



Peterborough Regional  
Health Centre

# Your Surgical Passport For Bowel Surgery

This book belongs to: \_\_\_\_\_  
Put Your Name Here

Please read this booklet and bring it with you  
to all appointments.



This booklet was created by the Peterborough Regional Health Centre (PRHC) Enhanced Recovery After Surgery (ERAS) Working Group, which includes surgeons, anesthesiologists, nurses, dietitians, physiotherapists, and pharmacists, working together to provide you with the best care possible.

This booklet has been made to help you know what is going to happen before, during, and after your bowel surgery.

The information in this booklet is for education only, and is not intended to replace the advice of your surgeon. Contact your surgeon if you have specific questions about your care.

Please read this entire booklet carefully, and share this information with your family.

Feel free to take notes anywhere in these pages, and ask questions about anything you do not understand.

**PLEASE BRING THIS BOOKLET WITH YOU TO ALL YOUR APPOINTMENTS, AND TO THE HOSPITAL.**

### Acknowledgements

We would like to acknowledge all members of the ERAS Working Group.

Invaluable input and materials were provided by the iERAS Program and Best Practice in General Surgery Program at the University of Toronto.

Additional information was obtained from St. Michael's Hospital, Toronto; Hamilton Health Sciences Centre, Hamilton; and McGill University, Montreal.

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## IMPORTANT INFORMATION

**YOUR NAME:**

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**YOUR SURGEON'S NAME:** \_\_\_\_\_

**YOUR SURGERY:** \_\_\_\_\_

### **PREOPERATIVE (BEFORE SURGERY) CLINIC APPOINTMENT:**

Report to PRHC, 5th floor, Surgery & Outpatient Procedures  
on \_\_\_\_\_ at \_\_\_\_\_

### **PREOPERATIVE TESTS:**

- Blood work: Report to Lab, 5th floor
- Other

### **BOWEL PREPARATION:**

- You do not need a bowel preparation.
- Please take one Fleet enema the night before your surgery, and a second Fleet enema the morning of your surgery. Fleet enemas can be purchased at most pharmacies. Instructions are included with the enema.

**DATE OF SURGERY:** \_\_\_\_\_

**ARRIVAL TIME:** \_\_\_\_\_

**ARRIVE TO:** PRHC, 1 Hospital Drive  
4th floor, Admitting Department

**POSTOPERATIVE (AFTER SURGERY) APPOINTMENT:** \_\_\_\_\_

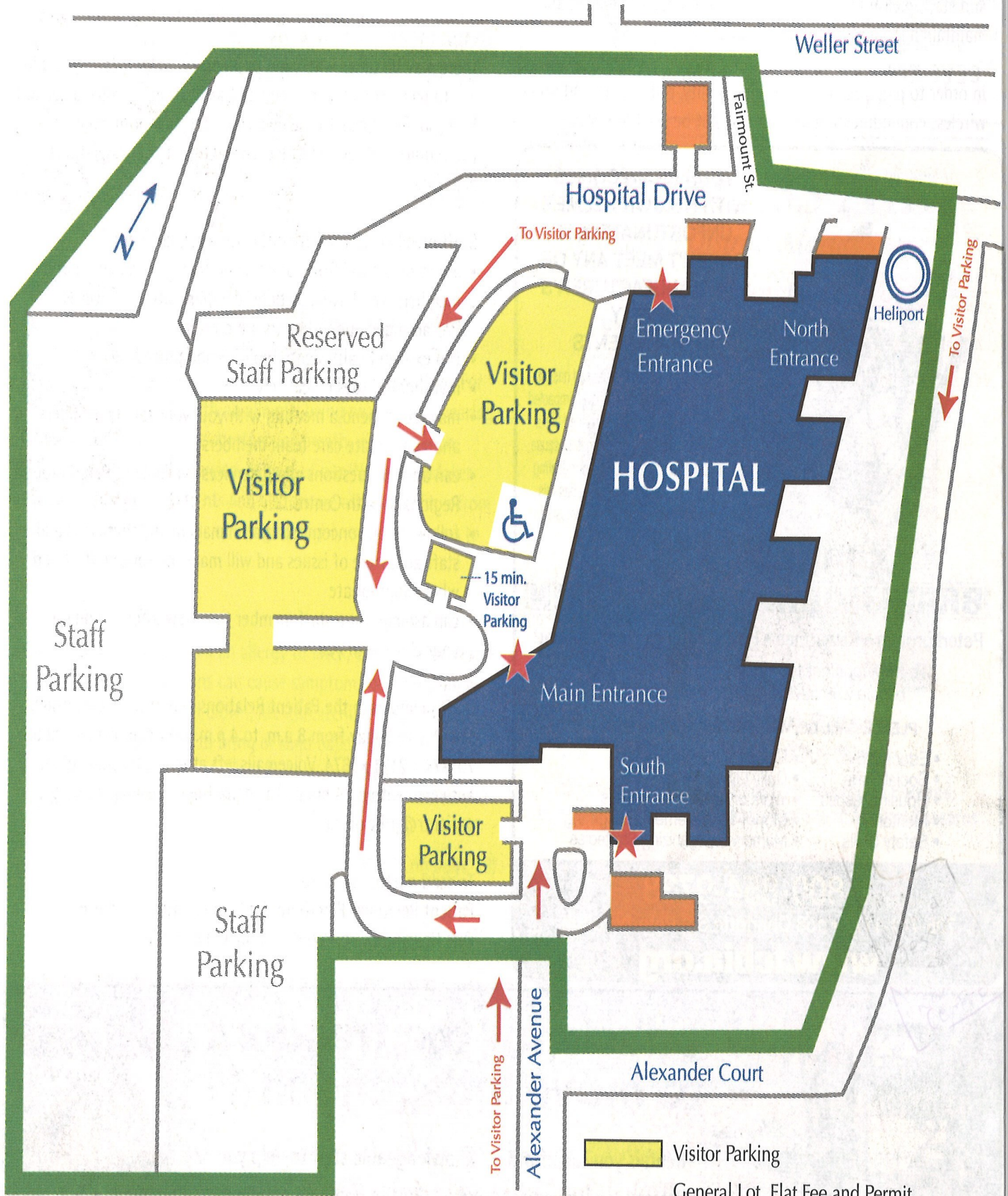
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## THE TOP 9 THINGS YOU NEED TO KNOW

1. Upon arrival, you can park in the visitor parking lot. Please refer to the map on the next page and follow the signs.
2. When you enter the hospital through the main door (this is the 4th floor), follow the signs for **Admitting**, which is just to the left of the main door. Once you are done checking in, you will follow the signs to **5th floor Surgery & Outpatient Procedures** area.
3. Once you are in the operating room, your family can wait in the 5th floor surgical waiting room. There is a cafeteria on the 4th floor, and a Tim Horton's on the 3rd floor.
4. After surgery you will be staying on the surgical ward on the 5th floor.
5. You should not expect a lot of pain after your surgery. We will ask you to use a number rating scale of "0 to 10", with "0" (zero) being no pain and "10" (ten) being the worst pain imaginable. Our goal is for your pain to be less than a 4 (four).
6. The length of time people stay in hospital after surgery varies. On average, people stay 3-5 days in hospital after surgery when they are following this care pathway.
7. Your family can bring you in food if you wish. Please check with your nurse on the morning following your surgery to find out what food you can have.
8. By the time you go home you will be eating solid foods. We suggest frequent, small meals.
9. If you are sick or need to cancel your surgery, please call your surgeon's office. Please provide at least three working days notice.



# PRHC SITE MAP



No smoking anywhere on hospital property (includes parking lots).

City of Peterborough  
Bv-Law #07-126

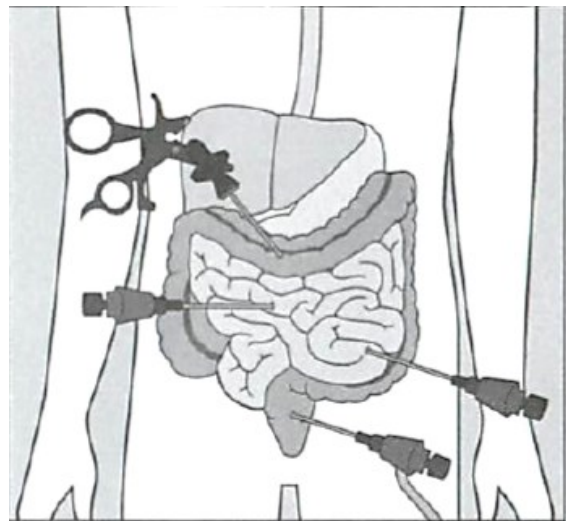
- Visitor Parking  
General Lot, Flat Fee and Permit
- Visitor Parking Metered
- Parking Pay-on-Foot Stations

## ABOUT BOWEL SURGERY

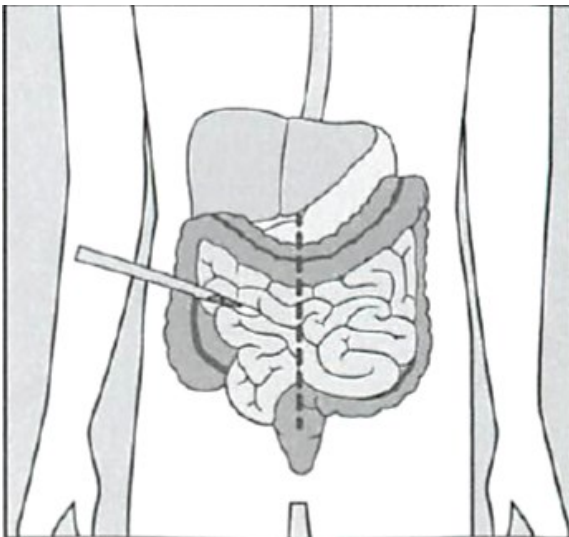
Bowel surgery involves the removal of a part of your intestine. Your surgeon will provide you with details regarding which part needs to be removed, and the risks of the operation.

Bowel surgery can be performed using either an open technique or a minimally invasive (laparoscopic) technique.

Minimally invasive surgery involves using a camera and small instruments inserted through between 4 to 6 small (5-10mm) incisions. A slightly larger incision is also made to remove the bowel.



Open surgery involves a single, larger



incision. Open surgery can involve a longer recovery period.

Your surgeon will discuss the options with you and recommend the most appropriate technique.

## **ABOUT ENHANCED RECOVERY AFTER SURGERY**

Enhanced Recovery After Surgery (ERAS) is a method of surgical care that has been shown to help patients recover faster from surgery. ERAS is a care pathway that you and your healthcare team will follow before, during, and after your surgery.

The goal of ERAS is to minimize the effect on your body's normal chemistry and function. This allows you to recover from your surgery faster and with less pain.

ERAS has been well-studied, and is used in most major teaching hospitals in Ontario. It is safe and effective.



## PREPARING FOR YOUR SURGERY

### The Preoperative Clinic

The Preoperative Clinic (Pre-Surgery Clinic) is a place where information is shared. We will learn more about your health, and you will learn more about your surgery. All patients undergoing bowel surgery are seen in this clinic, to make sure they are ready for surgery. Your surgeon's office will set this appointment up (see page 4 of this booklet). The Preoperative Clinic is located on the 5th floor of the hospital - in the Surgery and Outpatient Procedures area.

During this appointment you will talk with:

- √ an anaesthesiologist, who will review your medical history, discuss which anaesthetic will be given to put you to sleep for your surgery, and your pain control after surgery.
- √ a nurse, who will go over instructions for the day of surgery, and discharge plans.
- √ a pharmacy technician, who will go over your medications.



**Please bring all of your prescription, over-the-counter, and herbal medications, in the original containers, with you.**

You can have breakfast before you come for this pre-op appointment. It is also a good idea to bring a snack, as you may be there for a couple of hours.

During this visit you may be sent for blood work, a chest X-ray, or an electrocardiogram.

# PREPARING FOR YOUR SURGERY

## Planning Ahead

You and your healthcare providers will work as a team to make sure your surgery goes smoothly. There are several things you can do in the weeks before your surgery to help:

### STOP SMOKING

Stopping smoking reduces the risk of lung problems, increases your body's ability to heal after your surgery, and decreases the risk of infection.



**It is strongly suggested that you stop smoking, or cut down significantly, for at least 3 weeks before your surgery.**

### REDUCE YOUR DRINKING

Excessive alcohol use can lead to complications after surgery. It is recommended that you reduce the number of drinks with alcohol before your surgery date. Discuss this with your surgeon.

### PLAN AHEAD FOR YOUR RETURN HOME

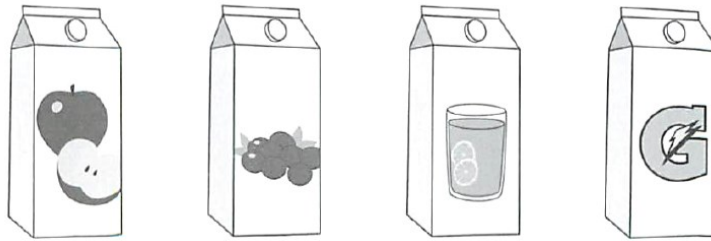
Make sure your house is prepared for when you come home after your surgery. Stock your fridge and pantry with pre-prepared, healthy, easy-to-digest meals. Have lots of liquids available. You may need some help with household chores such as laundry and groceries.

## PREPARING FOR YOUR SURGERY

### What to do the Day Before Surgery

You may eat solid foods until 12 midnight the night before your surgery.

Please drink a clear high carbohydrate drink at bedtime the night before your surgery. These drinks contain a lot of sugar and will help you feel stronger and recover faster. Examples include apple juice, cranberry cocktail, iced tea, and sports drinks without caffeine such as Gatorade® and Powerade®. Do not drink any “diet” drinks or any carbonated drinks. You may drink these sugary drinks even if you are diabetic.



Apple juice

Cranberry cocktail

Iced tea

Sports Drink

- √ Drink 3 glasses (800mL) of a high carbohydrate drink at bedtime the night before surgery
- √ Drink another 1 1/2 glasses (400mL) of a high carbohydrate drink before leaving for the hospital
- √ **Stop drinking any fluids once you leave for the hospital**

### Shaving and Showering Before Surgery

**Do not shave the hair on your body before your surgery.** This increases your chance of getting an infection. If hair needs to be removed, it will be done once you are asleep in the operating room.

**Shower or bathe the evening before or morning of your surgery.** You do not need a special soap.

**See page 4 if you have an enema ordered.**

Medication Instructions:

Take all your usual medications the morning of surgery **except** the following:

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## **Things to bring with you to the hospital:**

- Your Ontario Health Card
- This booklet
- All the medications you are currently taking (in original containers)
- Cane, crutch, or walker, if you use one, labeled with your name.
- Reading glasses in a case, labeled with your name

## **After Surgery, have someone bring in (Limit 1 bag per patient):**

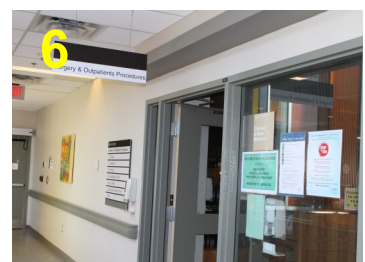
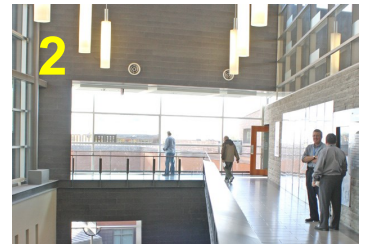
- A bathrobe and loose, comfortable clothing
- Non-slip slippers or shoes
- Personal hygiene items: toothbrush, toothpaste, hair brush, mouthwash, deodorant, lip balm, hand cream
- Your sleep apnea machine, if you use one, labeled with your name.
- Two packs of your favourite chewing gum. Chewing gum will help your bowels remain active after surgery. You may chew sugar-free gum if you wish. Let your surgeon know if you cannot chew gum.
- A credit card, in case you want to rent a TV or telephone in your room
- Earplugs (optional)
- Reading material (optional)

**Do not** bring large amounts of money or valuables with you to the hospital (jewelry, rings, etc)

# THE DAY OF SURGERY — WHAT TO EXPECT

## On Arrival at the Hospital

1. When you arrive go to the Admitting Department on the 4th floor by the front door.
2. Once done in Admitting, walk across the lobby past the cafeteria (100 feet).
3. When you reach the far window wall, turn left and continue 10 metres (30 feet) to the elevator area on your left. Take the elevator one floor up to **Level 5**.
4. Exit the elevators and continue left down the hallway for 5 metres (15 feet).
5. Once past the elevator area, turn left.
6. Continue 5 metres (15 feet). Report to the **Surgery & Outpatient Procedures Department** located on the right.



Once you arrive to Surgery & Outpatient Procedures, please:



1. Report to reception so your registration can be completed.
2. You will then wait in the Surgery & Outpatient Procedures waiting room.
3. You will talk with a nurse.
4. A volunteer will call your name and direct you to the change rooms. Here you will change into a hospital gown and house coat.



**1. Hospital Gown:**

This goes on first and ties up at the back.

**2. House Coat:**

Looks the same as a hospital gown. Put on over gown, like a jacket. Ties up at the front.

**3 Personal Belongings:**

Place all personal belongings in the white bag provided.



**4. Booties:**

Go on like slippers. Remember to remove your socks.

## THE DAY OF SURGERY - WHAT TO EXPECT

### In the Operating Room

In the operating room you will be greeted by members of your surgical team, including your Surgeon, Anaesthesiologist, and Nursing staff. Several people will ask you your name, date of birth, allergies, and the surgery you are going to have. This is for your safety. If anything sounds incorrect, speak up!

You will have an Intravenous (IV) started in your arm or hand. This IV will give you fluids. If you are to receive an epidural for pain control, it will be inserted before you are put to sleep (see page 18 for more details about pain control options).



Antibiotics and anticoagulants (blood thinners) will be given to help decrease your chance of infection and blood clots. Your surgeon will decide if you need these.

While you are asleep, you may have a tube (catheter) put into your bladder to drain your urine.

## THE DAY OF SURGERY - WHAT TO EXPECT

After your surgery you will first be taken to the recovery room. While there, you will have :

- An IV drip to give you fluid or medicine.
- A nurse who will ask you about your pain. Please tell the nurse if your pain changes or gets worse.
- Oxygen through a face mask.
- Monitors to check your blood pressure and heart rate.



You may have:

- A catheter to drain the urine out of your bladder.

Once you are awake, breathing properly, and your pain is well controlled, you will be taken to your hospital room.

## PAIN CONTROL

There are several options for pain control after surgery. You will choose one with guidance from your anaesthesiologist and surgeon. Whichever you choose, you will be looked after by our Acute Pain Management Service (APMS).

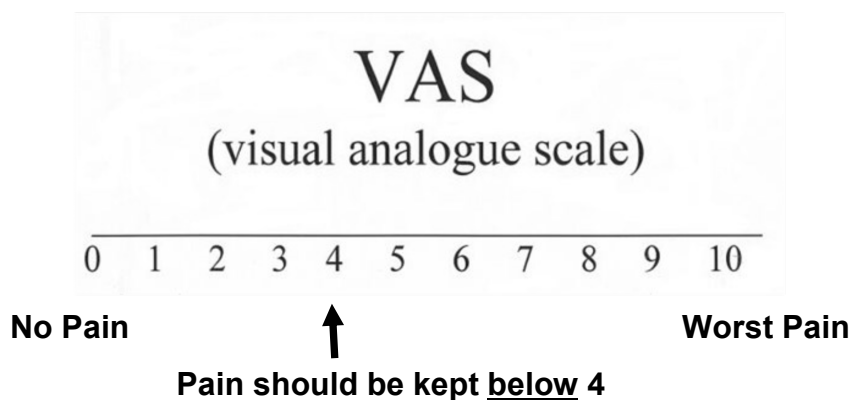
Our goal is that your pain will be controlled enough that you are able to sleep, move in bed, walk, and do your exercises. You should have very little nausea. If your pain or nausea is stopping you from doing the exercises, please tell your nurse or the APMS team.

You will likely have an epidural to control your pain. Another option is a Patient-Controlled Analgesia (PCA) pump.

An epidural is a small tube in your back, similar to what women are given during childbirth. This tube delivers pain medication near your spinal cord. This is very safe and effective.

A PCA pump allows you to give yourself pain medicine through your IV using a button. This is also very safe.

While in hospital you will frequently be asked to rate your pain using the following scale:



## EXERCISES FOR AFTER SURGERY

It is very important that you be as active as possible after your surgery. Lying in bed slows down your recovery and increases your risk of complications like pneumonia and blood clots. It also causes your muscles to weaken quickly. The more often you are up, the better you will feel. You should walk **at least** three times per day.

In addition, try doing the following exercises **every hour while awake**:

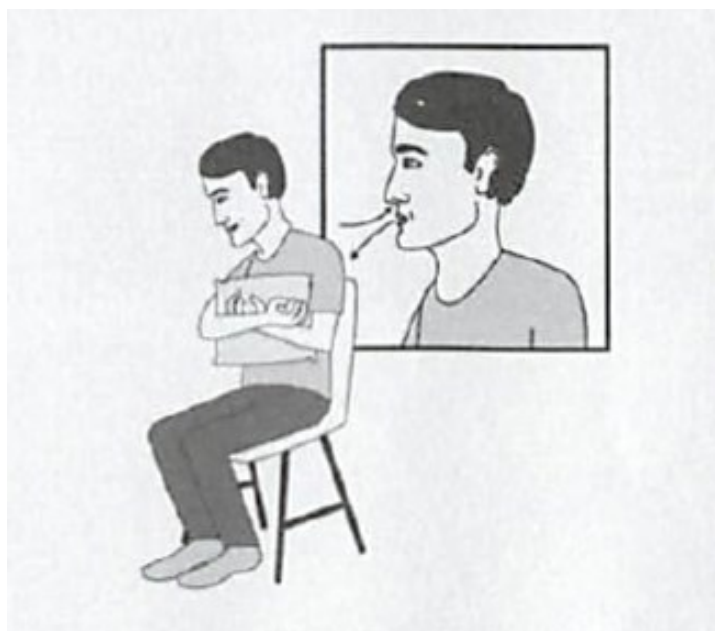
### 1) Deep breathing:

- Breathe in slowly and deeply through your nose, then exhale slowly through your mouth with your lips pursed
- Repeat 5 times



### 2) Splinted cough:

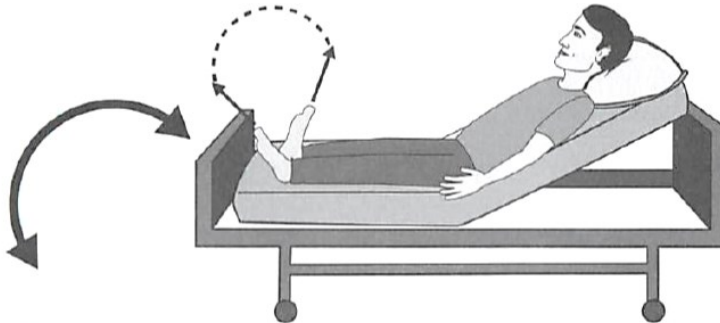
- Hold a pillow tightly against your tummy and cough twice in a row



## EXERCISES AFTER SURGERY

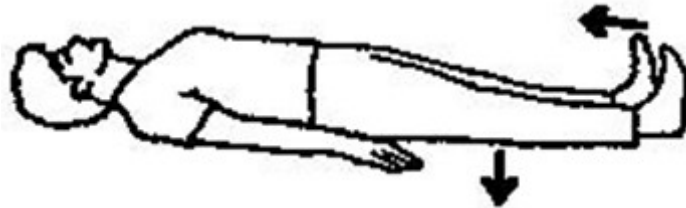
### 3) Ankle pumps:

- Lying on your back or sitting in a chair, bend your feet up and down at the ankle.
- Repeat 10 times.



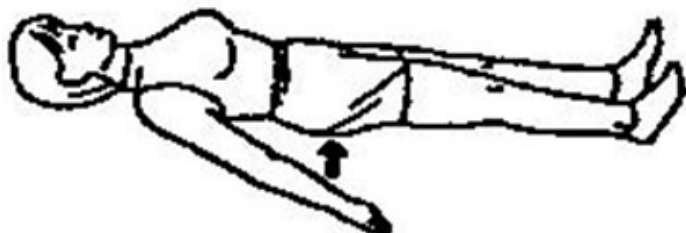
### 4) Static quads: Wiggle your toes and bend your feet up and down.

- Lying on your back with your legs straight, pull your toes up and push the back of your knee down firmly against the bed
- Hold 5 seconds—Relax
- Repeat 10 times



### 5) Static gluts:

- Lying on your back with your legs straight, tighten your buttock (seat) muscles by squeezing them together as hard as you can
- Hold 5 seconds—Relax
- Repeat 10 times





## EATING AFTER SURGERY

Your bowels may not work normally after surgery. This is expected. Your bowels will be lazy for a while, and you may feel bloated or a little sick to your stomach.

You will start drinking fluids the evening of your surgery. Please drink small amounts at a time. If you feel sick, don't force it. You will have an IV running to give you fluids.

You will start eating solid foods in hospital the day after your surgery. You should eat as much or as little as you feel like. Your family can bring you food from home if you prefer. Please check with your nurse about what food is right for you. You should always sit in a chair at meal time, even if you eat very little.

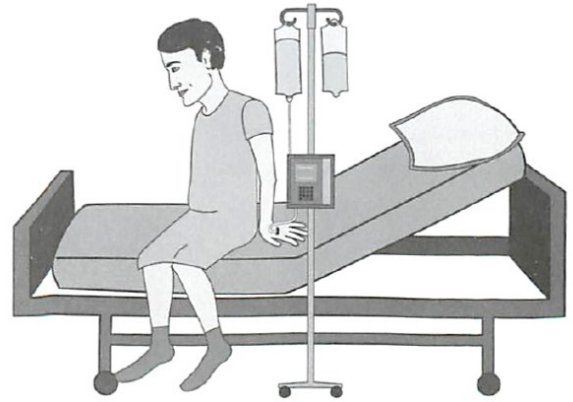
Chewing gum will help your bowels start to work again. You should chew gum three times a day before each meal while you are in hospital.

You may not have a bowel movement before you go home, but you will be tolerating solid food.

## AFTER YOUR SURGERY

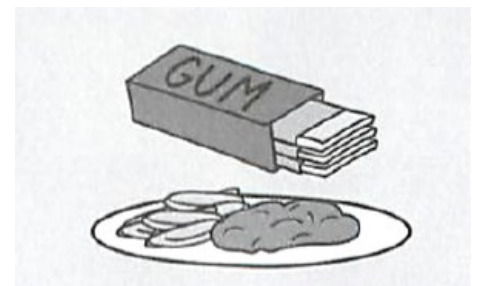
### The evening of your surgery day:

- Sit up in bed, with help and dangle your legs
- You may go for a walk with help
- Drink small amounts of clear fluids
- Do your deep breathing 5 times every hour and your coughing every hour
- Your pain should be under 4, based on a scale of 0-10



### Day 1 after surgery:

- Sit up in a chair, with help for all meals
- Go for at least three walks in the hallway, with the help of your nurse at first
- Do your deep breathing 5 times every hour and your coughing every hour
- Do your leg exercises while in bed
- You may eat solid food and drink regular fluids
- Chew gum at least three times a day before each meal
- Your pain should be under 4, based on a scale of 0-10
- Your bladder catheter may be removed, your surgeon will decide this



## AFTER YOUR SURGERY

### Day 2 after surgery:

- Sit up in a chair for all meals
- Walk in the hallway
- Continue your deep breathing, coughing, and leg exercises
- Continue to eat solid food and drink regular fluids
- Continue to chew gum
- Your epidural or pain pump (PCA) will be gradually turned down; your pain level should stay under 4
- Your epidural catheter may be removed today
- Your IV may be turned off
- Your bladder catheter may be removed, if it has not already been done



### Day 3 + after surgery:

- Continue to walk regularly and do your exercises
- Continue to eat solid food and drink regular fluids
- Continue to chew gum
- Your epidural catheter will be removed, if it has not already been done
- You are tolerating pain pills
- Your pain level should be under 4
- Your bladder catheter will be removed, if it has not already been done
- Your IV will be removed if it has not already been done

## CHECKLIST FOR GOING HOME

- You should have no nausea or vomiting.
- You should be able to eat solid food and drink regular fluids.
- You should be passing gas.
- You do not have to have a bowel movement before you go home.
- You should be passing urine well.
- You should be walking and moving like you did before surgery. You may not be able to walk as far, which is fine.
- If you have stairs in your home, you should have enough strength and energy to go up and down the stairs.
- All of your questions or concerns about your ongoing recovery at home should have been answered by your healthcare team.



## ONCE YOU ARE HOME

You should **NOT**:

- Lift anything heavier than 10 pounds for the first 4-6 weeks after surgery
- Do abdominal exercises or high intensity aerobic exercises for 4-6 weeks after surgery
- Drive while you are taking strong pain medication

You **SHOULD**:

- Eat small and more frequent meals
- Chew your food well and eat slowly
- You can eat anything you want unless advised by your surgeon or dietitian
- Continue to drink regular fluids
- Use pain pills and stool softeners, if needed, as prescribed
- Shower or take a bath; you do not need to cover your incisions
- You should continue to be active and gradually increase your activity level. However also listen to your body and take frequent rest breaks. It is normal to feel tired after surgery.
- Resume most normal activities once you are pain-free, including sexual intercourse.
- Follow your wound care instructions

## ONCE YOU ARE HOME

**Call your surgeon or go to the nearest emergency room (ER) if you have any of the following:**

- A fever (temperature greater than 38° C or 100°F)
- Vomiting, constant nausea, significant bloating
- Not able to keep food or fluids down
- Redness, swelling, odour, pus, or increasing pain from your incision
- Bright red blood from your rectum
- Stomach pain that your pain medicine does not help
- If you experience diarrhea for more than 48 hours











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