



COLON AND RECTAL SURGERY

Colon and Rectal Surgery Patient Journey Guide

| Your Colon and Rectal Surgery

Thank you for choosing Washington University Colon and Rectal Surgery. This guide outlines the enhanced recovery plan used by our team. Patients participating in such a recovery plan leave the hospital on average 2 ½ days sooner and may experience half as many complications as those who do not participate. We believe this is an extremely important part of your care. Your surgeon will discuss your recovery plan with you. You will receive personalized education from our nurse practitioner or registered nurse prior to surgery. The goal is to allow you to go home and return to your normal activity level sooner.

Our board-certified surgeons have more than 70 years of combined colon and rectal surgery experience. In addition, we have nurse practitioners, ostomy nurses, registered nurses and a full office staff to support you prior to and following surgery.

Patients are treated at Barnes-Jewish Hospital and Barnes-Jewish West County Hospital. We work closely with these facilities to ensure you receive excellent care during your hospital stay.

The information in this booklet will help you understand, prepare for and recover from your colon and rectal surgery. By becoming informed and involved, patients and family members can contribute to the success of your surgery.

YOUR JOURNEY TO RECOVERY STARTS NOW.



Bring this guide along with you to all appointments, meetings and your stay at the hospital.

- Use this guide to learn more about what will happen before, during and after surgery.
- Complete the guide checklists. This will help you recover as fast as you can.
- Your entire care team will refer to this guide throughout your surgery
- Review important dates on page two and three.

Your surgeon's medical assistant will coordinate your preoperative appointments. You will meet with the nurse or nurse practitioner prior to surgery to discuss preparing for and recovering from your surgery.

It is essential that you keep these appointments. If you are unable to make an appointment, notify your surgeon's office at 314-454-7177 immediately to avoid delay or cancellation of your surgery.

APPOINTMENTS	DATE	TIME	LOCATION / NOTES
Getting ready for surgery Surgery evaluation at the Center for Preoperative Assessment and Planning (CPAP)			<input type="checkbox"/> Center for Advanced Medicine Center for Preoperative Assessment and Planning 4921 Parkview Pl., 1 st floor St. Louis, MO 63110 <input type="checkbox"/> Barnes-Jewish West County Hospital 12634 Olive Blvd., St. Louis, MO 63141 <input type="checkbox"/> Center for Advanced Medicine – South County 5201 Midamerica Plaza, Ste. 1100 St. Louis, MO 63129
Preoperative education Learn about the surgery experience			<input type="checkbox"/> Center for Advanced Medicine 4921 Parkview Pl., Ste. 8C St., Louis, MO 63110 <input type="checkbox"/> Barnes-Jewish West County Hospital 1040 North Mason Road, Bldg. 1, Ste. 120 St. Louis, MO 63141 <input type="checkbox"/> Center for Advanced Medicine – South County 5201 Midamerica Plaza, Ste. 2300 St. Louis, MO 63129
Discharge class:			
Additional appointment:			
Additional appointment:			

YOUR COLON AND RECTAL SURGERY

Your Diagnosis	
Name of your Procedure	
Surgeon	
Surgery Date and Time	
Location of Your Surgery	<input type="checkbox"/> Parkview Tower 1 Parkview Place, St. Louis, MO 63110 <input type="checkbox"/> 1 st Floor Surgery Registration <input type="checkbox"/> 3 rd Floor Surgery Registration <input type="checkbox"/> Barnes-Jewish West County Hospital 12634 Olive Blvd., St. Louis, MO 63141
Arrival Time at the Hospital	
Estimated length of procedure	
Medical Assistant	
Medical Assistant Phone	

Contact Us**Office:** 314-454-7177 (8 a.m. to 4 p.m., Monday to Friday)**Exchange:** 314-362-1242 (after hours, holidays, weekends)**Fax:** 314-454-5249**Mailing Address:** 660 S. Euclid Ave., Mailstop 8109-37-915, St. Louis, MO 63110**ColonRectalSurg.wustl.edu**

NOTES

GETTING TO KNOW YOUR CARE TEAM

Your care team is here to provide world-class health care in a compassionate, respectful and responsive way. While in the hospital recovering from surgery, you will be managed daily by your surgeon and his/her colorectal surgery fellow or chief resident. In addition, a nurse practitioner, surgical resident and/or intern will be present on the patient care unit to monitor your recovery and discuss your progress with your surgeon, fellow or chief resident.

<p>Colon and Rectal Surgeon</p> <p>Your surgeon is a full-time Washington University physician who will guide your care and perform your surgery. As part of a world-class academic medical center, he or she will work alongside a multidisciplinary team of medical professionals.</p>	<p>Fellows</p> <p>Fellows are licensed physicians who have completed medical school and a three to seven year specialty residency program in an accredited hospital. They are now getting additional one to three years training in advanced specialty fields like anesthesiology, oncology or colorectal surgery.</p>
<p>Anesthesia Team</p> <p>An anesthesia physician or advanced practice nurse will evaluate your surgery needs. This team is specially trained to keep you safe during surgery and in recovery. They are key team members to manage your pain. You will meet a member of this team at your surgical evaluation at the Center for Preoperative Assessment and Planning (CPAP) and on the day of your surgery.</p>	<p>Residents</p> <p>Residents are physicians who have completed medical school and are undergoing additional training to become board certified in a specialty, such as pediatrics, surgery or gynecology. If you are an inpatient, you will see resident physicians on daily rounds, checking your progress.</p>
<p>Advanced Practice Nurses and Physician Assistants</p> <p>These nationally licensed health-care providers are trained at the master's degree level in their fields. They are authorized to perform certain treatments and patient education in collaboration with your surgeon.</p>	<p>Physical Therapist</p> <p>Your surgeon may order physical therapy (PT) as part of your recovery. A physical therapist can help you with problems of strength and movement after surgery. He or she can also provide you with a personal home exercise program.</p>
<p>Staff Nurse</p> <p>Nurses are your advocates. They work with your surgeon and other members of the health-care team to care for you before, during and after your surgery. Your nurse will guide you through your recovery and provide ongoing education to meet your needs.</p>	<p>Ostomy Nurse</p> <p>If you have a colostomy or ileostomy placed during surgery, a wound ostomy nurse will assist you with how to care for your ostomy at home and how to order supplies.</p>
<p>Dietician</p> <p>Your surgeon may ask a dietician to help you during your hospital stay. A dietician will help you with the dietary recommendations made by your surgeon. A dietician can educate you on good nutrition and healthy eating habits to help you with long-term success.</p>	<p>Case Manager or Social Worker</p> <p>A case manager or social worker will assess your needs before you leave the hospital. He or she will speak with your doctors and nurses on a regular basis to see whether there is a need for you to have special medical supplies or services at home.</p>



RECOVERY PLAN

Getting Ready for Surgery 6

Day / Night Before Surgery 8

Day of Surgery..... 11

Your Stay at the Hospital 12

Preparing to Go Home..... 16

At Home 19

NOTES

GETTING READY FOR SURGERY

Preparation is an important step in your recovery.

PRE-SURGICAL CONSIDERATIONS

☐ Ask Questions

- It is important that you understand what will happen to you before, during and after your surgery. You will be asked to sign a consent form to give the doctor permission to proceed with the surgery.

☐ Ostomy Education

- An ostomy is a surgically created opening, also known as a “stoma,” connecting the bowel to the surface of the body to permit the drainage of waste products. Based on your diagnosis, your surgeon will talk to you about the likelihood of a stoma.
- Patients who will have an ostomy will have an education session with our ostomy nurse. You will review educational materials and receive a DVD to take home and watch.
- This is an important visit and you are encouraged to bring a family member or friend with you.
- Please call the office at 314-454-7177 if you are having ostomy surgery and were not given a time to meet with the ostomy nurse prior to your surgery.

☐ Support

- Your main responsibility after surgery is to focus on recovery.
- Consider arranging for a family member or friend to assist you with household work and other necessary errands during the days immediately following your surgery.
- Transportation – you should not drive for at least two weeks after surgery; no driving while on narcotic pain medication.
- Lifting – you should not lift anything heavier than 10 pounds for six weeks after surgery.

☐ Medications

- Your medications will be discussed at your Center for Preoperative Assessment and Planning (CPAP) appointment, or your surgeon will guide you.
- To ensure your care team is aware of all medications you are taking, please bring them with you to your appointment, or bring a list of your medications.
- You will receive specific instructions regarding what to continue taking and what you should stop taking prior to surgery. If you are unclear or have not been given specific instructions regarding medications such as aspirin or other antiplatelet/anticoagulants, please call us at 314-454-7177.

☐ Hotels and Motels

- Your physician's office and the hospital can provide you with information for local accommodations.
- See page 12 for information about visitors in your room.

☐ Family and Medical Leave Act (FMLA) Paperwork

- FMLA paperwork can be faxed to 314-454-5249, mailed to the office or given to your medical assistant. We cannot email records or FMLA paperwork due to privacy rules.
- **Please allow five days for FMLA paperwork to be processed.**

Contact Us

Office: 314-454-7177 (8 a.m. to 4 p.m., Monday to Friday)
Exchange: 314-362-1242 (after hours, holidays, weekends)
Fax: 314-454-5249
Mailing Address: 660 S. Euclid Ave., Mailstop 8109-37-915
 St. Louis, MO 63110
ColonRectalSurg.wustl.edu



GETTING HEALTHY FOR SURGERY

The plan is to take steps to feel good about your health – starting now.

Here is a checklist that will guide you to be your healthiest for your procedure and recovery.

☐ Check In With Your Other Doctors

- It is important to check in with your primary care physician and other specialists, such as your cardiologist, to make them aware that you will be having surgery.

☐ Lifestyle Changes

- Smoking significantly affects wound healing, infection, bleeding risk, ability to come off the ventilator, and incidence of postoperative pneumonia.
- Avoid all products that contain nicotine prior to surgery and throughout your recovery.
- If you smoke, STOP. It is best to stop smoking at least four weeks before surgery.
- Please let us know if you would like help quitting smoking.
- It is best to avoid alcoholic beverages before surgery. A single glass of wine or beer once daily is okay.

☐ Exercise

- Start with brisk walking and work up to 30 minutes of continuous walking daily.
- If you currently are doing physical activity and exercising, you may continue your current regimen.
- Sexual activity is okay.

☐ Nutrition

- Nutrition is important for wound healing and preventing infection. You should eat a well-balanced, healthy diet and take nutritional supplements as recommended on page eight.

☐ Diabetes

- It is important to control your blood sugar levels. You will heal faster, prevent complications and infection.
- If you would like to meet with a diabetes educator, please let us know.

☐ Returning to Work

- If you work, ask your surgeon's office for an estimated back-to-work date.
- See page six for FMLA instructions.

NOTES



PREPARATION AT HOME BEFORE SURGERY

Completing this checklist to the best of your ability is your contribution to ensuring a safe and successful surgery.

Pack Your Bag:

- Bring this booklet!
- Insurance card and photo ID
- Glasses, contacts, hearing aids, respiratory/CPAP equipment, wheelchair, cane, crutches or walker, if needed
- Two packs of chewing gum to help your bowels return to normal
- Loose, comfortable clothes; socks, slippers, bathrobe
- Face or hair products you regularly use
- Phone charger
- Do not bring medications or valuables such as cash, credit cards or jewelry

Immunonutrition (Impact AR®): Five Days Before Surgery

Your surgeon recommends you drink Impact Advanced Recovery® (Impact AR®) three times a day for five days prior to surgery. Studies show that drinking Impact AR® reduces complications. If you choose not to purchase Impact AR®, it is recommended you drink three high protein nutrition drinks (ex. Boost®, Ensure®, Carnation Instant Breakfast®) for the five days prior to surgery. Impact AR® can be purchased at the hospital with the coupon your surgeon provides.

DRINK IMPACT AR	FIVE DAYS BEFORE SURGERY __ / __ / __	FOUR DAYS BEFORE SURGERY __ / __ / __	THREE DAYS BEFORE SURGERY __ / __ / __	TWO DAYS BEFORE SURGERY __ / __ / __	ONE DAY BEFORE SURGERY __ / __ / __
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dinner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTES

A few days before surgery, purchase the following items:

- Dulcolax® - One box five mg laxative tablets (no prescription needed)
- Miralax® - One 238 gram bottle (no prescription needed)
- Clear or light colored liquid - one 64 oz. bottle (see below)

Bowel Prep: *Day Before Surgery*

Bowel preparation empties the digestive system to reduce infection. Complete the following as instructed by your care team.

Drink only clear liquids from the time you wake up. Do not eat any solid food all day. Mix 64 oz. of clear liquid with 238 grams (one bottle) of Miralax® until the Miralax® is completely dissolved. Place in the refrigerator to chill.

Clear liquids include all of the following that are not colored red or purple:

- Gatorade®
- Popsicles
- Apple Juice
- Crystal Light®
- Water / Tea
- Plain Jell-O®
- Coffee (no cream)
- Kool-Aid®
- Soda Pop
- Clear broth

☐ **Miralax®/Dulcolax®**

- 10 a.m.: I took two Dulcolax® tablets with eight oz. clear liquid.
- 11 a.m.: I began drinking Miralax® and drank eight oz., every 15 minutes, until finished. (238 grams Miralax® mixed with 64 oz. clear liquid) (*Please note: if you have been instructed to take Zofran®, now is the time; see below.)
- 12 p.m.: I took two more Dulcolax® tablets.

☐ **I only had clear liquids/Impact AR® the day before surgery.**

Medications/Antibiotics: *Day Before Surgery*

Take as instructed by your care team. Please check which you took:

Zofran® (Ondansetron) for nausea - 8 mg at:

☐ 1 a.m.

Neomycin (Neomycin Sulfate) - 1,000 mg at:

☐ 1 p.m.

☐ 2 p.m.

☐ 10 p.m.

Flagyl® (Metronidazole) - 500 mg at:

☐ 1 p.m.

☐ 2 p.m.

☐ 10 p.m.

☐ I have not taken any of the above medications

Preoperative Showers: *Night Before and Day of Surgery (page 10)*

☐ I showered with CHG cleanser (ScrubCare®/Hibiclens®) the night before and morning of surgery.

Preoperative Carbohydrate Loading – Fluids: *Day of Surgery*

☐ I drank 16 oz. of Gatorade®/Powerade® three hours before surgery. (Complete by ____:____ a.m./p.m.)

☐ I consumed nothing else by mouth after: ____:____ a.m./p.m.

Please check off each step of your prep as you complete it and bring this book with you the day of your surgery.

NOTES



WASHING WITH PRE-SURGICAL SOAP

You can help reduce your risk of surgical-site infection if you wash properly with antiseptic soap twice before your surgery.

The Evening Before Surgery

- Change all linens on the bed so you are sleeping on clean fresh sheets and pillowcases.
- Take a shower using half of the bottle of antiseptic soap. Scrub your entire body from the neck down using a clean, fresh washcloth.
- Wash your hair with your regular shampoo (no conditioner) and your face with your regular facial cleanser.
- Rinse thoroughly.
- You may shave your face, legs and underarms during the evening shower, be careful not to nick your skin.
- Dry yourself off with a clean fresh dry towel.
- Wear clean clothes or pajamas to sleep in.

After Showering:

- Do not use any nail polish, lotions, hair products, creams, powders, deodorant, makeup, perfume or body sprays.

The Morning of the Surgery

- Repeat the shower with the remaining half bottle of antiseptic soap. Scrub your entire body from the neck down using another clean, fresh dry washcloth.
- Do not shave this morning.
- Wash your hair with your regular shampoo (no conditioner) and your face with your regular facial cleanser.
- Rinse thoroughly.
- Dry yourself off with a clean dry towel.
- Wear clean, fresh clothes.
- Do not use any nail polish, lotions, hair products, creams, powders, deodorant, makeup, perfume or body sprays on day of surgery.
- Remove all jewelry, including piercings.

Reminders:

- Do not use the antiseptic soap on your face or hair.
- If you get the antiseptic soap in your eyes, flush your eyes with water.
- If you cannot reach the surgical site on your body, please have someone help you with the shower.
- Do not shave your abdomen.

NOTES

DAY OF SURGERY

Knowing what to expect on the day of your surgery can help things go smoothly and reduce anxiety.

At the Hospital

- Arrive on time—two hours before your surgery.
- After check-in, you will be brought to preoperative holding. Here you will be greeted and examined by a nurse, members of the anesthesia team and your surgical team.
- We do everything possible to start your surgery on time, however, delays can occur. We appreciate your understanding.

Before Going Into Surgery

- We will review your medications and health history.
- We will start an IV in your arm.
- Your anesthesiologist will talk about the most appropriate anesthetic for you and the plan to best manage your pain after surgery.
- Before going to the operating room, you will be given medication for comfort and to reduce anxiety.

During Your Surgery

- Your surgical team will take excellent care of you. They will monitor your breathing, heart rate and blood pressure.
- A catheter, used to drain urine from your bladder, may be placed after you are asleep.
- Updates about your progress will be given to your family member or friends who are waiting at the hospital for you. They will be given a pager or asked for a cell phone number to be contacted in surgical waiting.

Right After Surgery

- You will go to the recovery room when your surgery is complete.
- The length of time you spend in the recovery room will vary. Some individuals take longer than others to wake up after anesthesia.
- Most patients spend one to two hours in the recovery room.
- Your family and friends can see you once you are in your hospital room.
- After surgery, you may be sleepy. Please let us know if you have a sore throat or feel sick to your stomach. This is normal and will go away as the anesthesia wears off.
- You may continue to receive oxygen through your nose.
- You may be offered ice chips and something to drink once you are alert and free of nausea.
- When you wake up from anesthesia, you may experience some pain and/or discomfort. This is normal.
- It is important to us to make sure your pain is well-controlled.

NOTES



YOUR STAY AT THE HOSPITAL

It is our goal to keep you comfortable and to help you through the recovery process while in the hospital.

Length of Stay

- Most patients are in the hospital three to five days, but this can vary.
- Situations that can affect length of stay include:
 - » **Anastomotic leak** - This rare, but serious complication usually happens five to seven days after surgery. Two ends of the bowel that we join together fail to heal completely. Patients usually have severe abdominal pain, fever and vomiting. This often requires another surgery.
 - » **Wound infection** - This usually happens three to 10 days after surgery.
 - » **Urinary retention** - This occurs if you are unable to urinate after the catheter is removed from your bladder. This can be caused by anesthesia, pain medication, inflammation and decreased activity. The catheter may need to be reinserted until you are able to urinate on your own.

Rooms and Visitors

- Overnight visitors are not allowed in semi-private rooms.
- Private rooms are available according to medical necessity.
- Private rooms without medical necessity are based on availability and there may be additional charges not covered by your insurance company.
- Visitors under age 12 may not be allowed in patient areas.
- Please refer to posted hospital policies or speak to your nurse manager for more information.

Your Care Schedule

- While at the hospital, you will have 24/7 care by our team.
- Every day starts with morning rounds from 6 – 7:30 a.m. when members of your team will come visit you.
- Afternoon rounds will occur anytime from 3 – 7 p.m. when your team will visit you again.
- Your surgeon will make rounds throughout the day or have his/her team see you and report your progress to them.
- You will have access to your nurses at all times with a call light button. Your nurse will show you how this works.
- See page four for more information on your care team.

Pathology Results and Follow-up Appointment

- You will be notified of pathology results or any test results when available. If you are registered with the patient portal, results can also be viewed there. To register for a portal account, please contact your physician's office.
- Pathology results can take 10-14 days on average and may not be available until after you are discharged. If you have been home a week and have not received your results, then please call the office at 314-454-7177 to check on the status.
- You will be given specific instructions for follow-up after surgery at the time of discharge, but should plan on seeing your surgeon three to four weeks after discharge.

NOTES



PATIENT GOALS DURING HOSPITAL STAY

Patients who take an active role in recovery are more likely to be discharged sooner. Care plans are individualized and vary.

Walking Goal: Walk at least four times daily in the hall and stay out of bed for six hours each day.

- You should get out of bed within 12 hours of your surgery.
- The nursing staff will help you until you are comfortable getting up on your own.
- Please ask for help to avoid a fall.
- Walking will reduce pain, the risk of breathing-related illnesses, development of blood clots and muscle aches.
- Walking will speed up return of bowel function, which is necessary for discharge.
- Early and frequent walking can shorten your hospital stay.

Bathing Goal: Bathe daily.

- Your surgical incisions can get wet after two days. Prior to that time, you will take a sponge bath.
- You will use antibacterial soap or a CHG based cleanser to reduce bacteria on your incision, trunk, arms and legs.
- You may use your own face and hair products.

Gum Chewing Goal: Chew gum three times daily (for about 15 minutes) beginning the day after surgery.

- Chewing gum helps stimulate your bowels.
- Please bring gum with you to the hospital.
- If you forget, it can be purchased in the gift shop.

Breathing Exercise Goal: Use an incentive spirometer (IS) 10 times an hour while awake every day.

- An incentive spirometer (IS) is a tool with a breathing tube and air chamber. The hospital will provide this to you.
- After surgery, normal breathing patterns change. You may start taking shallow breaths in an effort to reduce pain after abdominal surgery. The IS helps slow your breathing and helps you take larger breaths of air to fill your lungs.
- Breathing exercises help prevent pneumonia and other breathing problems that can occur after surgery.

Wound Care Goal: Keep dressing clean and dry.

- Your dressing will be removed two days after your surgery.
- Your dressing should be clean and dry. Tell your nurse if it is soiled or wet.

Ostomy Education Goal (if applicable): Meet with ostomy nurse.

- Empty ostomy bag
- Change ostomy bag
- Understand diet and how to get supplies
- For more details, see page four and five of ostomy book.

NOTES

Dietary Goal:

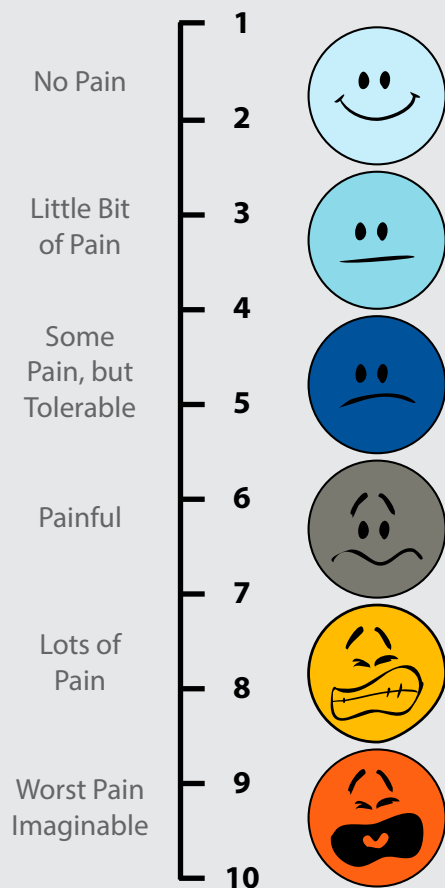
- Most patients resume a regular diet after surgery. See page 16.
- Colostomy patients will follow a regular diet. Refer to ostomy education book for details.
- Ileostomy patients will follow an Ileostomy diet. Refer to ostomy education book for details.
- Your nurse or dietician will discuss your diet with you. Please ask questions if you are unsure.

Blood Clot Prevention Goal: Walk frequently and move your legs, feet and ankles to keep the blood flowing.

- Your surgeon-led care team will determine what treatments to use to help prevent blood clots.
- After surgery, you will likely take blood-thinning medication such as Lovenox® or heparin for up to 21 days.
- You may have a special compression sleeve that helps squeeze your leg muscle to keep the blood moving.

Pain Management Goal: Control your pain

- When you wake up from anesthesia, you may experience some pain and/or discomfort. This is normal. It is important to us to make sure your pain is well-controlled.
- You will be asked to rate your pain on a scale of one to 10. Your care team will give you medication to manage your pain.
- It is important to let us know when you first start feeling uncomfortable. Telling us right away will help us keep the uncomfortable feeling from getting worse. Please contact us with the call light any time you need help.
- You will follow multimodal pain management. "Multimodal" means you will take a combination of medications carefully chosen to work together to reduce your pain after surgery.
- Medications may include:
 - Over-the-counter pain reliever (Tylenol®)
 - NSAIDs/ibuprofen (Motrin®, Aleve®, Advil®)
 - Gabapentin (Neurotin)
 - Narcotic pain relievers
 - Epidural
- Be sure to tell your care team
 - If your pain is above four out of 10 and isn't getting better with medication
 - If you are experiencing a new type of pain

PAIN SCALE

RECOVERY GOALS

Use this chart as a worksheet and check off your recovery goals as you meet them in the days following your surgery.

	TASKS	SURGERY DAY	TASKS	POST-OP DAY ONE	POST-OP DAY TWO	POST-OP DAY THREE	POST-OP DAY FOUR	POST-OP DAY FIVE
Breathing	Complete IS 10x an hour when awake	<input type="checkbox"/>	Complete IS 10x an hour when awake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cough, deep breathe	<input type="checkbox"/>	Cough, deep breathe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition	Clear liquid	<input type="checkbox"/>	Chew gum (15 min.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Impact AR®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Breakfast in chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Lunch in chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Dinner in chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities	Get out of bed	<input type="checkbox"/>	Walk (15 min.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Sit in chair at least four hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Sponge bath or shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain	Pain Level: Less than six out of 10	<input type="checkbox"/>	Pain Level: Less than four out of 10	<input type="checkbox"/>	<input type="checkbox"/> (You may be ready to switch to oral pain medication)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTES



PREPARING TO LEAVE THE HOSPITAL

*Discharge from the hospital can be stressful for patients and their families. Decisions regarding your readiness to leave the hospital and the best place for you to continue your recovery can be complex. To reduce the stress related to discharge, we begin planning immediately following your surgery. All patients are different and we plan your care according to your individual needs. **Please share any concerns or questions you have related to discharge from the hospital.***

It is required that you have full understanding of each of the following prior to discharge. Check each item off with your care team.

☐ Lovenox®

- Lovenox® (Enoxaparin) is a medication given by injection to prevent the formation of blood clots. Patients who have had abdominal surgery are at increased risk for blood clots. Your surgeon may prescribe Lovenox® for 21 days after you are discharged. You will likely receive the medication while in the hospital. Your nurse will use that time to teach you how to safely administer this medication at home.
- If you are unsure of how to administer this medication, ask your nurse for additional teaching prior to discharge.
- If you are concerned about your insurance covering this medication, please notify our office prior to surgery. We will work with your insurance company to ensure you receive this medication at the lowest possible cost.

☐ Pain Management

- See page 20-21.

☐ Prescriptions Filled

☐ Medication Instructions

- Have a clear understanding of your medications, new and existing.

☐ Nutrition

- It is normal to have a reduced appetite.
- Some crampy abdominal discomfort is normal.
- Eat small frequent meals.
- Boost®, Ensure® and Carnation Instant Breakfast® (or similar supplements) can be used to increase calories and protein.

☐ Hydration

- Drink six to eight glasses of water or non-caffeinated drink daily.
- Sugar/sugar substitutes may cause diarrhea.
- Sports drinks should be diluted with water (ex. one cup of Gatorade® mixed with one cup of water).
- Record your fluid intake.

NOTES

□ Wound Care

- Incisions may get wet, and you should shower daily.
- Look at your incision daily. If it is red, warm or has foul smelling drainage, call your doctor's office.
- Your dressing should be changed daily.
- You may leave your incision uncovered if it is not open or draining.
- Change your dressing if it is wet or soiled.
- If you have staples, they will be removed in 10-14 days. Please call our office to schedule an appointment.
- If you have Dermabond glue, it will peel away on its own. Do not pull it off.

□ Bathing

- Do not take tub baths.
- Your incision may get wet, unless told otherwise.
- Let the soap and water run over your incision, rinse with clean water and pat dry.
- Anti-bacterial soap is recommended until your wound is healed.
- Do not scrub your incision.
- Do not peel glue or scrub staples.

□ Activities

- Do not drive for at least two weeks or while taking narcotics.
- Do not lift more than 10 pounds for six weeks.
- You can walk, go up/down stairs, ride in a car and shower.
- Walk 15 minutes at least four times a day.
- Sit in a chair for meals.
- Spend at least six hours out of bed every day (move to a chair or perform light activity).
- You should increase activity as tolerated.
- Allow for rest and naps as necessary. It is normal to move at a slower pace during recovery.

□ Bowel Function

- Your bowels may be irregular after surgery due to changes in diet, pain medications and reduced activity. Call the office 314-454-7177 if you have questions or concerns.
- Ostomy patients please refer to ostomy book.

CONSTIPATION

- Narcotic pain medication can cause constipation.
- Take a stool softener (Colace®) or laxative (Miralax®) if you are taking narcotic pain medication and are constipated.
- Stop Colace® or Miralax® if you experience diarrhea.
- Be sure to drink six to eight glasses of water daily. We recommend 25 - 30 grams of fiber daily.

DIARRHEA

- A fiber supplement, such as Metamucil®, may help prevent frequent bowel movements.
- Call the office if you are having more than 10 bowel movements in 24 hours.

Home Health and Skilled Nursing Facilities

All patients meet with a case manager in the hospital to prepare for discharge. Your case manager works with your team and assesses your readiness for discharge. If required, they will help set up home health and skilled nursing. *Eligibility is determined by individual insurance plans, not the surgeon's office.*

- Most patients are discharged to home, but in some cases, extra care is needed.
- Patients unable to perform activities such as bathing, toileting, cooking, wound care or medication administration require home health assistance or will be referred to a skilled nursing facility after surgery.
- A home health nurse may visit you at home to assist with your care. This will be arranged by the hospital.
- If a skilled nursing stay is needed, placement will be made based on insurance coverage and facility availability. If you have a facility you prefer, please let your social worker or nurse know.

NOTES



☐ **Driving**

Have family or a friend drive you until you are ready to drive again. We recommend two weeks. To drive, you must be able to:

- Walk comfortably without support.
- No longer be taking prescribed pain medication.
- Feel ready to safely drive.

Other required areas of understanding for discharge.
If applicable:

- ☐ **Ostomy teaching**
- ☐ **Drain care**
- ☐ **Catheter care**

☐ **Your Follow-up Appointment**

You will have a follow-up appointment with your surgeon about two to four weeks after surgery (if you have staples, you may be seen sooner). During this appointment your surgeon will:

- Do a physical exam.
- Ask you questions about how well you are following your discharge instructions and recovery plan.
- Review your medications, pain management and exercise.
- Talk about your daily activities, including returning to work.

APPOINTMENT	DATE	TIME	LOCATION
Follow-up Appointment			<div><input type="checkbox"/> Center for Advanced Medicine 4921 Parkview Pl., Ste. 8C, St. Louis, MO 63110</div> <div><input type="checkbox"/> Center for Advanced Medicine – South County 5201 Midamerica Plaza, Ste. 2300, St. Louis, MO 63129</div> <div><input type="checkbox"/> Siteman Cancer Center - South County 5225 Midamerica Plaza, St. Louis, MO 63129</div> <div><input type="checkbox"/> Siteman Cancer Center - West County 10 Barnes West Drive, Bldg. 2, Creve Coeur, MO 63141</div> <div><input type="checkbox"/> Barnes-Jewish West County Hospital 1040 North Mason Road, Bldg. 1, Ste. 120 St. Louis, MO 63141</div>

NOTES



AT HOME

Your recovery continues at home. As you continue to heal, we are here as a resource for you.

Call Your Surgeon Immediately If You:

- Experience severe pain that does not get better with medication
- Develop a fever above 101.5° F
- Experience nausea or vomiting
- Experience persistent diarrhea or more than 10 bowel movements in 24 hours
- Are unable to urinate after eight hours
- Have a surgical site that has foul smelling drainage, is red or warm
- Have bright red blood from the incision, rectum or ostomy (greater than one cup); a small amount of bleeding may be normal
- Experience dizziness, light-headedness or extreme fatigue

OSTOMY PATIENTS:

- Have ileostomy output greater than 1,200 mL in 24 hours
- Are unable to keep a pouch connected for 24 hours
- Skin that is painful, red or irritated

**After you leave the hospital,
call your surgeon's office for all
questions and concerns.**

Office:

314-454-7177

(8 a.m. to 4 p.m., Mon. to Fri.)

Exchange:

314-362-1242

(after hours, holidays and weekends)

NOTES

Pain Medication

- To control your pain when you go home after surgery your doctor will order multiple medications. Some of these medications are over-the-counter and others will require a prescription. It is important to use the right medication for your pain level.
- You will continue to follow the same multimodal pain management program at home as you did in the hospital. Multimodal means you will take a combination of medications to control your pain.
- **Refer to your discharge instructions for your medications.**

Medications may include:

MEDICATION	DESCRIPTION	PAIN LEVEL	COMMON PRESCRIPTIONS (ASK YOUR DOCTOR WHAT IS RIGHT FOR YOU)
Acetaminophen (Tylenol®)	Over-the-counter pain reliever	Mild to moderate (one - five out of 10 on pain scale)	<ul style="list-style-type: none"> • NOT TO EXCEED 4,000 mg daily • 325 mg to 1,000 mg every six hours • May be used with ibuprofen/NSAIDs
Ibuprofen / NSAIDs (Motrin®, Advil®)	Over-the-counter pain reliever	Muscle aches Mild to moderate (one - five out of 10 on pain scale)	<ul style="list-style-type: none"> • NOT TO EXCEED 3,200 mg daily • 200 mg to 800 mg every six hours • May be used with acetaminophen
Oxycodone (OxyContin®, Roxicodone®) Hydrocodone Tramadol	Prescription opioid – narcotic	Moderate to severe (worse than five out of 10 on pain scale)	<ul style="list-style-type: none"> • Discuss dosage with your surgeon • Individualized and often taken every four to six hours • May be used with acetaminophen or ibuprofen/ NSAIDS
Percocet® Norco® Lortab® Vicodin®	Prescription opioid combo narcotic	Moderate to severe (worse than five out of 10 on pain scale)	<ul style="list-style-type: none"> • Discuss dosage with your surgeon • Individualized and often taken every four to six hours • DO NOT TAKE with acetaminophen • May be taken with ibuprofen/NSAIDs

- Always ask your doctor or nurse which medications you should take or if you are unsure of how to take them.
- It is our goal that patients manage pain using the lowest dose of medication for the shortest length of time. Using a combination of over-the-counter and prescription medications can help patients achieve this goal.
- Never increase the amount of a medication or add a medication without asking your doctor or nurse.
- Call the office at 314-454-7177 if your pain is increasing or does not get better with the medications you have been prescribed.

NOTES

PAIN MEDICATION SCHEDULE

Use this chart as a guide to remind you what time you need to take your pain medications each day. Using a combination of over-the-counter and prescription pain medications is the best way to reduce pain after surgery.

Refer to your discharge instructions for medications that your surgeon has recommended. See example below.

MEDICATION	Dose	6 a.m.	7 a.m.	8 a.m.	9 a.m.	10 a.m.	11 a.m.	12 p.m.	1 p.m.	2 p.m.	3 p.m.	4 p.m.	five p.m.
<i>Tylenol (ex.)</i>	<i>1,000mg</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEDICATION	Dose	6 p.m.	7 p.m.	8 p.m.	9 p.m.	10 p.m.	11 p.m.	12 a.m.	1 a.m.	2 a.m.	3 a.m.	4 a.m.	five a.m.
<i>Tylenol (ex.)</i>	<i>1,000mg</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTES

YOUR AT HOME RECOVERY TIMELINE

This varies depending on your surgery, complications and personal health status.

Week One

- Walk four times day.
- Get out of bed for six hours daily. (It is normal to be tired. Take naps and rest as necessary.)
- Drink a minimum of six glasses of water daily.
- Eat four to six small meals (foods may taste differently, this is temporary).
- Bathe daily.
- Perform wound care daily.
- No driving.
- Do not lift more than 10 pounds.

Week Two

- Staples are removed, if applicable.
- Reduced need for narcotics.
- Walk four times a day.
- Get out of bed for six hours daily.
- Eat four to six small meals.
- Drink a minimum of six glasses of water daily.
- Bathe daily.
- Perform wound care daily.
- Do not lift more than 10 pounds.
- As you increase your activity, you may experience muscle aches. Ibuprofen can help.
- After week two, you may be ready to drive if you are no longer taking narcotic pain medication.
- Ostomy patients may need to reevaluate pouching due to changes in body shape and activity levels. Call the office to see our ostomy nurse.

One Month Post-Op

- Postoperative appointment
- You should no longer require narcotic pain medication.
- You may continue to increase activity as tolerated.
- You may be ready to drive if you are no longer taking narcotic pain medication.
- Return to work with approval.
- Do not lift more than 10 pounds.
- Ostomy patients may need to reevaluate pouching due to changes in body shape and activity levels. Call the office to see our ostomy nurse.

Three Months Post-Op

- You will likely have returned to work and resumed regular activities.
- You will continue to get stronger and your appetite will improve.
- You should begin regaining any weight lost.
- It may take patients three to six months to feel normal again
- Ostomy patients may need to reevaluate pouching due to changes in body shape and activity levels. Call the office to see our ostomy nurse.

NOTES

GIVING A LOVENOX®/ENOXAPARIN INJECTION

1. Wash and dry your hands.
2. Sit or lie in a position that lets you easily see your abdomen (belly area).
3. Choose an area on the right or left side of your abdomen, at least two inches from your belly button. Think “love handles.”
4. Clean the area with an alcohol swab. Let it air dry. Use a new site each time.
5. Remove the needle cap by pulling it straight off the syringe and throw it away in the sharps holder.
6. Hold the syringe like a pencil in your writing hand. With your other hand, pinch an inch of cleaned skin to make a fold.
7. Insert the full length of the needle straight down - at a 90 degree angle - into the fold of the skin.
8. While holding the fold of skin, press the plunger with your thumb until the syringe is empty.
9. Pull the needle straight out and release the skin fold.
10. Keep the needle pointed down and away from yourself and others. Push down on the plunger to move the needle into the safety shield.
11. Place the used syringe in the sharps holder.

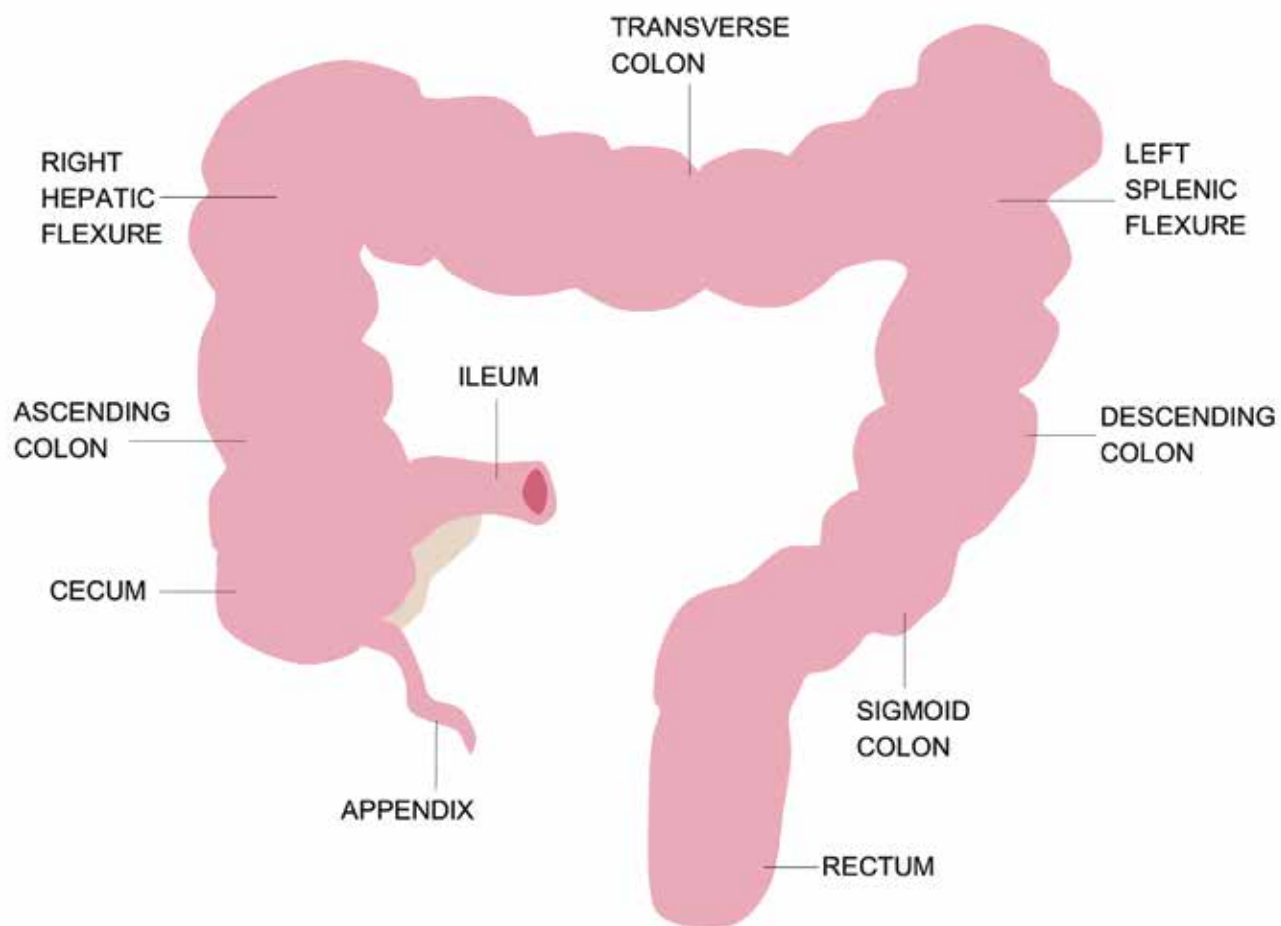
Other Things You Need to Know

- The amount of medicine the doctor orders for you will come in a pre-filled syringe.
- Always use the abdomen to give the injection unless told otherwise by your doctor. There is less pain and bruising when injections are given in the abdomen.
- Each time you give yourself a shot, use a different area. Rotate between the left and right side as shown on the picture. Don't give the injection in an area that is bruised, has lesions or is over a bone.
- After removing the needle, apply gentle pressure to the site but do not rub. This can cause damage, bleeding or more bruising.
- Needles/syringes should be placed in a rigid, leak proof and puncture resistant container such as a laundry detergent bottle. When full, seal the bottle and dispose of it in the regular trash. Do not put in the recycle bin.

Disclaimer: This material provides general information only. It should not be used in place of the advice, instructions, or treatment given by your doctor or other health care professional.

NOTES

COLON DIAGRAM



For more information, visit
Physicians.wustl.edu



N A T I O N A L L E A D E R S I N M E D I C I N E