



Colorectal surgery guide





About the colon

What does the colon do?

After you eat, food goes from your stomach to your small intestine. Your small intestine absorbs nutrients and makes stool. The stool passes to your large intestine, which is also called the colon. Your colon stores the stool until you have a bowel movement.

Why do I need colon surgery?

Sometimes your colon does not work properly because of disease, inflammation, or cancer. It may be necessary to remove the part of the colon that is not working. Your healthcare team will explain more about why you need colon surgery.

Will I need an ostomy?

Some people who have colon surgery may need an ostomy, also called a pouch. An ostomy is an opening from the colon (colostomy) or small intestine (ileostomy) through the skin. The opening is called a stoma. Stool passes through the stoma into an attached plastic pouch. If you need an ostomy, a nurse will help you understand how the ostomy works and how to care for it. An ostomy may be temporary (needed for a short time) or it may be permanent (for the rest of a person's life). Talk to your healthcare team about whether or not you will need an ostomy.

Prepare: Getting ready for your surgery

Today

- Drink 6 to 8 glasses of fluids, especially water, every day before surgery
- Limit alcohol like beer, wine, and liquor. Stop drinking alcohol 24 hours (1 day) before surgery
- Stop smoking
- Visit [BSWHealth.com/SurgeryGuide](https://www.bswhealth.com/SurgeryGuide) for videos to get ready for surgery



Did you know?

Drinking fluids, especially water, and eating healthy foods before surgery will help your body heal after surgery.

Day before surgery

- Drink clear liquids starting at breakfast like: water, coffee without creamer or sugar, sports drinks, Popsicles® or Jell-O®
- Take antibiotics as told by your surgeon (if needed)
- Take your bowel prep as told by your surgeon (if needed)
- Bath with chlorhexidine (CHG or Hibiclens®). Wash your entire body except your face and genital area with chlorhexidine for 3 minutes.



Do NOT:

- Shave
- Use lotions
- Put on make-up or perfumes

Did you know?

Following instructions for bathing before surgery helps prevent infection after surgery.

Morning of surgery

Bathe with chlorhexidine (CHG or Hibiclens®). Wash your entire body except your face and genital area with chlorhexidine for 3 minutes.



Drink clear liquids up to 2 hours before surgery. The special pre-surgery drink should be the last drink you have.



Finish it at _____

Arrive at the hospital at _____

Do NOT:

- Shave
- Use lotions
- Put on make-up or perfumes

Did you know?

Drinking clear liquids up to 2 hours before surgery is safe and good for your body. The pre-surgery drink has the right type and amount of energy your body needs for surgery.

Recover: What to expect as you start your recovery

Surgery day

- Manage pain with medicine taken by mouth
- Drink liquids
- Eat if able
- Use incentive spirometer every hour while awake
- Cough and deep breathe
- Spend time out of bed
- Start walking

Day AFTER surgery and beyond

- Manage pain with medicine taken by mouth
- Drink 6 to 8 glasses of liquids
- Eat solid food
- Sit up for meals
- Use incentive spirometer every hour while awake
- Cough and deep breathe
- Spend at least 4 hours out of bed
- Walk in the halls at least 4 times

Before going home, you will need to:

- Walk safely in the halls
- Eat and drink without nausea or vomiting
- Manage pain with medicine taken by mouth
- Know about new prescriptions
- Show signs your bowels are working
- Know when your follow-up visit is scheduled
- Care for your ostomy if you have one



Resume: What to expect when going home

Pain management

- It is normal to have some pain while you are healing
- Follow medicine instructions given to you by your healthcare team
- Use ice packs, deep breathing, walking, and distractions like music to help with pain management

Drinking

- Drink at least 6 to 8 glasses of water every day to stay hydrated
- Watch for signs of dehydration, including being overly tired, having a dry mouth, feeling dizzy, having nausea, having dark-colored urine (pee), or urinating less than normal
- Drink water if you have any of these signs. If you are not getting better after drinking water, call your healthcare team

Eating

- Eat healthy foods like cooked vegetables, low-fat dairy products, and proteins like lean meats and chicken
- Talk to your healthcare team at your follow-up visit about advancing your diet
- Chew food well
- If your stomach gets upset after eating, eat bland, low-fat food like plain rice, boiled chicken, dry toast and yogurt



Activity

- Increase what you do each day to get back to your regular activities
- Sit up for all meals
- Spend at least 6 to 8 hours out of bed each day
- Walk for 15 minutes 4 to 6 times during the day
- Rest when you feel tired
- Do NOT lift more than 10 pounds until your healthcare team says you can
- Ask your healthcare team when you can start activities like jogging, cycling, and lifting weights

Driving

- Do NOT drive if you are taking opioid medicine
- You must be able to wear a seatbelt and turn your body to see for safe driving

Returning to work

- Going back to work depends on the type of work you do. Talk to your healthcare team to decide what is best for you
- Slowly increase hours you work

What to expect at home

Pain management

Follow the instructions given to you by your healthcare team for taking medicine. Some people go home taking over-the-counter medicine to manage pain, and some people go home with prescription medicine to manage pain. Your healthcare team will talk with you about what is best for you. There are other things you can do to manage pain like moving around, using an ice pack, deep breathing, and finding a distraction like music, TV, and games. What works best is different for each person.

Incision care

- Wash the area gently with warm, soapy water every day in the shower
- Pat the area dry with a clean towel
- If your incision is draining, cover it with a dry gauze pad and medical tape or with an adhesive bandage (e.g. Band-aid®)
- Once the incision is not draining, leave it uncovered
- If you have strips of tape on the incision, leave the tape on until it falls off
- If you have staples at the incision, they will be removed at your follow-up visit 7 to 14 days after surgery
- If you have clear surgical glue on your incision, it will fall off in 10 to 14 days

Do NOT:

- Use hydrogen peroxide or alcohol on the incision
- Soak in a bath or get in a pool until at least 2 weeks after surgery
- Put ointments, creams, or oils on the incision for 6 weeks

Who and when to call for problems

Call your surgeon's office for:

- Pain that is not getting better or gets worse
- Fever over 100° F
- Incision opens up or is bleeding
- Incision becomes redder, hard, or has pus in it
- Signs of dehydration that do not get better by drinking water
- Urine (pee) is cloudy or smells very bad
- Blood in stools more than 3 days after surgery
- Bleeding from your rectum between bowel movements
- Nausea or vomiting that does not stop
- Not getting better as expected

Call 911 for:

- Passing out
- Sudden chest pain
- Shortness of breath that is getting worse

Ostomy management

- Empty your pouch when a third to half full
- Change your pouch every 3 to 7 days, unless it is burning, itching or leaking. Measure stoma with each change.
- Follow up with your home healthcare team if you have any trouble
- Drink at least 6 to 8 glasses of liquids each day
- Chew your food well