

Discharge Information following Bowel Surgery

Here is some information to help with your recovery at home and advice about returning to normal activities following bowel surgery. We hope this will be helpful to you and your family. Before you leave hospital, the nursing staff will discuss this with you.

What happens after surgery?

During the first two weeks:

- You will find that you feel tired and have to rest often. You should not be concerned as this is normal and will reduce over time as you become stronger.
- Your abdominal muscles were cut during your operation and need time to heal. You must not lift anything heavy. If you do, you may cause yourself pain and strain muscles which could lead to a hernia. As a general guide, the ideal weight for safe lifting is a 2kg bag of sugar. You should not lift anything that makes you brace yourself in order to take such a weight.
- You may have a bath or shower but use unscented products to prevent the wound from stinging. Pat the wound dry with a clean towel to prevent soreness.
- You can do little things like make a cup of tea, washing up, help preparing meals etc., if you wish, you can go for gentle walks or go shopping.

Slowly over these two weeks your energy levels will improve and you will find that you can do more without needing to rest. If you listen to your body and use your common sense you should not have any problems.

How will your bowels work after surgery?

Your bowels will take time to settle and adjust to your new bowel habit. In this period you may have an erratic bowel habit with episodes of diarrhoea and days when your bowel does not pass any stools. It is important to be aware if you are passing wind- a sign that the bowel is active.

If you have diarrhoea- increase your fluid intake, reduce the amount of fibre in your diet and protect your bottom with a barrier cream.

If you have constipation (2/3 days of no bowel motion)- increase your fluid intake, increase the fibre in your diet and take a mild laxative. See page 3 for further information on food and drink.

What medication will I be given?

When you leave hospital, your doctor may give you medication to take with you. This is generally pain relief (analgesics) to help keep you comfortable. Please take them as prescribed. Occasionally you will be given other medication that you should take as directed and finish the course, (this is very important).

How will I care for the wound?

If you go home with clips or stitches in your wound, your nurse will discuss at your point of discharge home, when these are to be removed. You will be given a letter for the District or Practice Nurse.

Your wounds may be 'glued', this will peel away in time. Please do not pick it. You may shower as normal but 'dab' wounds dry. The internal sutures will dissolve.

Wounds can cause pain for different lengths of time depending on your operation and how sensitive your skin is to pain. You may need regular painkillers for up to 6 weeks after most operations, and occasionally longer.

If a wound that was getting better suddenly starts to be more painful, or starts to get redder or hotter than it has been, it needs to be seen by a doctor. Your GP is usually the most appropriate person. This also applies if a wound starts to ooze, either clear fluid, blood or pus. Often these may be a sign of a simple wound infection which if treated early may only need a short course of antibiotic tablets.

If you are at all concerned about your wound please ring the ward you were on for further advice- we can see you in an urgent clinic if needed.

Quite often after surgery the wound edges separate. This usually happens before discharge from hospital. The 'gap' in the wound will heal up on its own with some attention from the district nurse. This will be explained to you before you go home. Expect the healing process to take several weeks however.

A normal closed wound will be sensitive and red for several months. After around six months most wounds start to lighten, soften and become less sensitive.

What can I expect after Laparoscopic Surgery?

You can expect some swelling or bruising at the wound site(s) this is not unusual and there will be some discomfort and tenderness where the incision(s) have been made. If however you experience any of the following problems during the first week you should seek medical advice:

- Increased abdominal pain, redness, swelling or discharge of the wound(s).
- Persistent bleeding from the wound(s).
- Difficulty in passing urine
- High temperature
- Nausea or vomiting

If any of these occur or you need advice please contact either your GP or phone 01603 646609 who may advise you to come along to the Surgical Day Emergency Care ward in the central block, level 3 near Dilham ward.

Common symptoms after discharge following colorectal surgery

- Intermittent nausea, bloating, erratic bowel habit, low mood, wound discomfort.
- These symptoms will settle once you have returned to a normal routine at home. You may contact the Colorectal Specialist Nurses if

symptoms persist.

Symptoms that require medical help

- Vomiting, persistent abdominal pain, increase in temperature.
- Wound problems- offensive discharge requiring dressing changes, increased pain, redness or swelling.
- If you experience worsening urinary symptoms seek medical advice.

What should I eat and drink?

This information is different for people with a stoma- please follow advice given you by the Stoma care Specialist Nurses.

When you first get home, you should take a low fibre/ high protein diet until your bowels begin to settle approximately 2 weeks. Protein rich foods include meat, fish, eggs and dairy products. Then gradually begin to increase the fibre in your meals. Fibre acts like a sponge holding in water, making the stools soft and bulky, which helps bowel movements become more regular.

Foods High in Fibre

- Cereals- All Bran, Fruit n Fibre, Muesli
- Bread – Wholemeal,
- Vegetables- greens, salad
- Fruit- berries, citrus, skins
- Pulses- Beans, Lentils
- Wholemeal rice, pasta

Foods Low in Fibre

- Cereals- Cornflakes, Rice Krispies
- Bread - White
- Vegetables- Root cooked
- Fruit- Tinned fruit, stewed
- White rice, pasta

You should try to increase the amount of water that you drink each day. A diet high in fibre can cause you to have extra wind, so you will need to find the right amount of added fibre that suits you. You may drink alcohol in moderation, but make sure you read the instructions of any medication that you are taking, such as pain relief.

How will I feel after surgery?

After all the stress and anxiety that you have gone through in the last few weeks, an emotional response may sneak up on you when you least expect it. Most people find that once everything is over and they have gone home, they experience a lot of emotions all at once. Some people become snappy, angry, tearful or just quiet for a day or so. This is a natural reaction and should pass after a short time. You may wish to warn your family of what to expect so that they are not unduly worried.

Can I drive?

You should be able to drive your car in about four weeks. This allows the abdominal muscles to heal, so there is less chance of you hurting yourself. Before you go on the road, sit in your car and gently apply pressure to the brake pedal. Gradually increase

the pressure until you are sure you can comfortably perform an emergency braking action. There is no reason for you to not wear a seat belt.

Can I exercise?

You will not be able to return to any form of strenuous activity for a while. However, you can do gentle exercise such as walking or swimming. Try and walk every day and increase your distance regularly. You must not stay in bed all day as this can result in pneumonia and blood clots.

After four to six weeks, you will gradually be able to do more strenuous exercise. If you want advice, please discuss this with your Specialist Nurse.

Can I have sex?

As soon as you feel comfortable, you can resume normal sexual activity.

Risk of Thrombosis

Blood clots or thrombosis in the legs (known as DVTs- short for Deep Vein Thrombosis) are more common after operations and hospital stays than at other times. Gentle activity is essential to help prevent these forming once you are at home. Symptoms to be aware of that may suggest a blood clot include swelling of the calf and/or thigh of the affected leg (not just ankle swelling which is felt to be normal after major surgery), pain in the calf, and hotness of the leg. If you are worried you may have a blood clot, please see your GP as soon as possible.

Blood clots can sometimes move from the leg to the lungs; known as a PE (pulmonary embolism). You may not be aware of an initial blood clot in your legs. Symptoms of a PE include pain in the chest, shortness of breath, coughing up blood (rarely), and collapse (more extreme cases). If you think you may have a PE, it is important to go to your local Emergency department as soon as possible. If you collapse or feel short of breath, you will need to call an ambulance.

You are at a slightly increased risk of both of these types of blood clots for a few months after leaving hospital, not just while you are in hospital.

IMPORTANT: If you have had major surgery, you can take heparin injections after you get home. This would be for 28 days after your operation date. These can be given by your-self or a member of your family. Three studies have shown that taking heparin injections after discharge can decrease the rate of DVT from around 10% to 5%. Your medical team will speak to you about this before discharge. If you would like to do this, let them know.

If you have any questions concerning any of the above, please contact one of the Colorectal Specialist Nurses who are available Monday to Friday, 8.30 to 5.00 (excluding Weekends and bank holidays) on **01603 287828** Or the ward in which you stayed following your surgery.

Dilham Ward on **01603 289957**

This leaflet was developed following the PREPARE study which involved staff and patients in appraising the pre-operative education offered at the NNIH for those having colorectal surgery, and was formerly known as 'INformation leaflet'.

