

niagarahealth

Extraordinary Caring. Every Person. Every Time.

A Guide to Feeling Better After Colorectal Surgery

Please bring this booklet, some gum (or hard candies if you cannot chew gum), and a pen with you to the hospital when you come for surgery.

Things to bring with you to the hospital:

- This booklet and a pen.
- Your health card and information for any other health care plan you have.
- An up to date list of all medication, vitamins and herbs you take.
- Two (2) packs of chewing gum. If you are not able to chew gum, bring hard candies to suck.
- Personal items like a toothbrush, toothpaste, hair brush, mouthwash, deodorant, lip balm, and hand cream.
- A bathrobe and loose, comfortable clothing such as track pants or pajama pants.
- Non-slip slippers or socks.
- Cane, crutches, or walker if you use these at home. Label with your name.
- Earplugs, if desired.
- CPAP or sleep apnea machine if you use one. Label with your name.
- Glasses in a case labelled with your name, if you use them.
- Magazines, books, or crosswords, etc.
- Food that is part of your normal diet and easy on your stomach. This may include crackers, cereals, and pudding cups. Please do not bring food that needs to be kept cold.

Acknowledgements

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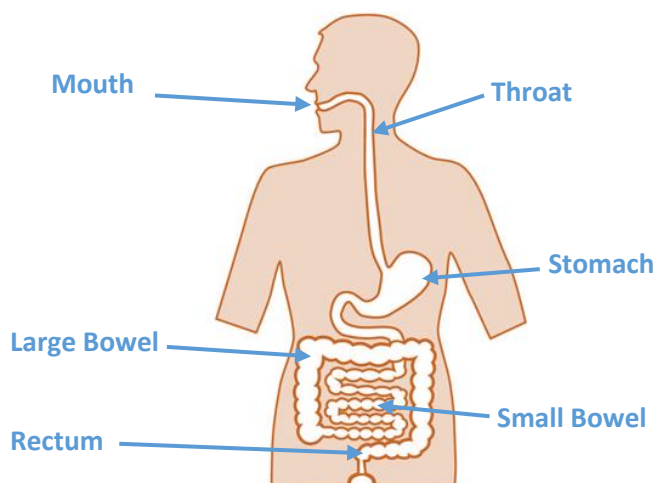
Your Digestive System And Bowels

When you eat, food passes from your mouth through your throat and into your stomach. From there, it passes into the small bowel. This is where the food you eat and the fluids you drink are broken down to feed and nourish your body.

The part of what you eat and drink that your body does not need, is called waste. This waste goes into your large bowel, also called the colon.

As the waste moves through the colon, fluid is removed and feces or stool is formed. The stool is stored in your rectum until it passes out of your body through the anus in the form of a bowel movement.

Your digestive system's parts are shown below. Knowing the path food follows helps you understand how the digestive system works.



Bowel Surgery

Bowel surgery takes out a part of the small or large bowel. When a part of the bowel is taken out and the bowel that is left is put back together, it is called a bowel resection.

The kind of bowel surgery you are having will depend on the problem you are having. Your doctor will talk to you about the kind of bowel surgery you are having.

There are many kinds of bowel surgery, like:

- Colorectal (colon) surgery: Used if you have a problem in the lower part of the large bowel and rectum.
- Rectal surgery: Used if you have a problem in or near anus.

Sometimes the doctor needs to bring the bowel through the skin to the outside of the belly. The part of the bowel that can be seen on the outside is called a stoma:

- It is called an ileostomy if this is done with the small bowel.
- It is called a colostomy if this is done with the large bowel.



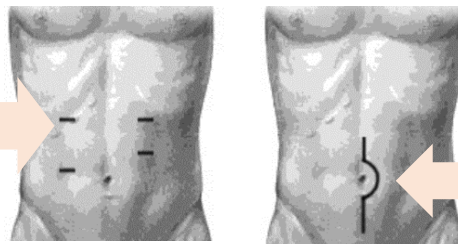
Bowel surgery can be done in 2 ways:

- Laparoscopic
- Open

Laparoscopic

Laparoscopic means that the surgeon makes 4 to 6 small cuts in the belly. The surgeon uses a camera to help with the surgery. This way they can free-up the part of the bowel that is not healthy without making a large cut. The surgeon then makes another small cut to remove the part that is causing problems. The healthy ends of the bowel are sewn or stapled back together, or a stoma is made.

Laparoscopic port sites
– How many sites and where they are depend on the surgeon and kind of surgery



Open incision
– surgical site

Open

Open means the surgeon makes one 10 to 20 centimeter (cm) cut in the belly to remove the part of the bowel that is not healthy.

The healthy ends of the bowel are sewn or stapled back together or a stoma is made. The black line in the picture shows where the cut (incision) is.

Getting Ready For Surgery And After – Planning Ahead

There are some things you should do to get ready for surgery and for going home after surgery:

Get fit and strong

If you exercise now, keep it up to be ready for surgery.

If you do not exercise, start walking for 5 to 10 minutes a few times a day. Aim for 5 walks for 10 minutes every day. We will be getting you to walk after your surgery. If your muscles are used to walking before surgery, it will be easier to do after surgery.

The stronger you are before surgery, the faster you will feel better after surgery and get back to your normal life.

Stop smoking

If you smoke, try to stop smoking for at least 4 weeks before surgery. This lessens the chance of having an infection and/or breathing and lung problems after surgery. It also helps you heal and feel better faster.

Talk to your doctor, nurse or pharmacist if you would like help to quit smoking. You can call: **Smokers' Helpline at 1-877-513-5333 or go to: www.smokershelpline.ca**

Did you know?

- Smoking makes the chance of getting a skin infection 3 to 4 times higher than non-smokers.
- Smoking increases the change of a leak from the site of the reconnected bowel by 2 times.

If you stop smoking at least 4 weeks before surgery, you can:

- Lower your risk of getting an infection and/or breathing problems
- Improve healing and speed recovery

Drink less alcohol

Alcohol can also lessen healing and make you take longer to feel better after surgery. If you drink wine, beer and/or liquor regularly, reduce this to 1 drink a day for 4 weeks before surgery. If you think you may have trouble doing this, talk to your surgeon or health care provider to make a plan.

Things to get ready at home

You need to make sure you have someone to drive you the day you are able to go home. This person needs to be on-call to do this.

Make sure that everything is ready for you when you go home after surgery. You will be able to walk, eat and care for yourself fairly well. You will still need some help from family and friends when you first get home.

You may need help with:

- Driving, cleaning, laundry, making meals
- Caring for pets, watering plants

Stock your freezer, fridge and cupboards with easy to make healthy meals. Then you will not have to go to the grocery store when you get home.

Hospital Stay

How long you need to stay in hospital after surgery depends on the kind of surgery you are having. Most often, you will need to stay in the hospital for 3 days after bowel surgery.

- If you are having small bowel surgery or a colon resection, plan to go home 2 to 3 days after surgery
- If you are having surgery in the lower colon and/or rectal area, plan to go home 4 days after surgery.
- ▶ Getting your body ready for surgery, before coming to the hospital:
 - Take off all nail polish, jewellery and body piercings.
 - Seven (7) days before surgery, stop shaving, clipping or waxing the hair around the area having surgery (the surgery site).
 - Clean your skin before surgery – you should bathe the night before and morning of surgery using 4% Chlorhexidine Gluconate in a bottle form or scrub sponges.

Please follow the Chlorhexidine – CGH Cleaning your skin before surgery handout. You can find this handout on the Niagara Health website or at the surgeons' office.

- ▶ Things to leave at home when you come for surgery:
 - Money, purse, and/or wallet
 - Anything you value like your cell phone, laptop, iPad, clothes you love, etc.

Fragrance free- scent free

Niagara Health is scent free. Many patients, visitors and staff have allergies to scented products. For the safety of all, please do not bring or use any scented products like perfume and aftershave.

Pre-Operative Clinic Visit

You will come to a visit at the Pre-Operative clinic several days or weeks before surgery:

Greater Niagara General Site – please register at Ambulatory care on the 1st Floor

St. Catharines Site – please go to the Ambulatory care clinic on the 4th Floor

Welland Site – please go to 3 West on the 3rd Floor and check in at the first desk

Here, you will learn more about how to get ready for surgery.

The Nurse will go over:

- Your health history and the list of medications you are taking now
- How to clear out your bowel for surgery, if your surgeon orders this. This is called a “bowel prep”
- The kind of food to eat and drink before surgery and when to stop eating
- A list of things you should do before surgery at home and things to bring to the hospital

The Anaesthesiologist will go over:

- Your list of medications and health history
- The type of anaesthetic (medicine to put you to sleep) you will have for surgery
- Pain control offered after surgery

Remember:

- Do not remove any body hair in the area of your surgery before surgery.
- Do not wax, shave or clip to lessen your risk of infection.
- You may be asked to shower with special soap before your surgery.

Keep your things safe:

Niagara Health is not responsible for lost or stolen items. You are responsible for them. Anything you keep with you in the hospital is your responsibility.

Day Before And Morning Of Surgery

If your doctor did order a bowel prep, follow those steps plus the steps below at home:

- Eat a regular breakfast and then drink clear fluids the rest of the day before surgery.
- Drink clear fluids until 2 hours before the scheduled surgery time.
- Drink carbohydrate rich drinks (see below):
 - Drink 800 mL (3 cups or glasses) at bedtime the night before surgery; and,
 - Drink 400 mL (1 ½ cups or glasses) 2 hours before your surgery time.

If your doctor did **NOT** order a bowel prep, here are the steps to follow at home:

- Have your regular diet until midnight before surgery.
- Drink clear fluids until 2 hours before your surgery time.
- Drink carbohydrate rich drinks (see below):
 - Drink 800 mL (3 cups or glasses) at bedtime the night before surgery; and,
 - Drink 400 mL (1 ½ cups or glasses) 2 hours before your surgery time.

Drinks that are carbohydrate rich are drinks that have a lot of sugar. Research has shown that drinking sugary drinks before surgery helps you feel stronger and feel better faster after surgery.

Examples of carbohydrate enriched drinks are:

- **Apple juice**
- **Cranberry juice or cocktail**
- **Iced tea with sugar**
- **Sports drinks**

Don't forget:

- **Night before surgery – drink 3 glasses**
- **2 hours before your surgery time – drink 1½ glasses**

Remember:

- A clear liquid is any liquid you can see through, like:
 - Water
 - Apple juice
 - Tea (no milk)
- **Milk and orange juice are not clear fluids and should not be taken**

Day Of Surgery

When you get to the hospital:

See below for where to go at the hospital you are having surgery at:

Greater Niagara General Site – please go directly to Day Surgery on the 1st Floor

St. Catharines Site – please go to OR Reception on the 2nd Floor

Welland Site – please go to 3 West on the 3rd Floor and check in at the first desk

- A Nurse will greet you and take you into the unit by yourself first. If you came with a support person, he or she is invited to join you after you are ready for surgery. This may change due to COVID-19 restrictions.
- When you are in the unit, the Nurse will get you settled, ask some questions, take your vital signs (e.g., blood pressure, heart rate)
- The Nurse will put a thin tube into a vein in your arm called an intravenous or IV. It is used to give you medicines before, during and after surgery. You will be given antibiotic medicine to lessen your chance of infection after surgery.
- You will be given a medicine to help prevent a blood clot after surgery. This will be given to you with a needle into your belly or leg.
- The Anaesthesiologist will come to talk to you about what happens next.
- When you are ready for surgery, your support person can join you until you are taken to the Operating area. Your support person will be shown where to wait for you while you have surgery and recover after. This may change due to COVID-19 restrictions.

In the operating area:

- You will be taken to the operating area on a stretcher.
- If you are having an epidural or spinal anaesthetic, this is done in a place close to the operating area or in the operating area. Your doctor will have talked to you about this ahead of time.
- You go into the operating room awake. You will talk to the team and answer some questions before your surgery starts.
- While you are asleep, you may have a thin tube called a urinary catheter put into your bladder to drain urine.

After Surgery

In the recovery area, members of the health care team will check:

- The IV to make sure you get the right amount of the right fluid and medicine
- Your breathing and oxygen level
- The amount of urine you drain out of your bladder
- Your heart rate, blood pressure and other vital signs
- Your surgery site(s)

They will also check how much pain you are having and give you the pain medicine you need. If you have a patient controlled pain pump (PCA), you learn how to use this when you are awake and it is safe to do so.

You will leave the recovery area and go to your room on a nursing unit when the health care team feels it is safe to move you there.

On the Nursing Unit

- It is very important to move around and exercise to recover. Lying in bed without moving may cause problems like pneumonia, blood clots and muscle weakness. It also lengthens your stay. The more you get up and move around, the better you will feel.
- The same day, after your surgery, a health care provider will help you sit at the side of the bed and dangle your legs. A health care provider will also help you walk for at least 2 minutes, if you are able.
- Walking and moving is very important to help the bowels “restart”. It also lessens feeling sick to your stomach, bloated and crampy. Walking helps gas pass through your bowels and lessens “gas cramps”.

Leg Exercises

Your health care providers help and remind you to:

- Sit up and dangle your legs at the side of the bed
- Do your leg exercises

These help the blood flow in your legs and around your body to prevent clots.

Do these exercises 4 to 5 times every hour you are awake

- Stretch your legs out straight
- Wiggle your toes and bend your feet up and down
- Wiggle your toes and rotate your ankles



Deep Breathing And Coughing Exercises

Your health care providers help and remind you to do your breathing exercises. Every hour that you are awake do this:

- Breathe in slowly and deeply through your nose
- Breathe out slowly through your mouth with your lips pursed
- Repeat 10 times
- After 10 deep breaths, hold a pillow against your surgery area and cough 3 times

If your cough is wet, it may feel like you have something stuck in your chest or the back of your throat. Sometimes a **wet cough** will bring mucus into your mouth. Try to cough more and clear the phlegm.

Rest And Activity – Get The Right Balance

- The first time you get up and any time you feel wobbly, have a person from your health care team help you get up and move around
- Learn how to move around with an IV pole and catheter if you have them
- Your goal is to move around and be out of bed. Walking or sit in a chair often. Build up the amount of time you walk and sit
- Once you feel safe getting up and moving around you can do this by yourself. Walk around the unit alone and with your visitors as much as you can.
- Try to sit in a chair for all of your meals
- It is important to balance rest and activity. It is normal to be tired because your body is trying to heal. Take rest breaks between walking, sitting and doing your exercises
- Do not be afraid to ask your visitors to leave so you can rest throughout the day as well
- Moving and activity during the day helps with sleeping better at night

Catheter – Tube To Drain Urine

You may need a catheter to drain urine. The goal is to take the catheter out as soon as we can. This helps lessen your chance of getting a bladder infection. It also helps you move around better.

If you have a catheter:

- It is routine to take out your catheter on Day 1 if you have colon surgery
- It is taken out on Day 2 if you had rectal surgery

Diet – Liquids And Solid Food

The day of surgery when you are in the recovery, you begin to take sips of clear liquids. You are to keep drinking more liquids, as you can.

You will start to eat solid food the day after surgery. Start slow and eat in small amounts. Eat when you are hungry or feel like it. Try to sit in a chair when you eat, even if you eat very little.

Your family can bring you food if you like, but check with your Nurse first about what is right for you. Be sure your family brings food that does not need to be in a fridge. There is not enough room in the unit fridge for everyone to bring food.

It is important to drink lots of liquid while you get better after surgery. Liquids and moving around help you get rid of gas and move your bowels. Liquids also help lessen the chance of a bladder infection.

Drink small amounts throughout the day unless you have been told not to. For example, people with kidney or heart problems may not be able to drink a lot of liquids.

Follow what the members of your health care team tell you about how much liquid to drink.

Tell the Nurse if you feel sick to your stomach, or feel bloated during or after eating. Do not eat if you have these feelings. You may need some medicine to help.

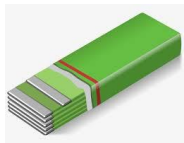
If you need a special diet, a hospital Dietitian will visit you to tell you about it. Not all surgeries need a special diet. If you are worried about your diet in hospital or have questions, you can ask your Nurse or Doctor to have a Dietitian meet with you.

Gum (The Best) Or Hard Candy

Chewing gum after surgery helps you pass gas. Passing gas says that your bowels are working.

Start chewing gum the morning after surgery.

Chew 1 piece of gum for about 5 minutes, 3 times each day



If you cannot chew gum, bring hard candies to suck on.

Help prevent ileus

After bowel surgery, your bowel may stop working. This is called an ileus. If this happens, you feel bloated. You may also feel sick to your stomach and vomit. If you have an ileus, this will lengthen the time it takes to feel better after your surgery.

Certain pain medicines like morphine increase the chance of ileus.

Walking and chewing gum both help your bowel work faster and lessen the time it takes to feel better.

Follow Activity Guide that starts on page 18 each day.

Pain Management

Pain is an unpleasant feeling that is different for every person. There are many words people use to describe pain such as “soreness”, “discomfort” or “aching”.

Having your pain under control is important, it helps you to:

- Lessen the stress in your body so you can feel better faster
- Breathe, cough and do things more easily
- Move around better
- Sleep better
- Heal faster
- Do things that are important to you

Rating your pain

In the hospital, members of the health care team use a 10 point scale to rate pain.

When you wake up after surgery, they will ask you to rate your pain on this scale.

You are also asked to rate your pain often as you heal.

Faces of Pain



0 = No Pain



1 = A Little Bit Of Pain



2 = A Little More Pain



3 = Some More Pain



4 = A Lot More Pain



5 = The Worst Pain



You may find that your pain is less when you are resting and more when you are moving. If your pain is 4 (moderate) or more you should treat your pain or ask for pain medicine.

Members of your health care team will work with you to help you manage your pain. Take pain medicine about ½ hour before moving around. If you are going to be working with the physiotherapist or taking a walk around the unit, take pain medication about ½ hour before.

If you have pain that is stopping you from moving, you should treat your pain or ask for pain medicine.

Ways to Control and Manage Pain

There are different pain medicines and ways to give them after surgery.

Members of the health care team will talk to you about this before surgery in the Pre-Admission visit and often after surgery.

There are 3 main ways to get pain medicine:

1. Oral (by mouth)
2. IV with or without a Patient Controlled Analgesia (PCA) pump
3. Epidural

1. Oral (By Mouth) Medication

In the hospital, you may be given different types of pain medicine on a regular basis to help manage your pain.

Each medicine works in a different way in your body. You and your health care team work together to find the best way to control your pain.

If the medicine does not control your pain, please tell your Nurse. More, or a different pain medicine may be given.

Some oral pain medicines are gabapentin, acetaminophen, ibuprofen, and narcotic medication such as hydromorphone (Dilaudid®).

Oral medicine can be taken alone or with other pain medicines given through an IV or epidural.

2. IV Pain Control

Pain control medicines can be given through your IV as long as you have one. When you ask for pain medicine, your Nurse gets it ready and puts it into the IV. Most of the time this is a narcotic medicine such as hydromorphone (Dilaudid®).

IV and Patient Controlled Analgesia (PCA) Pump

Pain control medicine can be given through the IV using a pump. Your IV may connect to a pump that controls the amount of pain medicine you get. The pain medicine is in an IV bag. The pump is set to give you the medicine your Doctor orders.

When you use PCA, you control how much pain medication you get and when you get it.

If you have pain, you push a button that comes with the pain pump. You can push the button at any time you think that you need more pain medicine.

You hear a beep from the pump to let you know that the pain medication is going in. after the beep, it takes only a few minutes for the medicine to work.



You do not need to call the Nurse to get pain medicine when you have a PCA. The pump is set up to make sure that you do not get too much medicine.

It is very important that **no one pushes the button but you**. Never let your family or friends push the button.

If you have a PCA pump, you will have it until you are able to drink liquids and swallow medication by mouth. The pump is often not needed after 1 day.

3. Epidural

An epidural is a small tube placed in your back by an Anaesthesiologist. It is placed in a space outside your spinal cord to give you medicine to lessen your pain after surgery. The tube is usually placed in your back, in a special area just before you go into the operating room. You are awake during the procedure. Members of the health care team help you feel comfortable when the doctor puts the tube in.










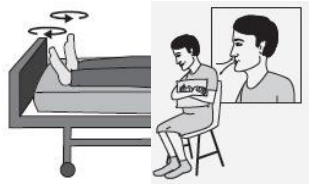
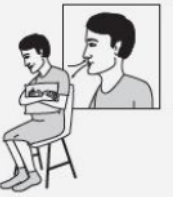

Medicine is given through the tube to provide pain relief. This medicine is usually local anaesthetic or “freezing” plus a narcotic medicine.





After the surgery, pain medicine is given to you using an epidural pump. This pump gives you a steady dose of pain medicine. An epidural is often not needed more than 24 to 48 hours and is taken out then.







Activity Guide

- Use the Activity Guide on the next few pages to help you know what you need to do each day to help you feel better.
- Fill out My Activity Log starting on page 25 as you follow the Activity Guide.
- It is important to check how well you are doing and work with the team to get better.

Activity	Day of surgery – after surgery	Day 1	Day 2	Day 3 and on
<p>Food and liquid</p> <p>Gum (If you cannot chew gum, suck hard candy)</p>	<p>Clear liquids.</p>   <p>No gum or hard candy</p>	<p>Eat what you feel like that doesn't bother your stomach.</p>  <p>Chew gum 3 times a day for 5 minutes each time.</p> 	<p>Eat solid food. Drink often.</p>  <p>Chew gum 3 times a day for 5 minutes each time.</p> 	<p>Eat solid food. Drink often.</p>  <p>Chew gum 3 times a day for 5 minutes each time.</p> 
<p>Exercises</p> <p>Do these exercises every hour that you are awake</p>	<p>Leg: 4 or 5 times each hour Deep Breathing and Coughing 1 time each hour</p> 	<p>Leg: 4 or 5 times each hour Deep Breathing and Coughing 1 time each hour</p> 	<p>Deep Breathing and Coughing 1 time each hour</p> 	<p>Deep Breathing and Coughing 1 time each hour</p> 

Activity	Day of surgery – after surgery	Day 1	Day 2	Day 3 and on
<p>Sitting and walking</p>	<p>Dangle legs at side of bed.</p> <p>Walk 10 feet or more. Stay on your feet for at least 2 minutes.</p> 	<p>Sit in chair for meals.</p>  <p>Walk in room or hall 10 feet or more. Stay on your feet for at least 2 minutes. Do this as many times as you can.</p>	<p>Sit in chair for meals.</p>  <p>Walk in hall often.</p>	<p>Sit in chair for meals.</p>  <p>Walk in halls often to get ready to go home.</p>
<p>Pain control</p>	<p>Your pain score should be less than 4 out of 10.</p>	<p>Your pain score should be less than 4 out of 10.</p>	<p>Your pain score should be less than 4 out of 10. You take your pain medicine by mouth.</p>	<p>You take your pain medicine by mouth. You take less pain medicine each day as you get better.</p>

Activity	Day of surgery – after surgery	Day 1	Day 2	Day 3 and on
<p>Equipment</p>	<p>You have an IV and may have a catheter.</p> <p>You may walk with help.</p> <p>If you do not have a catheter the nurse will help you walk to the bathroom.</p> 	<p>You learn to move around with an IV and catheter safely.</p> <p>The IV may come out on Day 1.</p> <p>The catheter may come out on Day 1</p> <p>The catheter is gone</p> 	<p>The IV is gone.</p> <p>The catheter may come out on Day 2.</p> <p>The catheter is gone.</p> <p>You can walk to the bathroom.</p> 	<p>You can walk to the bathroom.</p> 

Getting Ready to go Home

Before and while you stay in hospital, members of the health care team help you get ready to go home and back to your normal activities.

Before you go home make sure you know:

- About the medicine(s) you need to take or keep taking at home – make sure you have prescriptions for any new medicines like medicine for pain control
- What you can eat and drink
- How to take care of your surgery site(s)
- When to go back to your normal activities such as driving, exercising, lifting and work – you may need to wait until your follow-up visit to get these answers
- What to watch for and when you need to contact a health care provider
- Who to call if you have questions or worries

Remember:

- **Passing gas is a sign that your bowels are working.**
- **You do not need to have a bowel movement before you leave the hospital.**

At Home

What you cannot do:

- Do not lift more than 4.5 kilograms or 10 pounds. This means you should not lift anything like a laundry basket, grocery bag, or small child for 4 to 6 weeks after surgery.
- Do not do anything like stomach exercises, high intensity aerobic activities or weight training for 4 to 6 weeks after surgery.



What you can do:

- Stay active. Get up, wash and dress each day as you would before surgery. Walk often and take part in your normal social activities.
- Slowly get more active as you heal and get stronger.
- It is normal to feel tired after surgery. Listen to your body and take rest breaks when you need them in the day.
- You can start doing most of the things you did before surgery when you are pain-free. You can resume sexual activities when you are pain-free.
- You may start to drive when you are no longer taking opioid pain medicine.
- Your surgeon will tell you when you can go back to work. The kind of work you do and how well you feel will help them decide.
- You can shower or take a bath.
- You do not need to cover your surgery site(s) to have a shower or bath.
- Avoid getting your surgery site(s) too wet. Do not soak in a bathtub. Try not to have the shower water run right onto your surgery site(s).
- Dry surgery site(s) right after you shower or bathe.
- The tape will come off by itself. You do not have to put new tape on.
- If you go home with staples in your skin, your Nurse will tell you when they need to be taken out. You may need to call for a visit to have this done.

Ask your family and friends to help you with:

- Getting meals ready
- Grocery shopping
- House cleaning
- Laundry

What to watch for when you go home

- Call your surgeon or go to the closest Emergency right away if you have any of the right following:
- A temperature greater than 38°C or 100°F
- You are vomiting, bloated or feeling sick to your stomach all the time
- Redness, swelling, foul smell, oozing or increasing pain from any incision
- Bright red blood from your anus
- Stomach pain that medicine does not help
- No bowel movement after 7 days from your surgery

Follow-Up Appointments:

Health Care Provider: _____

Date: _____ Time: _____ a.m. p.m.

Location: _____

Health Care Provider: _____

Date: _____ Time: _____ a.m. p.m.

Location: _____

Health Care Provider: _____

Date: _____ Time: _____ a.m. p.m.

Location: _____

My Activity Log

- Use this log to keep track of what you do each day after surgery.
- Members of your health care team will look at your log with you.
- Check the box when you do each activity.
- Check your pain score each day.

Get better faster by working with your health care team.

Day 0

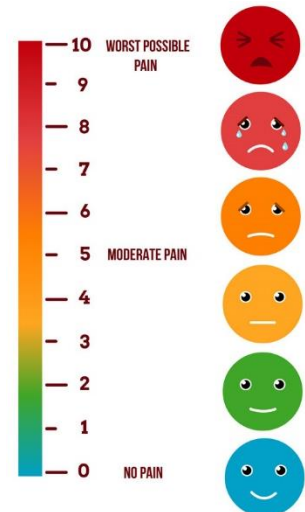
- Talked about my goals for discharge (2, 3, or 4 days);
- Got up for the first time at the bedside;
- Walked with help (if possible);
- Did deep breathing exercises (10 breaths every hour) and coughing exercises (2 to 3 coughs every hour) when I was awake;
- Drank clear fluids
- My pain score is _____

Day 1

- Chewed sugarless gum 3 times today for at least 5 minutes;
- Discussed my appropriate meals and diet with my Nurse;
- Sat up in the chair for all of my meals;
- Took at least 2 to 4 short walks today;
- Performed deep breathing and coughing exercises every hour when awake;
- Dangled at bedside for at least 10 to 15 minutes (5 to 12 times today);
- Performed leg exercises (4 to 5 times while awake);
- Discussed my goals for discharge on Day 4;
- Ate solid food
- My pain score is _____

Day 2

- Chewed sugarless gum 3 times today for at least 5 minutes;
- Sat up in the chair for all of my meals;
- Walked at least 4 to 6 times today;
- Performed deep breathing and coughing exercises every hour while awake;
- Performed leg exercises;
- Dangled at the side of the bed (8 to 12 times today);
- I have discussed my discharge plan for Day 4 with my Nurse;
- Ate solid food
- My pain score is _____
- I have an ostomy:
 - The Nurse taught me how to care for and empty the ostomy



Day 3

- Chewed sugarless gum 3 times today for at least 5 minutes;
- Sat up in the chair for all of my meals;
- Walked at least 6 to 8 times today;
- Performed deep breathing and coughing exercises while awake;
- Performed leg exercises;
- Dangled at the side of the bed (12 times today);
- I have discussed my discharge plan for Day 4 with my Nurse;
- Solid food taken
- My pain score is _____
- If I have an ostomy: I can empty my ostomy (if not, I let my Nurse know);

Day 4

- My pain is under control with the pain medication prescribed;
- I have discussed my discharge plan for today with my Nurse;
- My questions have been answered to my satisfaction;
- I have been given a copy of my discharge instructions by the Nurse;
- My pain score is _____
- If I have an ostomy:
 - I feel comfortable with my ostomy care (if not, I let my Nurse know)
 - I can empty my pouch on my own
 - I have observed and / or participated in an ostomy change
 - I have received diet education from the Dietitian

Ostomy Checklist

Use this checklist if you have an ostomy

Pre-Admit

- I was given verbal, written and digital (if available) ostomy information
- I was introduced to a pouching system and watched a demonstration

Post-Op Day (POD) #0

- I have reviewed my pre-admit information
- I have looked at my ostomy pouch
- My family and caregivers participate and encourage me

POD#1

- I have an ostomy pouch and supplies for handling
- I have made an attempt to empty and release gas from my pouch
- I have reviewed the ostomy DVD (only if available and provided)
- My family and caregivers continue to participate and encourage me

POD#2

- I can open, close and release gas from my pouch independently
- I have emptied my pouch with guidance from my Nurses
- I have participated in a change of my pouching system
- I have viewed the ostomy DVD (only if available and provided)
- My family and caregivers continue to participate and encourage me

POD#3 / 4

- I can open, close and release gas from my pouch independently
- I can empty the effluent from my pouch independently
- I have seen my Dietitian and understand my diet and fluid needs
- I have received information on how to care for my ostomy
- My family and caregivers continue to participate and encourage me

Day of Discharge

- I have completed my ostomy pouching system change
- I have been given ostomy supplies and information for home
- I have my LHIN information booklet
- I have my discharge instructions and prescriptions