

Your Guide to Colorectal Surgery

Preparing for and Recovering from Surgery

Patient Name

Your Surgeon



JOHNS HOPKINS
MEDICINE

Index:

Your Checklist	2
Getting Ready for Surgery	7
The Day of Surgery	18
Planning for Recovery and Going Home	23
Concerns After Discharge	28
Notes	33
Important Contact Numbers.....	Inside Back Cover

Welcome to the Johns Hopkins Department of Surgery. Preparing for surgery can be overwhelming. You may be receiving a lot of information. Know that the Johns Hopkins colorectal surgery team is here to help you from beginning to end.

This booklet includes details about:

- Getting ready for your surgery
- What to expect on the day of surgery and while recovering in the hospital
- Planning for recovery and going home after surgery
- What to expect once you are home

It is important to remember that every patient is different. Your care team will tailor your recovery program to your needs.

Please try to read this booklet as soon as you are able to and bring it with you to all of your appointments and hospitalizations. Keep track of your questions and be sure to ask your surgical team when you see them, or call our office at 410-955-7323, option 3. It is important for you, your family and your friends to understand what to anticipate so that everyone can fully participate in your recovery.

Best wishes for a speedy recovery!
The Johns Hopkins Colorectal
Surgery Team



Your Checklist

Patient Name: _____

Date of Surgery: _____

Use this summary checklist as a guide to what you need to do to prepare for your surgery and recovery after surgery.

CHECK WHEN DONE	ACTION
ONE MONTH BEFORE SURGERY	
	<input type="checkbox"/> View assigned video education programs.
	<input type="checkbox"/> Prepare your medical records to bring with you to your PEC (Preoperative Evaluation Center) appointment.
	<input type="checkbox"/> Meet with anesthesia providers to discuss surgery during your PEC appointment. You will review your medical history and will be told if you need to stop or change any medication before surgery.
	<input type="checkbox"/> Complete blood work at clinical laboratory in the Johns Hopkins Outpatient Center (Express Testing).
A FEW DAYS BEFORE SURGERY	
	<input type="checkbox"/> Receive phone call reminding you what time to arrive for your surgery, review medications to take the day of surgery and answer last-minute questions.
	<input type="checkbox"/> Ensure you have all supplies needed for your bowel preparation if prescribed.
	<input type="checkbox"/> Ensure you have your medicated liquid soap for your skin preparation.
ONE DAY BEFORE SURGERY	
	<input type="checkbox"/> If your surgeon prescribed a bowel preparation, start the preparation one day before surgery , in the morning. Follow the instructions starting on page 12 of this booklet. Use the checklist to help with each step.
	<input type="checkbox"/> The night before your surgery , shower, dry off and use the medicated liquid soap following the instructions on page 14 for proper use.
MORNING OF SURGERY	
	<input type="checkbox"/> Take medications as instructed.
	<input type="checkbox"/> Use the medicated liquid soap, following the instructions on page 14 for proper use.
	<input type="checkbox"/> Drink a 20-ounce Gatorade on your way into the hospital. This should be two hours before your surgery time.

Patient Name: _____

Date of Surgery: _____

CHECK WHEN DONE	ACTION	
AFTER SURGERY		
	Oxygen	<input type="checkbox"/> Wear the oxygen mask that is placed over your nose and mouth for two hours in the recovery room.
	Mobility	<input type="checkbox"/> Get out of bed and to a chair two hours after your surgery.
	Diet	<input type="checkbox"/> You will receive juice or water and can drink clear liquids as you feel up to it.
	Pain management	<input type="checkbox"/> Take all medications that have been prescribed to you to control your pain. If you are still experiencing pain, let the nurses know, and they can help you control your pain and remain comfortable.
FIRST DAY AFTER SURGERY		
	Mobility	<input type="checkbox"/> Spend at least six hours out of bed. Walk at least twice in hallway. State one benefit of mobility to your nurse.
	Diet	<input type="checkbox"/> Drink clear liquids as you feel up to it. You may be offered soft or solid food if you feel well.
		<input type="checkbox"/> You will be disconnected from the intravenous fluids. Ask if it is not addressed by your care team.
	Pain management	<input type="checkbox"/> Take all medications that have been prescribed to you to control your pain. If you are still experiencing pain, let the nurses know, and they can help you control your pain and remain comfortable.
	Urinary catheter	<input type="checkbox"/> Your urinary catheter may be removed. Ask if it is not addressed by your care team.
	If ostomy	<input type="checkbox"/> Participate in your ostomy care. Describe your plan for care after discharge.

Patient Name: _____ Date of Surgery: _____

CHECK WHEN DONE	ACTION	
SECOND DAY AFTER SURGERY		
	Mobility	<input type="checkbox"/> Spend at least six hours out of bed. Walk at least three times in hallway.
	Diet	<input type="checkbox"/> You will be placed on a soft diet and will advance to more solid food as you feel up to it.
	Pain management	<input type="checkbox"/> Take all medications that have been prescribed to you to control your pain. If you are still experiencing pain, let the nurses know, and they can help you control your pain and remain comfortable.
	Urinary catheter	<input type="checkbox"/> Your urinary catheter will be removed if not already done. Ask if it has not been addressed by your care team.
	If ostomy	<input type="checkbox"/> Ask your nurse to demonstrate how to empty ostomy. <input type="checkbox"/> Ask your nurse to how to record ostomy liquid. <input type="checkbox"/> Identify measures you can take to prevent dehydration from your ostomy.
THIRD DAY AFTER SURGERY		
	Mobility	<input type="checkbox"/> Spend much of the day out of bed and walking.
	Diet	<input type="checkbox"/> Start to eat solid food.
	Pain management	<input type="checkbox"/> Your pain should be well-controlled on pain medication. Discuss your pain management plan for discharge with your care team.
	Discharge planning	<input type="checkbox"/> You are ready to be discharged if you are drinking and eating well (no nausea), passing gas, and your pain is well-controlled.
	Discharge instructions	<input type="checkbox"/> Verbalize understanding of signs and symptoms of infection, and what to do if you think you have an infection.
		<input type="checkbox"/> Identify actions you can take to prevent dehydration. Discuss this with your nurse.
_____ _____ _____	If ostomy	<input type="checkbox"/> Demonstrate to your nurse how to keep track of your ostomy output. <input type="checkbox"/> Verbalize to your nurse what medications you can use to make your ostomy output thicker and prevent dehydration. <input type="checkbox"/> Demonstrate how to apply a new ostomy bag. <input type="checkbox"/> Check that you have ostomy supplies for use at home.

Patient Name: _____ Date of Surgery: _____

Before you leave the hospital, you should have:

- Hospital discharge instructions
- An outpatient appointment with your surgeon within one to two weeks of discharge
- Prescription for pain medication and any other medications you need
- A hospital bag containing all ostomy supplies, if needed

Getting Ready for Surgery



My Pre-surgery Planner

Instructions:

Mark the date of your surgery in the last row of the calendar on the appropriate day of the week. Use this calendar to mark and track each of your appointments leading up to surgery (for example, anesthesia clinic, primary care provider, etc.), and any reminders for the activities you will need to do in the days leading up to your surgery.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Scheduling Your Surgery

How and when will your surgery be scheduled?

You will meet with a surgery scheduler during your clinic visit to go over the date and time of your procedure and preoperative visit.

Make sure that we have up-to-date contact information for you, including a phone number where you can be reached the day before surgery.



One Month Prior to Surgery

Within one month of your surgery, you will have an appointment with the anesthesia providers. This visit will include:

- Review of your medical history
- Electrocardiogram, if you need one
- Chest X-ray, if you need one
- Review of your anesthesia plan and pain relief for your surgery
- Review of your preoperation preparation, including which medications to take the morning of surgery
- Blood work (done in the laboratory on the first floor of the Outpatient Center, Express Testing)
- Referrals with a specialist for preoperative clearance

Note: Plan for management of blood thinners—Warfarin, clopidogrel, aspirin, etc.—will be done by your surgical team and prescribing doctor, if appropriate.

Your Pre-Anesthesia Evaluation Visit

Where will your pre-anesthesia visit take place?

You will meet with your anesthesia providers in the Preoperative Evaluation Center (PEC), which is located on the lower level (LL) of the Outpatient Center. Once off the elevator, register at the kiosk located next to the elevator, then report to the pre-anesthesia evaluation desk.

What do you need to bring to your appointment?

Bring this booklet, your insurance card, complete list of medications, contact information for your primary care doctor and all pertinent medical information.

Preregistration for Your Surgical Stay

During your visit to the preoperative clinic, you will also have the opportunity to preregister for your surgery and hospitalization. It is best to do this ahead of time to prevent delays when you come for your surgery.



Insurance Authorization

Our pre certification team will be contacting your insurance company to secure authorization for your surgery and admission. Please notify your surgery scheduler immediately if there have been any changes regarding your insurance since your last visit. The pre certification office will contact you for any deductible or copayment. **You are expected to pay any deductible or copayment the day of surgery.**

If your policy is an HMO, you may need referral from your primary care physician for services. Please contact the customer service number on the back of your insurance card for clarification. If you are going to be admitted to the hospital and have questions regarding your insurance, please call the Admissions Office at 410-955-6055.

Advance Directives

An advance directive can be used to name a health care agent; this is someone you trust to make health care decisions for you. It can be used to say what your preferences are about treatments that may be used to sustain your life. Advanced directives are optional. If you have an advance directive, bring a copy to the hospital if you want it to apply to the upcoming visit/admission. An advance directive can be removed or revised at any time. Additional information about advance directives can be found by calling the Maryland Attorney General's office at 410-576-7000 or visiting www.oag.state.md.us/Heathpol/AdvanceDirectives.htm.

Two Weeks Prior to Surgery

You should plan to be in the hospital for three to five days after surgery, unless your surgeon told you to expect otherwise. It is likely that you will need assistance from friends or family immediately after leaving the hospital. If home assistance is limited, some patients require a brief stay in an intermediate care or rehabilitation facility. These facilities give you assistance while you regain your strength for a short period of time. This decision will be made by you, along with the medical, nursing and therapy team responsible for your care. **Try to pick one friend or family member who can be part of the team to help make decisions and coordinate your care before, during and after surgery.**

If you don't have the assistance you will need at home, here are a few simple things you can do before coming into the hospital that may make things easier for you when you get home:

1. In the kitchen, in particular, put the things you use often between waist and shoulder height to avoid having to bend down or stretch to reach them.
2. Bring the things you are going to use during the day downstairs. However, realize that you WILL be able to climb stairs after surgery.
3. Buy a stock of food and other things you will need frequently, as shopping may be difficult when you first go home.



Eat a healthy diet during the period leading up to your surgery, as this helps you to recover quicker. Get **plenty of exercise** so that you are in good shape for surgery.



If you smoke, you will need to **stop smoking** because of the risks related to anesthesia and the healing process. Ask your primary care physician for assistance prior to surgery, if necessary.

One Day Before Your Surgery

Bowel Preparation Before Surgery (Eating and Drinking)

Usually, your doctor will prescribe a bowel preparation with antibiotics to prevent infections after your surgery.

You will need to purchase the following items for your bowel prep, if you didn't receive them already from your Johns Hopkins care team:

1. One bottle of MiraLax powder (238 grams), laxative (over-the-counter medication)
2. Bisacodyl, 5-milligram tablets (four tablets), laxative (over-the-counter medication)
3. Neomycin sulfate, 500-milligram tablets (nine tablets), antibiotic (prescription)*
4. Erythromycin, 250-milligram tablets (12 tablets), antibiotic (prescription)*

**Please call our office if you have allergies to any of the above medications (antibiotics).*

CLEAR LIQUID DIET FOR ONE DAY PRIOR TO SURGERY DATE

Clear liquid is any liquid you can see through.

These clear liquid items are allowed:

Water
Clear broth: beef or chicken
Gatorade
Lemonade or Kool-Aid
Sodas, tea, coffee (no cream)
Gelatin (without fruit)
Popsicles (without fruit or cream)
Italian ices
Juices without pulp: apple, grape juice
You may use salt, pepper and sugar.

Not allowed:

Milk or cream
Milkshakes
Tomato juice
Orange juice
Grapefruit juice
Cream soups or any soup other than broth
Oatmeal
Grits
Cream of wheat

Note: It is important to stay well-hydrated during your bowel prep, so please drink many of the allowed clear liquids.

Skin Preparation Before Surgery

Usually, your doctor will prescribe a skin preparation with medicated liquid soap to prevent infections after your surgery. You received medicated liquid soap to use prior to your surgery.

General Information:

- Do not** shave for two days prior to surgery.
- Do not** allow the medicated liquid soap to come in contact with your eyes, ears, mouth or nose. Do not use internally.
- Shampoo hair prior to using the liquid soap.
- Make sure your entire body is wet and turn off shower. Use the soap on a clean washcloth to wipe each area of your body, paying particular attention to your surgical area.
- Wipe each area in a back-and-forth motion. If you feel itchy or if your skin turns red, rinse your skin with water and stop using the product.
- You may need to ask for help to reach all areas.
- When complete, turn the shower back on and gently rinse off.
- Pat yourself dry.
- Do not** apply lotions, makeup, powders, deodorants or creams, as they may reduce the effects of the soap.
- Dress in clean sleepwear or clothes. Use clean sheets on your bed.

Checklist and Directions to Follow

One Day Prior to Surgery

BREAKFAST

- Begin clear liquid diet (see list on page 13).

NOON

- Prepare the “MiraLax mix” by pouring an entire bottle of powder (238 grams) into a 32-ounce bottle of Gatorade or other sports drink (or any other clear liquid). Shake the bottle of liquid and powder well; this will form a slushy. Place in the refrigerator and chill for one hour.
- Take your first dose of antibiotics:
Take **THREE** neomycin (500 milligrams) tablets and **FOUR** erythromycin (250 milligrams) tablets by mouth and follow with one glass of water.

1 p.m.

- Take second dose of antibiotics:
Take **THREE** neomycin (500 milligrams) tablets and **FOUR** erythromycin (250 milligrams) tablets by mouth and follow with one glass of water.

2 p.m.

- Drink an 8-ounce glass of the MiraLax mix every hour, on the hour, until finished (at 2 p.m., 3 p.m., 4 p.m. and 5 p.m.).

6 p.m.

- Take all four bisacodyl (5 milligrams) tablets with a glass of water.

7 p.m.

- Be sure to drink an 8-ounce glass of clear liquid every hour (at 7 p.m., 8 p.m., 9 p.m., 10 p.m. and 11 p.m.) after finishing the MiraLax mix. This keeps you hydrated.

8 p.m.

- Take your third dose of antibiotics: Take **THREE** neomycin tablets (500 milligrams) and **FOUR** erythromycin (250 milligrams) tablets by mouth and follow with one glass of water.

continued on page 16 ➤

Checklist and Directions to Follow

Cont'd

Before Going to Bed

- Take a shower or bath. Then use one medicated liquid soap and follow directions on page 15.

Midnight and Morning of Surgery

- You may continue to drink **CLEAR LIQUIDS ONLY** up until the time you leave to come to the hospital, at which time you will drink the prescribed Gatorade. **DO NOT** eat any solid food or drink, any thicker liquids like milk or pulped juices, or add cream to any clear liquid drink.
- The morning of surgery, take your medications with a sip of water before leaving to come to the hospital.
- Use the second medicated liquid soap following the directions on page 15.
- DO NOT** eat mints, candy or chew gum after midnight the night before your surgery.
- Drink a 20-ounce bottle of Gatorade on the way to the hospital.

The Day of Surgery



The Day of Your Surgery

Taking Your Medications Before Surgery

Make sure you know what medications you should take the morning of surgery.

You will receive a call the day before your surgery to review your regular list of medications and to confirm the time you need to come to the hospital. If anything is confusing, ask questions!

What to Bring

Leave all valuables at home or give to the person(s) accompanying you. We encourage you to only bring essential items the morning of surgery, including:

- Insurance cards
- Personal identification card, e.g., driver's license
- Copy of your advance directive (optional)
- A list of all your medications, including dosages and how often you take them
- Your Guide to Preparing for and Recovering from Colorectal Surgery (This book!)
- Payment for any deductible or copayment

Please be aware that there may be some downtime/wait time prior to your surgery. We will do our best to predict how long the operations of the day may take, but unexpected delays are sometimes unavoidable. Therefore, bring a book or something to do while you wait.

Belongings for Your Recovery

Computers, tablets and cellphones are allowed in the hospital. Internet access is available. Towels and gowns will be provided, but many people like to bring their own bathrobe and toiletries. We will give you all of your medicines needed for your recovery. Leave your medications at home. It is best to have your family or friends bring these personal belongings to you after surgery. Don't pack nonessential, valuable items.

What to Wear to Surgery

Wear loose, comfortable clothing. Do not wear any jewelry; this includes wedding rings, earrings and any other body piercings. All jewelry must be removed prior to surgery.

Drink Your Gatorade

Don't forget to drink your 20-ounce bottle of Gatorade two hours prior to your surgery *as you are coming to the hospital*. You cannot have anything more to drink after you check in.

Parking and Check-In

To ensure a smooth registration process, please arrive two to three hours before your scheduled surgery. It is important to allow ample time for parking and walking to the check-in desk. You will report to the **OR procedure and registration** area. This may be in the Weinberg Building or the Sheikh Zayed Tower, depending on where your surgery is scheduled.

Weinberg Building

401 N. Broadway, 3rd Floor

Park at: Weinberg Garage, basement of Weinberg Building, on Jefferson Street off of North Broadway

Sheikh Zayed Tower

1800 Orleans St., 3rd floor

Park at: Orleans Street Garage, on Orleans between North Broadway and North Wolfe Street

Optional valet parking is available at the main entrance to the Weinberg and Zayed buildings.

If you have questions about where to report on the day of surgery, contact your surgery scheduler at 410-502-5717.

Your Hospitalization

Once your team is ready, you and one member of your family, if desired, will be brought to the presurgery area. Here, the nurses and anesthesia providers will check you in and make sure everything is set for your surgery. A catheter will be placed in your vein (IV), and your weight will be measured. You will also be given several medications to help manage your pain and nausea during and after surgery, e.g. gabapentin, acetaminophen, celecoxib and scopolamine skin patch. If it is appropriate for your procedure, the anesthesia provider will perform an epidural anesthetic by using a small needle to inject medications directly into the pain fibers in your back. This is important, because we would like to minimize the amounts of narcotics—such as oxycodone or dilaudid—which cause constipation and nausea after colorectal surgery. The use of these narcotics can significantly delay your recovery after surgery. You will then be taken to surgery, and your family will be taken back out to the patient/family lounge.

Operating Room

Many patients do not recall being in the operating room because the medications you are given during surgery cause amnesia. You will be connected to monitors. After this, you will be given a blood thinner shot to prevent you from getting blood clots and antibiotics to prevent a wound infection. The anesthesiologist will put you to sleep with a general anesthetic.

Once you are asleep, your surgeon will begin your surgery. A resident surgeon with an average of three to five years of surgical training will assist your surgeon during the operation. During surgery, the OR nurse will call your family every two hours to update them. In general, most operations last between two to four hours, but do not be alarmed if the procedure takes longer than this.

Recovery Room

After surgery, you will be taken to the recovery room, where you will wake up from anesthesia. Once awake and stable, you will be given water or juice to drink. The surgeon will talk with your family immediately following surgery and let them know about the operation. Most patients remain in the recovery room for about

two hours. If you are in the recovery room for more than two hours, you will sit in a chair in the recovery room, as it is very important to get you moving as soon as possible after surgery. This speeds up your recovery and also prevents you from getting blood clots and pneumonia.

Surgical Unit

From the recovery room, you will be sent to one of the surgical units, which for most patients is on the second floor of the Marburg Building. You will be reunited with your family once you are on the unit. This is a good time for your family to bring your belongings you packed at home. The receptionist in the family lounge will tell your family your room number. A family member or companion can stay with you in the room. Visiting hours are 24/7, and reclining chairs are available for visitors to sleep on.

In most cases, you will have a small tube in your bladder. This is so we can measure how much urine you are making and how well your kidneys are working. You may also be given oxygen. You will have a drip in your arm giving you fluid into your vein. You will be allowed to drink immediately. You will be placed on your regular medications, with the exception of some diabetes, blood pressure and blood thinner medications. You will also be given chewing gum three times a day to get your bowels moving after surgery. You will receive a low dose of a blood thinner medication (injection) several times a day to help prevent blood clots.

The nursing staff will help you out of bed. The staff will check your temperature, pulse and blood pressure regularly when you first come up to the unit. Only close friends or family are advised to visit on this day, as you will still be quite drowsy.

Planning for Recovery and Going Home



My Recovery Planner

Instructions:

Add today's date in the appropriate day of the week on the first row of your calendar and then mark the discharge date you have been given. You will likely have follow-up appointments after discharge. Mark your follow-up appointments on the calendar.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

In-Hospital Recovery Plan

Team Caring for You After Surgery

In addition to the nursing staff on the unit, the colorectal surgery team will care for you. This team is led by your surgeon and includes a resident in his or her last year of training, as well as other residents, medical students, and a physician assistant or nurse practitioner. There will be a physician in the hospital 24 hours a day to tend to your needs. The residents and students report directly to your surgeon, who is the one overseeing all of your care.

Pain Relief After Surgery

Your pain will be assessed regularly on a scale from 0 to 10. Pain assessment is necessary to guide your pain relief. It is essential that you are able to take deep breaths, cough and move. Prevention or early treatment of pain is far more effective than trying to treat severe pain. Therefore, we have devised a specialized regimen to stay ahead of your pain and use almost no narcotics, which can slow down your recovery process. If you have an epidural catheter, you will receive a constant infusion of pain medication through your epidural. If you need additional pain relief, you will be able to push a button to increase the medication in your epidural. You will also be given acetaminophen and an ibuprofenlike medication to keep your pain under control, along with a lidocaine patch placed close to your incision. You can always ask for additional pain pills if you are not comfortable. In most cases an anesthesiologist with expertise in pain management will visit you every day and help design your pain management plan.

One Day After Surgery



Focus on drinking and walking. You will start drinking clear liquids after surgery. The intravenous fluids will be stopped, and the catheter may be removed from your bladder. We expect you to get out of bed, with the nurses' or assistants' help, sit in a chair for six hours and start to move about in the hallways. You will also meet with a case manager to assess your discharge needs, including home nursing. Your physician may order home care to assist with your transition home. Home nursing visits, which are intermittent, help you get readjusted to home by teaching treatments, monitoring medications, and performing clinical assessment and reporting back to your physician. Other services may include therapy and medical equipment. If you are going "home" to a different address upon discharge, please alert us. A home care coordinator can visit with you while in the hospital to discuss your options. If you have questions, please call 410-955-1930 or speak with your case manager. If you need rehabilitation at a facility, a social worker will assist with this.

Two Days After Surgery

You will start eating a soft diet and change to a more solid diet as you feel up to it. The catheter from your bladder will be removed, if not already done so. If there is a dressing on your wound, it will be removed. The tubing will be disconnected from your IV. If you have a new ostomy, one of the ostomy nurses will work with you to learn to care for your ostomy. We expect you to be out of bed for the majority of the day and walking at least three times in the hallway, with assistance as needed.

Three Days After Surgery

You will continue to eat your low-residue diet. You may be ready to go home if you are drinking enough to keep yourself hydrated, your pain is well controlled, you are not belching or nauseated, you are passing gas and you are able to get around on your own. However, we will not discharge you from the hospital until we are sure you are ready.

Discharge

Discharge time is at 10 a.m. You will need to make arrangements for someone to accompany you home. You will not be released without someone present.

Please keep in mind that we strive to get patients discharged as quickly as possible, but there may be delays for a variety of reasons.



Complications That May Prolong Your Hospital Stay

- **Nausea and vomiting:** It is very common to feel sick to your stomach after your surgery. We give you medication to reduce this. However, if you do feel sick, you should reduce the amount you are taking by mouth. Small, frequent meals or drinks are best in this situation. As long as you can drink and keep yourself hydrated, the nausea will likely pass.
- **Ileus:** Following surgery, the bowel can shut down, making it difficult for food and gas to pass through the intestines. This is called an ileus. We have designed our care program to do everything possible to reduce the likelihood of an ileus. If you do develop an ileus, it usually only lasts two to three days. However, it may require a small tube down the nose to decompress the stomach. **The best way to avoid an ileus is to reduce the amount of narcotic pain medications, get up as much as possible after your surgery, and stimulate the bowel early after surgery with small amounts of food and liquids.**



- **Anastomotic leak:** This is a rare but serious complication. Anastomotic leak develops usually five to seven days after the surgery, and it happens when two ends of the bowel that we join together fail to heal, thus leaving a hole. Patients usually have severe abdominal pain, fever and vomiting. This often requires another operation.
- **Wound infection:** If a wound infection develops, this usually happens three to 10 days after surgery.
- **Urinary retention:** This is if you are unable to urinate after the catheter from your bladder is removed. The catheter may need to be reinserted until you are able to urinate on your own. This can be caused by anesthesia, pain medication and decreased activity.

When you are preparing to go home, you will receive:

- Detailed discharge instructions, with information about your operation and medications
- All prescriptions for medications you need at home; prescriptions can be filled while you are in the hospital if you would like
- Ostomy supplies, if necessary
- An appointment to see your surgeon or provider one to two weeks after you leave the hospital for follow-up

Concerns After Discharge



Once you are discharged:



Call us at any time if you are worried about your recovery.

During regular office hours (8:30 a.m.–4 p.m.), call 410-955-7323, option 3. **After hours**, call 410-955-5000.

Call us immediately if:

- You have a fever higher than 101.5 degrees.
- Your wound is red, more painful or has drainage.
- You are nauseated, vomiting or can't keep liquids down.
- Your pain is worse and not able to be controlled with the regimen you were sent home with.
- If you are on narcotics, the goal is to wean you off of them. If you are running low on supply and need more, call the nurse a few days before you will run out.

It is generally easier to reach someone between 8 a.m. and 3 p.m., so **call early if you think something is not right**. A nurse or nurse practitioner is available every day to answer your questions. After hours and on the weekends, the calls go to the resident doctors in the hospital. It may take longer for your phone call to be returned during this time.

If you have a true emergency, such as severe abdominal pain, chest pain, shortness of breath or any other acute issues, call 911 and go to the local emergency room. Have them contact our team once you are stable.

Concerns After Discharge

Bowel Function Following Your Surgery

Your bowels will take several weeks to settle down and may be unpredictable at first. Your bowel movements may become loose, or you may be constipated. For the vast number of patients, this will get back to normal with time. Make sure you eat nutritious meals, drink plenty of fluids and take regular walks during the first two weeks after your operation.

Abdominal Pain

It is not unusual to suffer gripping pains (colic) during the first week following removal of a portion of your bowel. This pain usually lasts for a few minutes but goes away between spasms. If you have severe pain lasting more than one to two hours or have a fever and feel generally unwell, you should contact us at the telephone contact numbers listed at the end of this packet.

Diarrhea: Fiber and Imodium (Loperamide)

The first step to improving your 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 drugstore. Start with 1 teaspoon mixed into food, like yogurt or oatmeal, in the morning and evening. Try not to drink any fluid for one 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 three to five days.



You may increase by 1 teaspoon every three to five days until the desired affect, or you are at 1 tablespoon (3 teaspoons) twice a day. If this doesn't work, you may try over-the-counter loperamide, which is an antidiarrheal medication. You may take one tablet in the morning and evening or 30 minutes before you typically have diarrhea. You may take up to eight of these tablets daily. It is best to discuss this with us prior to using this medication. If you have continuous diarrhea and abdominal cramping, call 410-955-7323, option 3.

Urinary Function

After bowel surgery, you may get a feeling that your bladder is not emptying fully. This usually resolves with time. However, if there is any concern, call 410-955-7323, option 3.

Wound Care

For the first few weeks following surgery, your wound may be slightly red and uncomfortable. You may shower and let the soapy water wash over your incision. **Avoid soaking in the tub for one month following surgery or until the wound is well-healed.** It will take the wound several months to “soften.” It is common to have bumpy areas in the wound near the belly button and at the ends of the incision.

If you have staples, these should be removed when you are seen by your surgeon at the follow-up appointment. You may have a gluelike material on your incision. **Do not pick at this.** It will come off over time. It is the surgical glue used in surgery to close your incision. You also have sutures inside of you that will dissolve over time

Post Surgery Diet

Attention to good nutrition after surgery is important to your recovery. If you had no dietary restrictions prior to the surgery, you will have no special dietary restrictions after the surgery. However, consuming enough protein, calories, vitamins and minerals is necessary to support healing. Some patients find their appetite is less than normal after surgery. In this case, frequent small meals throughout the day may help.

It is not uncommon to lose 10 to 15 pounds after surgery. However, by the fourth to fifth week, your weight loss should stabilize.

It is normal that certain foods taste different and certain smells may make you nauseous.

Over time, the amount you can comfortably consume will gradually increase. You should try to eat a balanced diet, which includes:

- Foods that are soft, moist, and easy to chew and swallow
- Canned or soft-cooked fruits and vegetables
- Plenty of soft breads, rice, pasta, potatoes and other starchy foods (lower-fiber varieties may be tolerated better initially)
- High-protein foods and beverages, such as meats, eggs, milk, cottage cheese, or a supplemental nutrition drink like Boost or Ensure
- Drink plenty of fluids—at least eight to 10 cups per day. This includes water, fruit juice, Gatorade, teas/coffee and milk. Drinking plenty is especially important if you have loose stools (diarrhea).

- Avoid drinking a lot of caffeine, since this may dehydrate you.
- Avoid fried, greasy and highly seasoned or spicy foods.
- Avoid carbonated beverages in the first couple of weeks.
- Avoid raw fruits and vegetables.

Hobbies/Activities

Walking is encouraged after your surgery. You should plan to undertake regular exercise several times a day and gradually increase this during the four weeks following your operation until you are back to your normal level of activity. You may climb stairs. Don't do any heavy lifting greater than 10 pounds or contact sports for the first month after your surgery.



Generally, you can return to hobbies and activities soon after your surgery. This will help you recover.

It can take up to two to three months to fully recover. It is not unusual to be fatigued and require an afternoon nap for up to six to eight weeks following surgery. Your body is using this energy to heal your wounds. Set small goals for yourself, and try to do a little more each day.

Work

It is normal to return to work four to six weeks following your operation. If your job involves heavy manual work, then you should wait six weeks. However, you should check with your employer regarding rules, which may be relevant to your return to work. If you need a return-to-work form for your employer or disability papers, bring them to your follow-up appointment or fax them to our office at 410-614-9866.

Driving

You may drive when you are off narcotics and pain-free enough to react quickly with your braking foot. For most patients, this occurs at three to four weeks following surgery.

Notes

Write down any questions you may have to ask your care team.

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Important Contact Numbers

Colorectal Surgery Office (General questions and concerns)

OFFICE HOURS:
Monday through Friday,
8:30 a.m.–4 p.m.
600 N. Wolfe St., Blalock 618
Baltimore, MD, 21287
Tel: 410-955-7323, option 3
Fax: 410-614-9866

Surgery Scheduling Office (Logistical questions related to presurgery appointments and surgery scheduling)

OFFICE HOURS:
Monday through Friday,
8:30 a.m.–4:30 p.m.
Surgery Clinic
Johns Hopkins Outpatient Center,
Eighth Floor
601 N. Caroline St.
Baltimore, MD 21287
Tel: 410-502-5717
Fax: 410-502-2389

Outpatient Clinic (Where you will be seen before and after surgery)

OFFICE HOURS:
Monday through Friday,
7:30 a.m.–5 p.m.
Surgery Clinic
Johns Hopkins Outpatient Center,
Eighth Floor
601 N. Caroline St.
Baltimore, MD 21287
Tel: 410-955-4006 or 410-955-4790

Preoperative Evaluation Center

OFFICE HOURS:
Monday through Friday,
7:30 a.m.–4 p.m.
Johns Hopkins Outpatient Center,
Lower Level
601 N. Caroline St.
Baltimore, MD 21287
Tel: 410-955-6945 or 410-955-1832

Weinberg operating room (for questions on the day of surgery): 410-502-1022

Zayed operating room (for questions on the day of surgery): 410-955-6472

Marburg 2 (inpatient unit where you will probably recover): 410-502-1080

Hospital operator for after-hours calls: 410-955-5000

