

Instructions After Abdominal Surgery

Diet

- For 3 weeks after your operation you should eat a low residue diet. This means avoiding fibrous foods such as bran, nuts and raw fruits and vegetables. In addition, you should avoid spicy and greasy foods and carbonated drinks. After this period you start a *high fiber diet* with added fiber from cereals, whole grain breads, fruits and vegetables.
- If you fill up quickly, try eating 5-6 small meals each day rather than 3 larger meals.
- Drink at least 6-8 glasses of fluid per day.
- One you are not taking pain medications, you may drink alcoholic beverages in small amounts.

Activity

- Expect to be more tired than usual. Limit your activities for 6 weeks, but take a walk each day, if possible. Climbing stairs is fine.
- Avoid activities that put a strain on the abdominal muscles such as sit-ups, jogging, and sex. Do not lift anything over 15 pounds for 6 weeks.
- Avoid any activity that causes much pain.
- If you live alone, make arrangements with family or friends in advance to stay with you and help prepare meals.
- Do not drive for 10 days and do not go alone the first time. You may be uncomfortable looking over your shoulder to get a clear view.

Bowel Habits

- Your bowel habits may vary for some weeks after surgery. Frequent and/or loose stools are common. It takes your body time to adjust after an operation. Avoid foods which seem to cause diarrhea or gas. If you are having more than 5-6 movements each day, talk with your doctor unless you were told to expect this.
- You may notice some blood or mucus with your bowel movements. This is to be expected.
- If you are taking narcotic pain medications such as oxycodone (Norco), you may become constipated. To void this, take one stool softener twice a day and a fiber supplement each day.
- Frequent stools may be associated with irritation of the skin around the anus. You should take care to gently cleanse after each movement using unscented baby wipes, then pat dry. Avoid toilet paper as it tends to flake apart and leave particles on the skin. If you are experiencing irritation or discharge, take a warm tub bath for 5-10 minutes after movements and then rinse off in the shower. Wash carefully and completely with a non-allergic soap such as Neutrogena. Pat dry. You may wear a dry thin strip of cotton or an opened piece of gauze sponge between the buttocks and up against the anal opening to absorb moisture. Change the cotton or gauze frequently to keep clean and dry.

Pain and Medications

- You or a family member should pick up your prescribed pain medication soon after you are discharged so that you have it when you need it.
- If you are in pain, start with Tylenol 1000 mg every 4-6 hours or Advil 400-600 mg every 4-6 hours.
- For stronger pain relief, you will also be given a prescription for a narcotic pain medication (Norco or oxycodone). Use this every 4-6 hours, as needed. Limit driving and operation of machinery if you are taking narcotic pain medications as they may slow your reflexes and influence your judgment.
- *Note: Narcotic medications can cause constipation. Keep your stools soft and passing easily by using stool softeners, fiber supplements and lots of fluids.*
- **Stool softeners** – Take docusate 100 mg tablets (Colace or generic stool softeners) by mouth orally, one twice a day. You may increase this to two tablets twice a day if needed.
- **Fiber supplements** – Take 1 tablespoon of a powdered fiber supplement mixed in a glass of water or juice 1-2 x per day. Examples include Metamucil, Benefiber, Konsyl, and Citrucel.
- These supplements are available at all pharmacies and grocery stores without a prescription.
- Resume all medications that you were taking before your operation unless told to change.

Wound Care

Closed wounds

- Closed wounds require little care. Keep them clean and dry. You may leave the wound uncovered unless there is a discharge. Plain dry gauze may be kept over the wound for comfort or to absorb any discharge. Do not wear a belt or tight pants against a recent wound.
- Daily baths or showers are strongly recommended. Do not submerge your incision below the bath water for 2 weeks. You may let the shower water hit your incision but do not rub it. If you have Steri-Strips on your wound, let the shower water hit them and just pat dry afterwards. Leave them in place for 10-14 days or until they start to peel off. You may then remove them.

Open wounds

- Open wounds should be cleansed and packed 2-3 times each day. You may rinse the wound in the shower as above. The wound may also be cleaned with cotton applicator swabs (Q-Tips) dipped in hydrogen peroxide. Open wounds should be gently packed to their complete depth with opened, dampened cotton gauze sponges, covered with dry gauze or pads. Over time, the wound will get smaller and heal.
- Watch for signs of infection including drainage of pus, increasing pain and burning, swelling and redness around and spreading away from the wound. A little green, yellow or red discharge staining the gauze is normal. If you notice these signs, call your physician.

Smoking

Do not smoke. If you have been smoking, **stop**. Smoking interferes with healing and increases your risk of complications including infection, hernias, pneumonia, chronic lung disease such as emphysema and lung failure, and cancer. If you need help quitting, call your primary care physician.

Things to Watch For

- Heavy bleeding or discharge from the wound.
- A large amount of blood from the rectum.
- New pain, fevers, or persistent nausea or vomiting.
- It is not uncommon to have difficulty urinating after surgery. If you have not urinated at all by the first evening after surgery, please call your surgeon or go to your nearest emergency room.

Follow up

- Postoperative office visits are essential to ensure proper healing. Generally, your follow up appointment will be made for you before you are discharged. If you did not have an appointment scheduled, call the Colon and Rectal Surgery office to make one.
- General guidelines for follow up appointments. You should be seen in our office in:
 - 7-10 days after surgery if you need to have staples removed or if you have an open wound
 - 3 weeks after surgery if you have a new colostomy or ileostomy
 - 6 weeks after surgery for all other abdominal procedures
- If you have any questions or concerns, please do not hesitate to call your colorectal surgeon. A surgeon may be reached 24 hours a day 7 days a week by calling our office at 312-942-7088 during the day and the page operator a 312-042-5000.
- If you cannot reach your surgeon or you need immediate attention, please go to your nearest emergency room.

Patient information materials developed in the Section of Colon and Rectal Surgery at Rush University Medical Center. The information contained in this brochure is believed to be accurate; however, questions about your individual health should be referred to your physician.

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