

COLON OR RECTAL SURGERY PATIENT INFORMATION

You will be scheduled for Colon or Rectal surgery. Please read the information below to familiarize yourself with what you can expect from your stay. Your knowledge about the process will allow us to improve your hospitalization.

A colon or rectal resection procedure typically lasts for 2-4 hours depending upon the specific situation. Most colon or rectal resections performed by this practice are Laparoscopic, or minimally invasive procedures. During a minimally invasive procedure a series of small incisions, from a quarter of an inch to four inches, is made in the patient's abdomen. A small video camera, or scope, is placed in one of the incisions, providing your surgeon with a magnified view of the patient's internal organs on a monitor. Surgical instruments are placed in the other incisions, allowing the surgeon to work inside and remove the diseased portions of the colon.

Minimally invasive procedures have been shown to be as effective as open surgery while offering many benefits over the open procedure. These benefits include:

- Quicker recovery time — back to work in about 3 weeks
- Shorter hospital stay — typically 2-4 days
- Less pain
- Less scarring

Factors that could preclude a patient from undergoing a minimally invasive procedure include obesity, prior abdominal surgery, dense scar tissue, bleeding problems during the procedure, large tumors, the surgeon's inability to visualize the organs, or judgment regarding safety.

Prior to coming into the hospital, your doctor will usually send you to your Primary Care Physician in order that a pre-operative medical clearance can be obtained. This consists of a History and Physical Examination as well as a Chest X-ray, Electrocardiogram and Blood Studies. Patients with heart or lung problems may additionally, need preoperative evaluation by a Cardiologist or Pulmonologist. Other tests such as CT scan or PET scan may be ordered to assist us with planning of the procedure.

The day before the surgery, in most instances, your doctor will have you take some type of bowel prep in order to clean out the colon. We follow an ***Enhanced Recovery Protocol*** which will give you complete information for your prep prior to your procedure (see Enhanced Recovery). Medications, however, can be taken with a sip of water.

You should not take any aspirin, Motrin or related products, or blood thinners such as Coumadin within 5 days of the procedure. STOP herbal supplements and large doses of vitamins 10 days prior to the procedure.

DAY OF SURGERY

Patients typically go to the pre-op area prior to surgery. You will need to report at least 1-2 hours prior to your procedure. It is very important that you arrive by the designated time, as late arrivals may force the cancellation of your surgery.

In the pre-operative holding area, you will be greeted by **nurses** who will help you to change into a hospital gown and obtain a Nursing history. They will also make sure that all of your pre-operative studies are available. The **anesthesiologist** will also see you during this time period, and obtain a history pertinent to anesthesia. For those undergoing a laparoscopic procedure you will have post operative pain controlled by a patient controlled device known as PCA. Additionally, most patients having low colon or rectal surgery, after being put to sleep, will have ureteral catheters placed by a Urologist. One of the ureteral catheters is removed immediately after surgery while the second one is removed on the first day after surgery. This is painless. These catheters are important to help lower the risk of injury to the ureters, the tube coming from the kidney to the bladder, which is near or in our operating field.

AFTER YOUR PROCEDURE

Once your procedure is completed, you will be taken to a recovery area where you will remain for 1-2 hours. Family members may or may not be permitted into the Recovery Room, depending on the hospital rules; however, they can see you in your room later in the day. Nurses are present to monitor your vital signs and to help you wake up after your procedure. Following that you will be transferred to your room. You will find a tube in your bladder, a Foley catheter that allows us to monitor your hydration status. This will remain in place for 1-2 days following your procedure. If an open procedure is performed you may find a nasogastric (NG) tube in place to remove air and secretions from the stomach. This is typically removed on the first post operative day.

Laparoscopic procedures typically do not require the presence of an NG tube.

In order to improve recovery, your doctor will be using a long acting local anesthetic that typically lasts for about 3 days. In addition, we would like you to be out of bed, sitting in a chair on the day of surgery, if you were a morning case and by the next morning if your surgery was in the afternoon or evening. Additionally, on the first post operative day we would like you walking in the hallway with the assistance of a nursing staff member.

You are the most important person in your recovery. The nurses, aides and your doctor will assist you, but you must help yourself in order to recover quickly.

You will need to do coughing and deep breathing exercises, taught to you by your doctor and nurses. These exercises keep your lungs expanded, helping to prevent fever or pneumonia. You will have special devices on your legs to aid in circulation as well as receive heparin to decrease the formation of blood clots.

For those patients undergoing minimally invasive surgery, we will start feeding you the night of your procedure, with clear liquids. Over the next day or two as bowel function returns we will advance your diet so that you will be on solid food by the time you return home. Open surgery typically lags 24-36 hours behind this.

DISCHARGE

We will allow you to go home once you are tolerating a diet. We expect that there will be no signs of infection. Prior to discharge from the hospital, you will receive prescriptions for pain medication and other appropriate medication, in addition to specific instructions your doctor wants you to follow for 2-3 week after your procedure. We expect you to restart all of your current medications, unless specifically told otherwise. Arrangements for a visiting home nurse can be made, if needed for wound or ostomy needs.

AT HOME

Typical convalescence at home takes on average of 3-4 weeks if surgery was done laparoscopically and 4-6 if by open procedure. We do not want you lifting anything heavier than 10 pounds, and do not operate a car for 2-3 weeks. It is best to eat 5-6 small meals per day for the first week or two and avoid fresh fruits or vegetables as well as cut back on dairy products. These foods may keep the stool loose. Additionally, add a probiotic to your diet for at least 3 weeks to help get the bacteria in the gut back to normal. You should expect to feel tired and run down the first week or two, and may actually sleep a fair amount during the day. You should give the office a call to make a follow-up appointment for about 2 weeks after getting home. For patients with staples, the appointment should be made for 1 week after discharge.

If you have any questions about the pre-op instructions, your procedure, or recovery, please call the office at 410-356-6664.