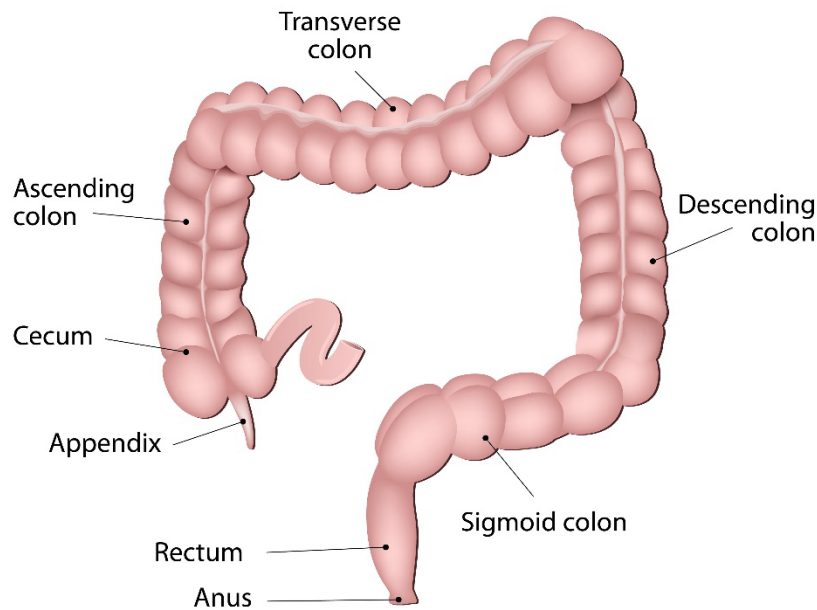
1. Planning and preparing before surgery— giving you plenty of information so you feel ready.
2. Reducing the physical stress of the operation— allowing you to drink fluids up to 2 hours before your surgery.
3. A pain relief plan—that focuses on giving you the right medicine you need to keep you comfortable during and after surgery.
4. Early feeding and moving around after surgery— allowing you to eat, drink, and walk around as soon as you can.

It is important that you know what to expect before, during, and after your surgery. Your care team will work closely with you to plan your care and treatment. You are the most important part of the care team.

It is important for you to participate actively in your recovery and to follow the ERAS program. By working together, we hope to keep your hospital stay as short as possible and help you on your road to recovery.

Introduction to Colorectal Surgery

ANATOMY OF THE LARGE INTESTINE



A colectomy is surgery in which your doctor removes part or all of your large intestine. The large intestine is also called the colon. The word "colorectal" is just a shortened way of saying colon and rectal.

Doctors might do a colectomy or colorectal surgery to treat problems such as:

- Colon cancer
- Digestive tract disorders, such as severe diverticulitis or inflammatory bowel disease
- A blockage in the colon
- An injury to the colon

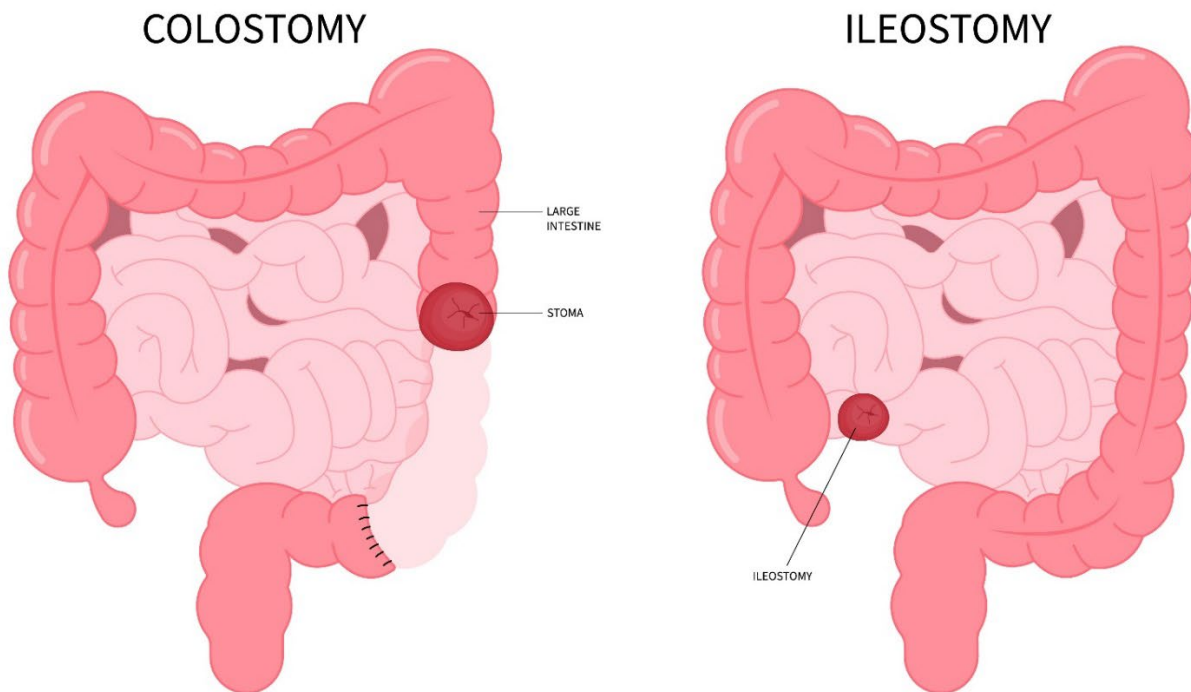
There are 2 main ways doctors can perform surgery:

1. Open surgery – During open surgery, your doctor will make a cut in your belly. They will remove some or all of your colon. How much your doctor removes depends on the reason for your surgery and how severe your condition is.
2. Minimally invasive surgery – During minimally invasive surgery, your doctor will make a few small cuts in your belly. Then they will insert long, thin tools through the cuts and into your belly. One of the tools has a camera (called a "laparoscope") on the end, which sends pictures to a TV screen. Your doctor can look at the screen to know where to cut and what to remove. Then they use the long tools to do the surgery through the small cuts. Sometimes they use a special robot to help move the tools.

After your doctor removes your colon, they will make sure there is a way for bowel movements to exit your body. To do this, your doctor will either:

1. Reconnect your intestine – If your doctor can reconnect your intestine, you should be able to have bowel movements normally.
2. Do a procedure called a "colostomy" or "ileostomy" – For either of these procedures, your doctor will make a small hole in your belly. Then they will connect your intestine to this opening.
 - If your doctor connects your large intestine to the hole, it's called a "colostomy."
 - If your doctor connects your small intestine to the hole, it's called an "ileostomy."

Your bowel movements will come out through the hole into a bag or “appliance” that is attached to your skin.



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Before your Surgery

Clinic

During your clinic visit we will check to see if you need surgery and what type you will need.

You will work with our entire team to prepare for surgery:

- The surgeons, who may have fellows, residents, or medical students working with them
- Nurse practitioner (NP)
- Nurse coordinators
- Clinic nurses
- Administrative assistants

During your clinic visit, we may:

- ☒ Ask questions about your medical history
- ☒ Perform a physical exam
- ☒ Ask you to sign the surgical consent forms
- ☒ Ask you to undergo a minor procedure called a flexible sigmoidoscopy (if you have a rectal tumor) to help us see the tumor.
 - This procedure is done in Endoscopy by one of our Digestive Health specialists. This clinic is right next door to our clinic.



You will also receive:

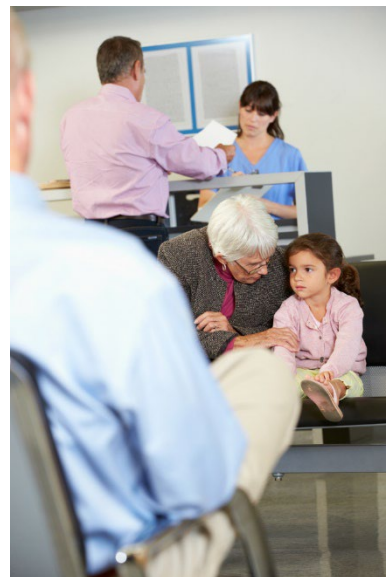
- ☒ Instructions on preparing for surgery
- ☒ Special instructions for what to do before surgery (if you are on any blood thinners)
- ☒ Special antibacterial soap to shower with on the night before and morning of surgery
- Prescriptions for bowel cleansing, if needed

Anesthesia Perioperative Medicine Clinic

The Anesthesia Perioperative Medicine Clinic will review your medical and surgical history to determine if you will need an evaluation prior to surgery.

If an in person anesthesia evaluation is needed the Anesthesia Perioperative Medicine Clinic will notify you. Then:

- An appointment will be scheduled for an office visit a few weeks prior to the surgical date
- Your medications will be reviewed
- You may have a blood test, test of the heart (EKG), and/or other tests the surgeon or anesthesiologist requests
- For questions or if unable to keep the appointment with Anesthesia Perioperative Medicine Clinic please call **434-924-5035**. Failure to keep this visit with Anesthesia Perioperative Medicine Clinic before surgery may result in cancellation of surgery.



There may be times that you are instructed to go to the Anesthesia Perioperative Medicine Clinic after your appointment with your surgeon. If this is the case you are welcome to a same day appointment but please allow for up to 2 hours.

Do you take anticoagulant/antiplatelet (blood thinner) medication?

If you are taking any blood thinning medications be sure to tell your doctor and nurse as your medication may need to be stopped before surgery.



It is the prescribing provider's responsibility to provide instructions for how long you can safely be off this medication.

It is very important to follow the instructions given to you to prevent your surgery from being postponed or cancelled!

If you have any questions on the instructions you received, call your surgeon's office right away.

Preparing for Surgery

You should expect to be in the hospital for about 2 days. When you leave the hospital after your surgery, you will need some help from family or friends. It will be important to have help with meals, taking medications, etc. Please talk with your family to plan who you will go home from the hospital with.

A few simple things before you come into the hospital:

- ☐ Clean and put away laundry.
- ☐ Put clean sheets on the bed.
- ☐ Put things you use often between waist and shoulder height to avoid having to bend down or stretch too much to reach them.
- ☐ Bring things you use often during the day downstairs. But remember that you **WILL** be able to climb stairs after surgery.
- ☐ Buy the foods you like and other things you will need since shopping may be hard when you first go home.
- ☐ Cut the grass, tend to the garden and do all house work.
- ☐ Arrange for someone to get your mail and take care of pets and loved-ones, if necessary.
- ☐ **Stop taking any herbal supplements or drinks 2 weeks before your surgery. A standard daily multivitamin can be continued.**
- ☐ **Stop taking all non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (Motrin® or Advil®) and naproxen (Aleve®) 1 week before surgery. You may take acetaminophen (Tylenol®).**
- ☐ **Begin drinking 1 carton of the immunonutrition shakes twice a day for 5 days prior to surgery. You should drink 10 shakes before surgery. See the handout provided for additional details.**
- ☐ **Follow the orders you were given regarding blood thinners and diabetes medications. Please call your surgeon's office if you were not provided with instructions for these medications.**
- ☐ **If you are taking additional medications for chronic pain, please continue those up until your surgery.**



- *Eat healthy food before surgery.*
- *Get enough exercise so you are in good shape before surgery.*
- *Stop or cut back your smoking with the assistance of your primary care doctor before surgery.*



Pre-Surgery Checklist

What you SHOULD bring to the hospital:

- ☒ This ERAS Handbook.
- ☒ A list of your current medications.
- ☒ Any paperwork given to you by your surgeon
- ☒ A copy of your Advance Directive form, if you completed one
- ☒ Your “blood” bracelet, if you were given one
- ☒ A book or something to do while you wait
- ☒ A change of comfortable clothes for discharge
- ☒ Any toiletries that you may need
- ☒ **Your CPAP or BiPAP, if you have one**
- ☒ If you use an oxygen tank, be sure you have enough oxygen and tank supplies for the ride home after surgery



What you SHOULD NOT bring to the hospital:

- ☒ Large sums of money
- ☒ Valuables such as jewelry or non-medical electronic equipment

Belongings you bring will go home with your Care Partner or be locked away in “safe keeping.”

For your safety, you should arrange for:

- ☐ Your care partner and responsible ride home should be at the hospital by 9 AM the morning of your discharge. It is important that they are here to listen to discharge instructions and learn how to safely care for you at home. We aim to discharge by noon.
- ☐ If possible, identify someone to stay with you the first 3-5 days after discharge to help take care of you.



Day before Surgery

Scheduled Surgery Time

A nurse will call you the day before your surgery to tell you what time to arrive at the hospital for your surgery. If your surgery is on a Monday, you will be called the Friday before.

- If you do not receive a call by 4:30 PM, please call 434-982-0160.
- Please write what time the nurse tells you to arrive on page 1 of this handbook in the space provided.



Bowel Preparation

You may receive prescriptions for the bowel preparation in the clinic. Some patients may not be able to take all of the medications listed because they cause problems with your regular medications. The nurses in clinic will tell you exactly which medications to take.

Please follow the instructions below:

- ☐ **Noon (12pm):** Take Metoclopramide (this will help with nausea/upset stomach)
- ☐ **1pm:** Take Erythromycin (or Metronidazole) and Neomycin
- ☐ **2pm:** Take Erythromycin (or Metronidazole) and Neomycin
- ☐ **Between 2pm and 6pm:** Drink your last (10th) pre-surgery immunonutrition shake.
- ☐ **6pm:** Begin drinking **GoLYTELY** (or **Miralax**) and take Metoclopramide. Begin clear liquid diet.
- ☐ **10pm:** Take Erythromycin (or Metronidazole) Neomycin, and Metoclopramide

➤ To do a GoLYTELY bowel prep follow instructions on the bottle to mix with water.

OR

➤ To do a Miralax bowel prep **you will need a 238gm bottle of Miralax Powder** that can be purchased over the counter in the laxative section. **You will also need a 64 oz. Gatorade.**

- Mix the entire bottle of Miralax with the entire bottle of Gatorade in a pitcher. Stir or shake the mixture until all the powder has dissolved. You may chill this in the refrigerator. The solution must be used within the next 48 hours. Drink the mixture slowly until it is gone.



The Night before and Morning of Surgery

Instructions for Eating and Drinking:

If you are doing a bowel prep	If you are not doing a bowel prep
<ul style="list-style-type: none">✓ Take your bowel preparation as instructed on previous page✓ You may have solid foods until 6 PM the evening before surgery.✓ Remember to drink your last immunonutrition shake between 2-6pm. Do NOT drink any more immunonutrition after this. (You will drink the rest when you are discharged home.)✓ Continue drinking clear liquids throughout the evening (clear juice, clear broth, water, Gatorade, jello, coffee/tea--no dairy)✓ After midnight, you may only have water and Gatorade until you arrive at the hospital.✓ Have a 20-ounce Gatorade ready for the morning of surgery. Drink this on the way to the hospital. Your Gatorade must be finished before your arrival to the hospital.	<ul style="list-style-type: none">✓ You may eat and drink normally until midnight the night before surgery.✓ Remember to drink your last immunonutrition shake between 2-6pm. Do NOT drink any more immunonutrition after this. (You will drink the rest when you are discharged home.)✓ Drink a carbohydrate drink (clear juice or Gatorade) during the evening.✓ After midnight, you may only have water and Gatorade until you arrive at the hospital.✓ Have a 20-ounce Gatorade ready for the morning of surgery. Drink this on the way to the hospital. Your Gatorade must be finished before your arrival to the hospital.



Instructions for Bathing:

We will give you a bottle of HIBICLENS (body wash) to use **the night before and the morning of your surgery.**

HIBICLENS is a skin cleanser that contains chlorhexidine gluconate (an antiseptic). This key ingredient helps to kill and remove germs that may cause an infection.

- ☒ If you feel any burning or irritation on your skin, rinse the area right away, do NOT put any more HIBICLENS on.
- ☒ Keep HIBICLENS away from your face (including your eyes, ears, and mouth).
- ☒ DO NOT directly wash the genital area with Hibiclens—but soapy water running over is okay.
- ☒ DO NOT shave your surgery site. This can increase the risk of infection. Your healthcare team will remove any hair, if needed.

Before using HIBICLENS, you will need:

- ☐ A clean washcloth
- ☐ A clean towel
- ☐ Clean clothes

Directions for when you shower or take a bath:

1. If you plan to wash your hair, do so with your regular shampoo—rinse hair and body thoroughly with water to remove any shampoo residue.
2. Wash your face and genital area with water or your regular soap.
3. Thoroughly rinse your body with water from the neck down.
4. Move away from the shower stream.
5. Apply HIBICLENS directly on your skin or on a wet washcloth & wash your body gently from the neck down.
6. Rinse thoroughly.
7. Do NOT use your regular soap after applying and rinsing with HIBICLENS.
8. Dry your skin with a clean towel.
9. Do NOT apply any lotions, deodorants, powders, or perfumes after using HIBICLENS.
10. Put on clean clothes after each shower.



Before You Leave Home:

- ☐ ***Take a shower with the HIBICLENS soap provided.***
- ☐ ***Remove nail polish, makeup, jewelry, and all piercings.***
- ☐ ***Drink water and/or a 20oz Gatorade the morning of your surgery. Be sure to drink the Gatorade on your way to the hospital and finish it before you arrive. Do NOT drink any other liquids. If you do, we may have to cancel surgery.***

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Day of Surgery

Arrival

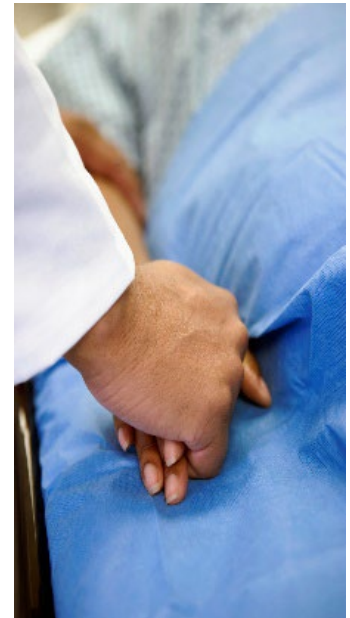
- ☐ Arrive at the hospital at the time you wrote down on page 1. (this will be approximately **2 hours before surgery**)
- ☐ Finish the Gatorade as you arrive. **You cannot drink after this.**
- ☐ Check in to the location as instructed by the phone call nurse.
- ☐ Your care partner will be given a tracking number so they can monitor your progress.

Surgery

When it is time for your surgery, you will be brought to the Surgical Admissions Suite (SAS).

In SAS, you will:

- ☒ Be identified for surgery and get an ID band for your wrist.
- ☒ Be checked in by a nurse and asked about your pain level.
- ☒ Be given an IV and weighed by a nurse.
- ☒ Be given medications that will keep you comfortable during & after surgery.
- ☒ Meet the anesthesia and surgery teams where your consent for surgery will be reviewed. Your family can be with you during this time.
- ☒ A physician may also mark your abdomen, if not already done so, depending on the type of surgery you are having.
- ☒ The anesthesia doctor will discuss pain relief options with you before surgery. Depending on the type of surgery you are having, if they feel you will benefit, they *may* place a small needle into your back. Through this, they can give you a small amount of morphine (a narcotic medicine). This will reduce the amount of narcotic pills you will need to take after surgery. Having to take less narcotic pills after surgery will speed up your recovery.



From SAS, you will then be taken to the operating room (OR) for surgery and your family will return to the family waiting lounge.

Once you arrive in the OR:

- ☑ Many patients do not recall being in the OR because of the medication we give you to relax and manage your pain.
- ☑ We will do a “check-in” to confirm your identity and the location of your surgery.
- ☑ You will be connected to monitors.
- ☑ Boots will be placed on your legs to reduce the risk of developing blood clots during surgery. You may also be given a blood thinner shot to prevent blood clots (usually after you are asleep).
- ☑ You will be given antibiotics through your IV to reduce your risk for infection.
- ☑ Just before starting your surgery, we will do a “time out” to check your identity and confirm the location of your surgery.



After this, your surgical team will perform your operation. During your surgery, the Operating Room nurse will call or text approximately every 2 hours to update your family, when possible.

Recovery Room (PACU)

After surgery, you will be taken to the recovery room. Most patients remain in the recovery room for about 2 hours and are then assigned an inpatient room on an Acute Care Unit.

Once you are awake:

- ☑ You will be given clear fluids to drink.
- ☑ **You will get out of bed (with help) to start moving as soon as possible. This speeds up your recovery and decreases the chances you will get blood clots and pneumonia.**
- ☑ The surgeon will also call your family after surgery to give them an update.



After Surgery

Acute Care Unit

From the recovery room, you will be sent to the surgical floor. Sometimes, it can take more than 2 hours to get to a room if the hospital is full and patients need to be discharged to make room for new patients. The volunteers in the family lounge will direct your family to your room so they can join you.

Once to your room, you:

- ☑ Will have a small tube in your bladder called a Foley catheter. We will measure how much urine you are making and how well your kidneys are working.
- ☑ Will have an IV in your arm to give you fluid.
- ☑ Will receive a blood thinner injection every day to help prevent blood clots.
- ☑ Will get up and out of bed on the day of surgery, with help from the nurse.
- ☑ Will have your temperature, pulse and blood pressure checked.
- ☑ Be allowed to drink fluids.
- ☑ Be started back on your home medications.
- ☑ Will receive a magnesium pill daily.
- ☑ May receive medicine that helps get your bowels moving after surgery.



Your Care Team

In addition to the nursing staff, the Colorectal Surgery team will care for you.

This team is led by your surgeon, and includes a fellow or a chief resident along with residents, a Nurse Practitioner, and 1-2 medical students. There will always be a physician in the hospital 24 hours a day to tend to your needs.

Pain Control Following Surgery

Managing your pain is an important part of your recovery. We will use the UVA Pain Rating Scale and will ask you regularly about your level of comfort. It is important that you are able to take deep breaths, cough, and move.

We will encourage you to use the “Splinting Technique” to minimize pain at your surgical site. To do this, press a pillow or your hand against your incision area and support it when you take a deep breath, cough, sneeze, laugh, move, etc.

Preventing and treating your pain early is easier than trying to treat pain after it starts so we have created a specific plan to stay ahead of your pain.

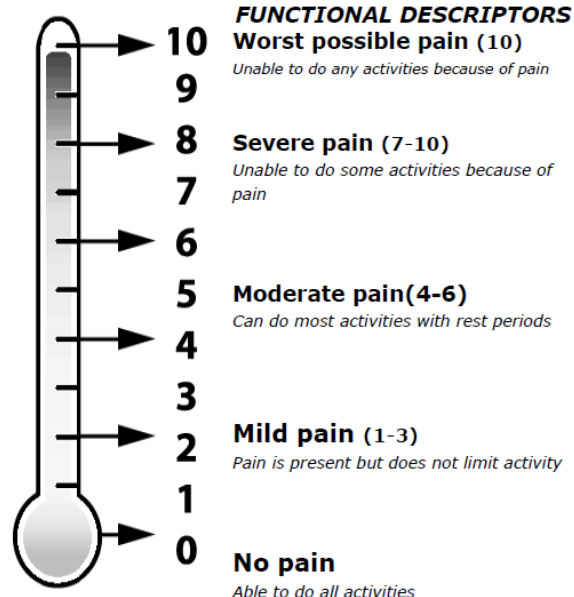
- We will treat your pain during surgery with an injection at the surgery site.
- You will get several other pain medicines around-the-clock to keep you comfortable.
- You will have narcotic pain medication as needed for additional pain.

This pain plan will decrease the amount of narcotics we will give you after surgery. Narcotics can significantly slow your recovery and cause constipation.

Laparoscopic Gas Pain

You may have discomfort in your stomach, neck or shoulders for a few days after your surgery. This pain is because gas is used to inflate your abdomen during surgery. The pain will go away as the gas is reabsorbed in your body. Some ways to help with this pain are walking around, using a hot compress (heating pad), and avoiding carbonated drinks.

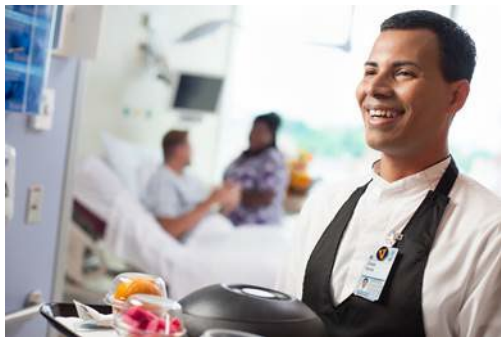
UVA ADULT PAIN SCALE TO HELP YOU CONTROL YOUR PAIN



If you are on long-standing pain medication prior to surgery, you will be provided with an individualized regimen for pain control with the assistance of our pain specialists.

First Day After Surgery

On the day after your surgery, you:



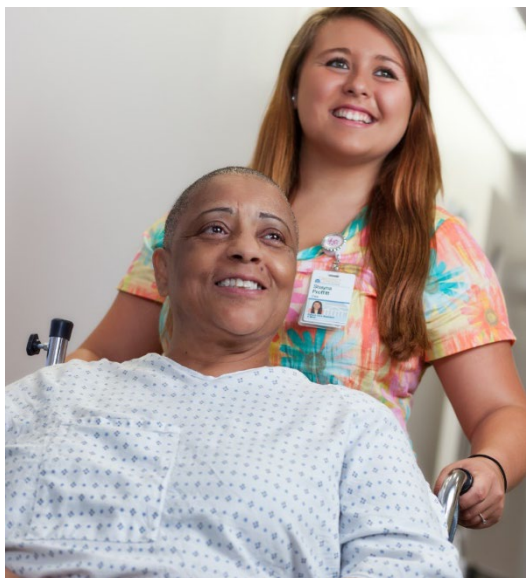
- ☑ Will be assisted out of bed, supported to take several walks in the hallway, and spend time resting while sitting up in the chair.
- ☑ Will likely have the catheter removed from your bladder.
- ☑ Will continue drinking an immunonutrition shake twice daily.
- ☑ Will be able to eat regular foods as soon as you are ready.

- ☑ Will be encouraged to drink.
- ☑ Will likely have your IV stopped.

Second Day After Surgery

By Day 2, you may be able to go home if you:

- ☑ Are off all IV fluids and drinking enough to stay hydrated.
- ☑ Are comfortable and your pain is well controlled
- ☑ Are not nauseated or belching (burping).
- ☑ Are passing gas.
- ☑ Do not have a fever.
- ☑ Are able to get around on your own.



If you are still in the hospital Day 3, you likely:

- ☑ Will eat regular foods, if you haven't already been eating them.
- ☑ Will have your IV turned off but not removed.
- ☑ Will be asked to be out of bed for the majority of the day and walking 3 times with help.
- ☑ Will receive ostomy instructions, if you have an ostomy.

Remember, we will not discharge you from the hospital until we are sure you are ready. For some patients this requires an additional day in the hospital.

Discharge

Before you leave the hospital

- ☑ We will ask you to identify how you will get home and who will stay with you.
- ☑ If you use oxygen, we will want to make sure you have enough oxygen in the tank for the ride home.
- ☑ Be sure to collect any belongings that were stored in “safe keeping.”

Our Case Managers help us with discharge needs. Please let us know the names of:

YOUR HOME PHARMACY

YOUR HOME HEALTHCARE AGENCY (*if you have one*)

ANY SPECIAL NEEDS AFTER YOUR HOSPITAL STAY

Discharge

Before you are discharged, you will be given:

- ☑ A copy of your discharge instructions.
- ☑ A list of any medications you may need.
- ☑ A prescription for pain medicine.
- ☑ Ostomy supplies, if you have a new ostomy.
- ☑ Instructions on when to return to clinic, if you have staples to be removed (usually 7-10 days).
- ☑ Instructions on when to return to see your surgeon in clinic (usually in 2-4 weeks), depending on your surgery. We may see you sooner if you have a surgical wound or drain.



We would also like you to see your primary care doctor in 1-2 weeks after discharge from the hospital.

Complications Delaying Discharge

Sometimes there are things that may happen after surgery which may keep you in the hospital longer. We do our best to prevent these from happening. These may include:

Wound Infection

This is one of the most complications of surgery. We do everything possible to prevent it. If you do develop a wound infection, you may have an open wound that requires dressing changes at home. We will arrange this before your discharge.

Post-Operative Nausea & Vomiting

It is very common to feel sick to your stomach after your surgery. We give you medication to reduce this. If you do feel sick, you should eat less food and switch to a liquid diet. Small frequent meals or drinks are best in this situation. As long as you can drink and keep yourself hydrated, the stomach upset will likely pass.

Post-Operative Ileus

Following surgery, your bowel can shut down, so food and gas have trouble passing through your intestines. This is called an **ileus** and is one of the most common and frustrating complications following surgery. We have designed the ERAS program to do everything possible to reduce the chance of an ileus. If you do get an ileus, it usually only lasts 2-3 days. The best way to avoid it is to decrease the amount of narcotic pain medications you take, get up as much as possible after your surgery, and eat small amounts of food and drinks.

Anastomotic Leak

This is a serious complication that develops if the two ends of the bowel that we joint together don't heal. If this happens, it is usually within 5-7 days following surgery. Symptoms of a leak include severe abdominal pain, fever and vomiting. This often needs another operation and temporary ostomy.



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After Discharge

Follow up visit

We would like to see you follow up in approximately 2-4 weeks after you are discharged from the hospital. We will try and schedule a follow up appointment in surgery clinic for you before you are discharged. If we are unable to make the appointment before you are discharged, please call your surgeon's office if you have not heard from us within 1 week of leaving the hospital.



WRITE FOLLOW-UP APPOINTMENT DATE AND TIME

You may also be asked to follow up with your primary care doctor within 1-2 weeks after discharged.

When to Call

Complications do not happen very often, but is important for you to know what to look for if you start to feel bad.

After you leave the hospital, you should call us any time if:

- You have a fever greater than 101.5°F or chills.
- You are vomiting and cannot keep down liquids.
- You have severe abdominal pain or severe diarrhea.
- You are unable to pass gas for 24 hours.

Please call us if your surgical site:

- Becomes bright red and painful
- Starts to drain infected material that is not clear yellow or light pink/red
- Starts to drain more than a small amount
- Releases cloudy or foul smelling fluids
- You notice increased drainage from your surgical site
- Your drain falls out or the drainage becomes bloody



Bowel Function

After your operation, your bowel function will take several weeks to settle down and may be slightly unpredictable at first. For most patients, this will get back to normal with time. Make sure you eat regular meals, drink plenty of fluids and take regular walks during the first two weeks after your operation.

Patients can have a variety of bowel complaints, including:

- irregular bowel habits
- bowel movements that are loose
- constipation
- difficulty controlling bowel movements with occasional accidents
- continuing to feel the need to have a bowel movement even if you've had several in a row
- a little blood in the bowel movement

Occasionally, patients are constipated after surgery from the narcotic pain medicine. If constipation lasts longer than 2 days, try prunes, 8oz of warm prune juice, or take laxative such as Miralax.

Diarrhea

Most problems with diarrhea go away once the stool is made firmer. A firmer stool is easier to hold in and pass more completely.

- The first step to improving frequent or loose stools is to bulk up the stool with fiber. **Metamucil** is the most common type of fiber that is available at any drug store. **Please note you should not take Metamucil if you have an ileostomy.**
 - Start with 1 teaspoon mixed into food like yogurt or oatmeal in the morning and evening.
 - Try not to drink any fluid for 1 hour after you take the fiber. This will allow the fiber to act like a sponge in your intestines, soaking up all the excess water.
 - Continue this for 3-5 days.
 - You may increase by one teaspoon every 3-5 days until the desired effect or you are at 1 tablespoon (3 teaspoons) twice a day.
- If this does not work, you may try over-the-counter **Loperamide**, an antidiarrheal medication.
 - It is important to call the surgical clinic before using this medication. We will likely advise you to take one tablet in the morning and evening or 30 minutes before you typically have diarrhea. You can take up to eight of these tablets daily. We will help guide you with this.



- It is important to let us know if you are having very watery diarrhea more than 6 times daily. There is a dangerous bacterial infection that we may want to test you for if you are having frequent, very watery bowel movements.

Urinary Function

- After surgery, you may get a feeling that your bladder is not emptying fully. This usually resolves over time. However, if you are not urinating or there is any concern, contact us.
- If you have severe stinging or burning when passing urine, please contact us as you may have an infection.



Abdominal Pain

- It is not unusual to suffer gas pains (colic) during the first week following surgery. This pain usually lasts for a few minutes but goes away when the bowels return to normal.
- If you have severe pain lasting more than 1-2 hours or have a fever and feel generally sick, you should contact us.

Pain

- You may alternate Tylenol and ibuprofen for improved pain control. Take over the counter medications as prescribed.
- You will also be sent home with a prescription for a narcotic pain medication (usually oxycodone) for severe pain.
 - If you would like this filled at the hospital pharmacy, please tell your nurse.
 - Narcotic pain medications often cause nausea. To help reduce the risk of nausea, take your pain medication with a small amount of food.



Misuse of prescription pain medicines (narcotics) is a serious public health concern. Virginia has a Prescription Monitoring Program for all narcotic pain medications. Your health care team will work with you to create a treatment plan based on the medications you are prescribed. Prescriptions for narcotic pain medications are sent to your pharmacy electronically by your doctor. For some pain medications, you will need show a valid photo ID at the pharmacy. If you take your opioid at a higher dose or more frequently than what was prescribed, you will run out of your medication before your pharmacy will allow a new prescription to be filled. Ask your health care team if you have specific questions.

Pain Medication Weaning

After surgery, you may be taking narcotic medicine to help you with your pain. As your pain improves, you will need to wean off your narcotic pain medication. Weaning means slowly reducing the amount you take until you are not taking it anymore. You may find that the pain is controlled by other medicines such as NSAIDS (ibuprofen) and acetaminophen (Tylenol).

Taking narcotics may not provide good pain relief over a long period of time and sometimes narcotics can actually cause your pain to get worse. Narcotics can have many different side effects including constipation, nausea, tiredness and even dependency. The side effects of narcotics increase with higher doses.



Gradually weaning to lower doses of narcotic pain medication can help you feel better and improve your quality of life. If you are not sure how to wean off of your narcotic medication, please contact your primary care or family doctor.

To wean from your narcotic, we recommend slowly reducing the dose you are taking. For example:

1. You can increase the amount of time between doses.

- If you are taking a dose every 4 hours, extend that time:
 - Take a dose every 5 to 6 hours for 1 or 2 days
- Then, take a dose every 7 to 8 hours for 1 or 2 days.

2. Or you can also reduce the dose.

- If you are taking 2 pills each time, start taking 1 pill each time.
 - Do this for 1 or 2 days.
- Then, increase the amount of time between doses, as explained above.

Once your pain has improved and/or you have effectively weaned off narcotics, you may have narcotics remaining. The **UVA Pharmacy** is now a **DEA registered drug take-back location**. There is a Drop Box available in the main lobby of the pharmacy 24 hours 7 days per week for patients or visitors to safely dispose of unwanted or unused medications.

Wound Care Instructions



For the first 1-2 weeks following your surgery, your incision or wound may be slightly red and uncomfortable. If your wound is inflamed, painful, swollen or leaking milky fluid, please contact us.

If your incision(s) has/have been closed with a type of skin glue called **Dermabond**:

- Allow the skin glue to wear off on its own in the next 10-14 days. Do not peel it off.

If your incision(s) has/have been closed with **staples**:

- You should return to clinic in 10-14 days. We will arrange the appointment for you.
- Once your staples are removed from your incision, leave the small bandages (**steri-strips**) covering your incision on. As the bandages start to peel off over the next 1-2 weeks:
- You may trim the loose edges to prevent them from snagging your clothing.

Showering

Instructions are the same for each type of incision closure:

- You may shower and let warm soapy water wash over your incisions, but do not scrub, soak in a tub, or swim for at least 1 month. After a shower, you should pat the area dry.
- Other than showering, you should keep the incisions dry and avoid ointments unless directed to use.
- It is common for your incisions to be tender and pink, but you must monitor for signs and symptoms of infection such as a fever and change in drainage color or smell.

Blood Clot Prevention

- You may be sent home on a blood thinner injection to prevent blood clots. Instructions on how to give yourself this medication will be provided while you are still in the hospital.

Diet

Some patients find their appetite is less than normal after surgery. Frequent small meals throughout the day may help. Over time, the amount you can comfortably consume will gradually increase.

You should try to eat a balanced diet, including:

- ☑ Foods that are soft, moist and easy to chew and swallow
- ☑ Foods that can be cut or broken in to small pieces
- ☑ Foods that can be softened by cooking mashing
- ☑ Eating 4-6 small meals throughout the day to reduce gas and bloating
- ☑ Eating plenty of soft breads, rice, pasta, potatoes and other starchy foods (lower-fiber varieties such as white bread, white rice, and white pasta may be tolerated better, initially)
- ☑ Drinking plenty of fluids.
 - Aim for at least 8-10 cups of fluid per day – water, fruit juice, teas/coffee and milk (regular milk is encouraged as a good source of nutrients to aid in your recovery)



Be sure to:

- ☑ Chew food well – take small bites!
- ☑ Eat good sources of protein such as meats, eggs, milk, yogurt, cottage cheese, smooth nut butters, tofu, beans, Ensure, Resource Breeze, Carnation Instant Breakfast, Boost, etc
- ☑ Replace hard raw foods and vegetables with canned or soft cooked fruits and vegetables

Avoid:

- ☒ Carbonated beverages in the first couple weeks
- ☒ Tough, thick pieces of meat, fried, greasy and highly seasoned or spicy foods
- ☒ Gas forming vegetables such as cabbage, Brussel sprouts, broccoli, cauliflower, and onions

Some patients feel nauseated. To minimize this feeling, avoid letting your stomach get empty. Eat small amounts of food and eat slowly.

You may find that for a few weeks following your operation, you may have to make some slight adjustments to your diet depending on your bowel pattern. You may find some foods can cause loose stools. If this happens you should avoid these foods in the first few weeks after surgery then try them again, one at a time.

If you are struggling with your appetite, choose high calorie food and try to make the most of the times when you are hungry. Also consider taking a multivitamin with minerals.

Hobbies & Activities

Walking is encouraged from the day following your surgery. Plan to walk three or four times daily.

You should NOT:

- ☒ Do any heavy lifting for 6 weeks.
(no more than a gallon of milk = 10 lbs.).
- ☒ Play contact sports until 6 weeks following your surgery.



You SHOULD:

- ☒ Be able to climb stairs and go outside from the time you are discharged.
- ☒ Return to hobbies and activities soon after your surgery. This will help you recover. You may return to your exercise routine after 6 weeks but go slowly.

Remember, it can take up to 2-3 months to fully recover. It is not unusual to be tired and need an afternoon nap 6-8 weeks following surgery. Your body is using its energy to heal your wounds in the inside and out.

Work

You should be able to return to work 4-6 weeks after your surgery. This might be longer or shorter depending on your recovery rate and how you are feeling. If your job is a heavy manual job, you should not perform heavy work until 6 weeks after your operation. You should check with your employer on the rules and policies of your workplace, which may be important for returning to work.

If you need a “Return to Work” form for your employer or disability papers, ask your employer to fax them to our office.



Driving

You may drive when you are off narcotics for 24 hours and feel secure and pain-free enough to react quickly with your braking foot. For most patients this occurs at 3 weeks following surgery. For minimally-invasive surgery patients, this may occur earlier.

Resuming Sexual Relationships

Some people having operations near the pelvis may have specific sexual problems. You should be able to resume a normal, loving relationship after you have recovered from your surgery and you are not feeling any discomfort.

Men may experience problems with erection and ejaculation. This can happen because of damage to the nerves in the pelvis by radiotherapy or by surgery. It is usually possible to keep the operation clear of these nerves, but occasionally they may be damaged. Women may experience pain during intercourse.

It is important to talk to your partner about how you are feeling. You should remember that your feelings can affect how you feel about yourself and your intimate relationships. Talking about your feelings with your partner will help with stress and anxiety.

Please talk to your doctor if you are having problems because your doctor can help you find the best way to deal with them. Your doctor may choose to refer you to a specialist who may be better to help you.



Are You Getting an Ostomy?

Wound Ostomy Continence (WOC) Nurse Service

To help prepare you for your ostomy, the WOC nurse will provide education and support to you and your family. This will help you understand what to expect after surgery and learn how to care for your ostomy. The WOC nurses will be available to you help you from before surgery through to follow up care once you are discharged.



Before Surgery

Ostomy Class

- Your healthcare team recommends you attend no more than 2 weeks before your surgery.
 - During this class, the WOC nurse will mark your stoma site, which is shown to reduce ostomy-related complications.
- The class is held **every Wednesday from 11 A.M. – 12 P.M.** in the Digestive Health Classroom
 - You may call **434.924-5078** to schedule your class.

After Surgery

- The WOC nurse will visit you throughout your hospital stay. They will help you begin to become independent with caring for your ostomy and discuss when to follow up with your healthcare professional.
- A registered dietitian will review diet and hydration guidelines.

After Discharge

- UVA Wound/Ostomy Clinic, located in the Digestive Health Clinic, 1st floor of the Main Hospital, is held on Wednesday afternoons for post-surgery follow up. It is recommended for ALL ileostomy patients to follow up within 1-2 week of discharge. Please call 434.924.5078 with any questions or to schedule an appointment in clinic.

Remember, ostomy care is a process and **YOU CAN DO THIS!**

Ostomy Supplies Information

Before calling your supplier, please have the following information ready:

1. Surgeon's name and phone number
2. Pouch Brand and product number
3. Insurance Information

A List of Some Supply Companies (there are other companies you can use as well):

- ❖ Edgepark: 1-800-321-0591 or www.edgepark.com
- ❖ Bryam Healthcare: 1-877-902-9726 or www.bryamhealthcare.com
- ❖ CCS Medical: 1-888-724-4357 or www.ccsmed.com
- ❖ Liberator Medical Supply: 1-866-643-0956 or www.liberatormedical.com
- ❖ Liberty: 1-866-486-2383 or www.libertymedical.com
- ❖ Osto Group: 1-877-678-6690 or www.ostogroup.org
 - *Free ostomy supplies to uninsured **/pay shipping and handling only
- ❖ Prism Medical Products: Phone: 1-888-244-6421 FAX Number: 1-800-975-6321

Major Companies that make Ostomy Supplies and Accessories:

- ❖ Coloplast: 1-888-726-7872
- ❖ ConvaTec: 1-800-422-8811
 - Will provide free pouches for a limited amount of time to uninsured patients-you must call them and qualify for this service
- ❖ Hollister: 1-888-740- 8999 ext. 5091
 - Will provide free pouches for a limited amount of time to uninsured patients-you must call them and qualify for this service

Ostomy Resource Website: The Wound Ostomy Continence Nurses (WOCN): www.wocn.org

If you do not have insurance

- If you do not have insurance, Medicare, or Medicaid you are responsible for buying your own ostomy supplies. **Plan to buy pouches as soon as you get home from the hospital to have pouches on hand when you need them.**
- If you receive insurance, Medicare, or Medicaid later on, let your ostomy supplier know. You will also need a prescription for the pouches from your doctor.
- Local medical supply companies may be able to obtain pouches for you.
- Augusta Health Care Home Medical has two pouches in stock at their store: Hollister #14604 & Hollister #18134 (no prescription needed)
64 Sports Medicine Drive
Fishersville, VA 22939
Phone: 800-952-0137
- Some examples of catalog/internet companies that advertise reduced prices on ostomy supplies:

- Medical Monks: 844-859-9400
- MSD Medical Supply Equipment: 1-888-874-3831
- Best Buy Ostomy: 1-866-940-4555
- Ostomy 4 Less: 1-877-678-6694
- Direct Buy Medical: 1-800-860-8612
- Parthenon: 1-800-453-8898
- Safe N Simple: 844-767-6334
- Genairex is a company that makes generic ostomy pouches that are similar to the brand name pouches. Call 877-726-4400 to find out what Genairex brand matches the pouch you use. You will need the pouch name and product number. Genairex can give you the name of a supplier to fill your order.
- Kenny's Closet offers ostomy supplies free of charge to anyone in need. Open every Thursday from 10am-12noon except holidays.
 Mary Washington Healthcare Regional Cancer Center
 1300 Hospital Drive #305
 Fredericksburg, VA 22401
- Companies that make ostomy pouches may offer some help with obtaining samples or a small supply of pouches for a short time. These resources are limited and do not provide pouches on short notice:
 - Hollister Secure Start 1-888-808-7456
 - ConvaTec Access Program 1-800-422-8811
 - Coloplast Comes Home 1-800-501-8533

Ileostomy Care at Home

The following instructions will help you at home with your new ileostomy. Please see additional resources provided by the WOC team. Please feel free to ask questions if you do not understand.

At Discharge

Before you leave the hospital, in addition to your discharge instructions and prescriptions, you should have:

- ☐ Ostomy supplies for 4 pouch changes
- ☐ A follow-up outpatient appointment with your surgeon
- ☐ Prescriptions for ostomy supplies
- ☐ A chart to allow you to record your intake and output at home
- ☐ A container for measuring your stool & urine output

Nutrition and Hydration with an Ileostomy

When you have an ileostomy it is important to eat enough to stay healthy after surgery. You can lose fluid and minerals (like salt) with an ileostomy, so it is important to drink enough fluids and *not* limit salt in your diet. Dehydration can lead to serious kidney injury and being readmitted to the hospital.



- ☒ **ALWAYS** chew your foods well
- ☒ Eat 4-6 smaller more frequent meals throughout the day.
- ☒ Eat good sources of protein with each snack and meal. Foods that have protein are eggs, meats (chicken, turkey, fish/shellfish, beef, pork, and lamb), beans, tofu, lentils, dairy products (milk, yogurt, cheese), and smooth nut butters. This will help with healing.
- ☒ **Do not limit salt in your diet**—salt is lost in ostomy fluid so it is important to eat some salty foods every day such as pretzels, broth, soup, cheeses, etc. Feel free to add salt to your foods as well.
- ☒ Avoid mushrooms, nuts, corn, coconut, celery, and dried fruit for the first 2 weeks. Two weeks after surgery you may start slowly reintroducing in moderation.
- ☒ Drink 80 ounces (10 cups) of fluids daily. Try to drink half of your fluid (40 ounces) as Gatorade, Pedialyte, or Powerade. The rest of your fluids should be water, broths, and/or unsweetened tea.

Dehydration

An ileostomy is made from the small intestine before it enters the colon. Because the colon absorbs most of the water from the stool, the stool from the ileostomy will be loose and watery. If your ileostomy output is too high, you may become dehydrated.

Dehydration is the most common reason patients with an ileostomy have to come back to the hospital in the month following surgery.

Remember, it is important to measure and write down how much you drink, your ileostomy output, AND urine output for 2 weeks after surgery and bring this to your first post-op surgery appointment.

- ☐ If your ileostomy output stays over 1200mL per day, avoid regular sodas, fruit juices, fruit drinks, and supplements such as Boost, Ensure Immunonutrition, or Ensure Plus.
 - Please see the next page for further instruction.
- ☐ It is important that you make at least **1200mL of urine each day** to protect your kidneys.
 - If your urine output drops below 1200mL for 24 hours, please call your surgery team.

Additional Signs & Symptoms of Dehydration

Please call your surgeon's office (or the on call resident after hours) if you develop:

- ☒ Dry mouth
- ☒ Urine that is dark in color
- ☒ Dizziness or weakness
- ☒ Abdominal pain
- ☒ Fever

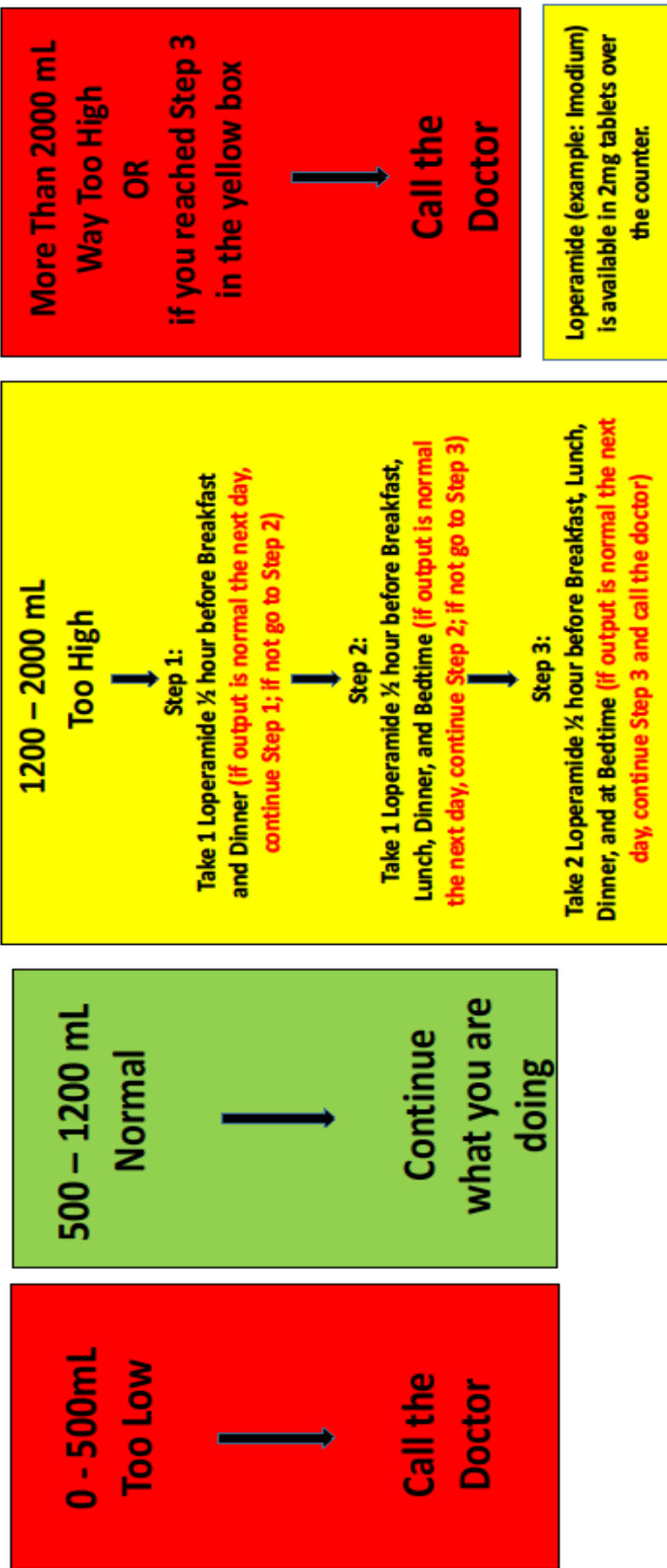


There are Registered Dietitians available at 434.297.4433 (8am – 4:30pm Monday-Friday). They can help to answer questions you may have about your diet after surgery.

LOPERAMIDE (example: Imodium) GUIDELINES

At home, Measure your Ileostomy Output and write the volume down on your log sheet.
Every day, add up your 24 hour total and follow the instructions below:

If 24 hour Ileostomy Output is...



Colorectal Surgery Pathway:

The Patient's Checklist

GOAL: Safe transition from hospital to home or next care setting through learning basic knowledge of postoperative care and monitoring.

WEEKS PRIOR TO SURGERY	ACTION	CHECK WHEN COMPLETE
Medications	If you are on any blood thinner medications, follow any specific instructions that your nurse gave you regarding if and when to stop taking them before your surgery. If you have any questions, call your surgeon's office.	
Medications	Stop taking any vitamins, supplements and herbs 2 weeks before your surgery. Stop taking ibuprofen (Motrin® or Advil®) and naproxen (Aleve®) 1 week before surgery.	
DAY BEFORE SURGERY	ACTION	CHECK WHEN COMPLETE
Medications	Take your bowel preparation if indicated.	
Medications	Follow orders given to you for blood thinners and diabetes medications.	
Diet	If you are doing a bowel preparation, continue eating regularly until 6pm and then start on clear liquids. Continue drinking clear liquids throughout the evening. If you are not doing a bowel preparation, continue eating regularly until midnight.	
Actions	On the evening before your surgery, take a shower with the soap provided to you. Use half of the bottle as instructed.	
Actions	Call 434-982-0160 if you don't receive a call from OR by 4:30 PM with your arrival time.	

MORNING OF SURGERY	ACTION	CHECK WHEN COMPLETE
Medications	Take any medication you were instructed to take the morning of surgery.	
Actions	On the morning of your surgery, take a shower with the soap provided to you. Use the remaining half of the bottle.	
Diet	<p>Do not eat the morning of surgery.</p> <p>Continue drinking water until 2 hours before you are told to arrive at the hospital.</p> <p>Drink your Gatorade [™] before check in, then nothing more to drink.</p>	
Actions	Bring your CPAP or Bi-PAP machine with you, if you use one.	
Actions	Bring your blood band with you, if you were given one.	
Actions	Bring an updated <u>list</u> of your medications.	
Actions	Bring this handbook and checklist in to the hospital with you when you check in for surgery. See the “Pre-Surgery Checklist” page in your handbook for some additional helpful items to bring with you on your day of surgery.	

AFTER SURGERY	ACTION	CHECK WHEN COMPLETE	RN INITIALS
Mobilize	Walk outside of hospital room within 2 hours of arriving on the floor after surgery.		
Weight	Write down your weight that was taken. Identify importance of daily weights during hospitalization.		
Pain management	Discuss with nurse what medications will be used to manage post-operative pain. Demonstrate understanding of UVA's pain scale.		
Diet	Take clear liquids as tolerated.		
Breathing	Use the incentive spirometer as instructed by your nurse.		
POST-OPERATIVE DAY 1	ACTION	CHECK WHEN COMPLETE	RN INITIALS
Mobilize	Spend at least 6 hours out of bed. Walk twice in hallway. State one benefit of mobility to nurse.		
Urinary Catheter	Ask about catheter removal, if appropriate.		
Breathing	Use the incentive spirometer as instructed by your nurse.		
Dehydration prevention	List 2 signs and symptoms of dehydration. Name 2 ways to avoid dehydration.		
Fluid monitoring	Identify the importance of daily weights during hospitalization.		
Diet	Tolerate liquids as part of your diet.		

POST-OPERATIVE DAY 2	ACTION	CHECK WHEN COMPLETE	RN INITIALS
Mobilize	Spend at least 6 hours out of bed. Walk three times in the hallway.		
Urinary Catheter	Ask about urinary catheter removal, if not done so yesterday.		
Breathing	Use the incentive spirometer as instructed by your nurse.		
Infection Prevention	Identify signs and symptoms of wound infection. Demonstrate appropriate wound care.		
Diet	Tolerate 2 meals of a transitional diet.		
Pain Management	Pain well-controlled on oral pain medications. Verbalize pain management plan for discharge.		
Discharge Instructions	Verbalize understanding of sign and symptoms of a potential complication and what actions to take in the event of a complication.		
Discharge Preparation	Ensure you have a ride home from the hospital, extra oxygen (if you need it), and all of your belongings that may have been stored in “safe keeping” during your hospital stay.		

OSTOMY INSTRUCTIONS	ACTION	CHECK WHEN COMPLETE	RN INITIALS
Ostomy Instructions	Demonstrate understanding of how to empty and record ostomy output. Identify the actions to take for low and high ostomy output.		
Ostomy Medication Education	Verbalize knowledge of two medications used to thicken ostomy output and avoid dehydration. Review pathway for the use of Imodium in the case of high ostomy output.		
Ostomy Output Recording	Measure ostomy output and record volume on log sheet. State to the nurse the expected ostomy output for 24 hours.		
Ostomy Return Demonstration	Demonstrate to wound nurse of bedside RN how to apply new ostomy bag.		
Ostomy Supplies	Assure that you have supplies for discharge.		
DISCHARGE	ACTION	CHECK WHEN COMPLETE	RN INITIALS
Discharge Instructions	Verbalize understanding of signs and symptoms of a potential complication and what actions to take in the event of a complication.		
Discharge Preparation	Ensure you have a ride home from the hospital, extra oxygen (if you need it), and all of your belongings that may have been stored in “safe keeping” during your hospital stay		