



# Washington University in St. Louis

## SCHOOL OF MEDICINE

### Section of Colon and Rectal Surgery

#### **AFTER YOUR HOSPITAL DISCHARGE**

Your hospital care team will tell you when to follow up with your surgeon in the office. It is usually about 2-4 weeks after your surgery depending on what operation was performed.

**Please note that if you have any of the following symptoms, call our office immediately:**

1. Fever of greater than 101.5°F
2. Nausea or vomiting (especially if you are unable to keep liquids down)
3. Severe pain at the incision
4. Pus or foul smelling drainage from the incision (thick, dark yellow drainage)
5. Ileostomy output of more than 1200 ml in 24 hours.
6. Persistent diarrhea or more than 10 bowel movements in 24 hours
7. You are not able to urinate after 8 hours
8. If you experience dizziness, lightheadedness, or extreme fatigue
9. Bright red blood from the incision, rectum or ostomy (greater than 1 cup) a small amount of bleeding may be normal, depending on your surgery.

**\*\*\*CALL 911 IF YOU DEVELOP:**

**CHEST PAIN, SUDDEN SHORTNESS OF BREATH, FAINTING AND/OR LOSS OF CONSCIOUSNESS.**

**Activity:** (unless otherwise instructed)

- No lifting greater than 10 pounds for 6 weeks to avoid developing a hernia at the incision.
- No driving for at least 2 weeks after surgery. Check with your surgeon to see if you may drive after that. DO NOT drive if you are taking pain medications.
- Take naps/rest periods if you feel the need. It is normal to feel tired; you will need to plan your activities at a slower pace.
- Check with your surgeon before resuming sexual activity
- You may walk flights of stairs, perform non-strenuous activities, ride in a car and shower
- If you have questions about activities and what you can and can't do, please call the office.

**Diet:** Your surgeon will order the appropriate diet for you to follow once you are home. The nursing staff will go over this diet with you.

\*\*Remember that in the beginning, it is better to eat small, frequent meals rather than 3 large meals per day. Your digestive system will handle this better.

\*\*Avoid dehydration and drink plenty of fluids but avoid caffeine, alcohol and fluids with high sugar content as these drinks can cause increased urination, diarrhea, and dehydration while you recover. Water, Crystal Light and/or sports drinks (Gatorade/PowerAde) are good choices. Sports drinks should be diluted with water at a 1:1 ratio (for example, 1 cup of sports drink mixed with 1 cup of water) because of the sugar in them. This can help control the amount of electrolytes and sugar that is good for your body. Sugar free or low sugar sports drinks are a good choice as well.

**Pain Control:** It is normal to have pain and this will change with activity levels. This should decrease over time. You may have crampy abdominal pain and bloating as well. This, too, should improve over time. Here are some tips for controlling your pain:

- Take your pain medication only as prescribed.
  - Narcotic pain medications are best for major pain. Narcotic pain medication can affect your ability to think clearly, drive or operate machinery. Do not drive if you are taking narcotic pain medication. Do not take with alcohol.
  - Non-steroidal anti-inflammatory medications (NSAID's), such as ibuprofen, may be prescribed and are good for minor pain and will not alter your ability to think clearly. Common brands are Advil®, Motrin® and Aleve®.
  - Acetaminophen - Tylenol® is also an excellent pain reliever for minor pain.

**Do not take Acetaminophen while taking Percocet® or Norco® or other medications that contain Acetaminophen. Taking more than 4,000mg of Acetaminophen in 24 hours can cause severe liver damage.**

Please call the office if you have any questions.

- If you are taking pain medication and your pain becomes progressively worse, call your surgeon's office.
- Crampy abdominal pain and bloating is normal. This should improve slowly. Eating several small meals instead of a few larger meals will help prevent bloating.
- If you have severe or increasing abdominal pain with nausea and vomiting, call your surgeon's office.
- Pain medication can sometimes cause constipation. Drink plenty of fluids and take stool softeners and/or laxatives as prescribed. Stop taking stool softener if you develop loose stools.
- Check with your surgeon's office before taking additional pain medications because this can lead to serious side effects.

**Bowel Movements:** After abdominal surgery your bowel movements (BMs) may not be regular. This is common. You may have loose stools or constipation. Your surgeon may send you home with a prescription to help with these problems.

- If you have abdominal pain with bloating, nausea and vomiting, having difficulty having a BM or passing gas, call the office.
- If you have diarrhea (especially watery diarrhea) that continues for more than a 2-3 days, please call the surgeon's office.
- If you have been prescribed Metamucil®, Konsyl®, Citrucel®, FiberCon® or other fiber supplement, please take this in the morning hours with a full glass of water. They work by absorbing water in the stool by creating bulk and are helpful for constipation as well as loose stools. Throughout the day you will need to drink 6-8 (8 ounces each) glasses of water.
- Avoid alcohol and caffeine (as described above under "Diet").
- If you have been prescribed a laxative or a stool softener such as Kondremul®, Miralax® or Colace®, stop taking it if you experience diarrhea and call the surgeon's office if this does not improve.

**Urination:** While you are in the hospital you may have a catheter in your bladder to assist you in emptying the urine (called a Foley catheter). This will be removed while you are in the hospital. You may experience some burning with urination which will improve in time. If the burning persists, you have difficulty urinating, or you are urinate small amounts every hour or so please call your surgeon's office. If you had to leave the hospital with a urinary catheter in place, please make sure that you have a follow up appointment to arrange for the catheter to be removed.

**Sleep:** You may notice that your sleep patters have changed after surgery, including trouble sleeping at night. You may become tired after normal activity. This is all normal and will resolve after a short time as you get back to normal. Please allow adequate rest periods for yourself, like naps and other downtime activities, if you need them.

### **Incision Care:**

- Unless you are told otherwise, you may shower, but NO tub baths or swimming until your surgeon gives the OK.
- The incision does not need to be covered. However, if there is a small amount of drainage you may want to place clean gauze over the incision to protect your clothing and prevent rubbing, especially if the incision is irritated. If there is a large amount of drainage from the incision, keep it covered and call the office.
- If you have staples, arrangements will be made to have them removed by a home health nurse, other provider, or at your follow up visit with your surgeon. The timing should be arranged at discharge with the surgeon's office. These are usually removed within 2 weeks of surgery.
- You may have sticky-strips (sometimes called "Steri-Strips") across the incision. Let them stay on for about 14 days. Let them fall off on their own. It is OK to trim the edges if they start to come off your skin.
- A small amount of yellow/red/clear drainage from the incision is normal. If you notice thick, dark yellow drainage or, foul smelling drainage or redness at or around the incision (like a spreading sunburn), please call the surgeon's office as this may indicate infection, especially if you have a fever over 101.5°F.
- Most healing takes place by 6 weeks after surgery. The scar will lessen over time and, soften, and the skin will become lighter in color. This is a slow process and may take up to 1 year. Keep

your incision covered from sunlight for the first few months, or use sunscreen to protect your newly healed skin from sunburn.

**Drain Care:** Occasionally we send patients home with a drain. You should receive information from your nurse on caring for your drain, however, here are a few general guidelines.

- Once the drain has been in place for three days you may shower, and change the insertion site dressing. Clean the tube and the surrounding site gently with water, dry gently and apply a new dressing. Never submerge the insertion site in water.
- Monitor the tube at the insertion site. If the skin becomes increasingly red, tender or you notice foul smelling yellow or green, thick discharge from the insertion site, call your physician. A small amount of clear to pink drainage from the insertion site is normal.

**Home Medications:** Whether or not you should continue your home medications that you were taking before your surgery should be discussed with your surgical team before leaving the hospital. If you have questions about any of your medications after you get home, please call the office. You may be referred back to your primary care provider to decide about your medications after surgery.

**Steroids:** If you were taking steroids prior to surgery (for example, prednisone), whether you need to continue this medication will be determined by your home physician or surgeon. Please make sure that you alert the medical staff that you are taking a steroid medication and do not stop this medication on your own. Talk with your physician or surgeon.

**After your discharge you may have questions so please do not hesitate to call your physician and her/his secretary. We are available Monday through Friday 8:00am to 4:00pm. If you have an emergency after hours, call our exchange at 314-362-1242 or call 911.**

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