



Bowel (Colon) Resection Post-Surgical Care

Before your surgery: How we get you ready

While we get you ready for your bowel resection, you can expect a number of procedures prior to your surgery. These include blood and urine tests, X-rays and an electrocardiogram (EKG), if needed.

You might be placed on a low-residue diet for several days, and your health care team will explain which foods are okay to eat. Additionally, you might be placed on a liquid diet for at least the day before surgery, and you will be asked to consume no foods or liquids after midnight.

You will also be given separate instructions on how to completely empty your bowel prior to surgery, and you may be given antibiotics prior to surgery to help prevent infection.

Your surgery

On the day of (or during) your surgery, we may place a nasogastric tube, which is a thin tube that is inserted through your nose into your stomach. We will talk with you about this process. We also may place a urinary catheter, or a thin tube inserted through the urethra into the bladder.

Depending on whether you have a small bowel or large bowel resection, your surgeon will make one or more incisions in your abdomen, either performing an open/surgical resection or laparoscopic resection.

Open Resection

During this approach, the surgeon makes one larger incision in the middle of your abdomen. The diseased part of the intestine (small or large) is removed, the two healthy ends are either stapled or sewn back together and the incision is closed. If it's necessary to protect the intestine from normal digestion while it heals, a temporary opening (stoma) of the intestine into the abdomen is made. This is called an ostomy, and the ostomy is later repaired and closed.



If there isn't enough healthy large intestine to reconnect, your surgeon will make an opening (stoma) through your belly. Stool will go through the stoma into a drainage bag outside your body. This is called a colostomy. In most cases, the colostomy is short-term. It can be closed with another operation later. But, if a large part of your bowel is removed, the colostomy may be permanent.

Laparoscopic

In this type of surgery, the surgeon will use a camera to see inside your abdomen and small instruments to remove part of your small or large intestines. You will have three to five small cuts in your upper or lower belly. Your abdomen will be filled with gas to expand it, which makes the area easier to see and work in. The surgeon will remove the diseased part of your intestine, then sew or staple the healthy ends of the bowel back together.

Complete healing is expected after bowel resection surgery, but recovery time varies depending on the condition that led to your surgery, your overall health, and the amount of bowel that was removed.

After your surgery: What you need to know

- Following your surgery, you will be taken to a post-operative or recovery unit. A nurse will monitor you and ensure that the bandages are kept clean and dry.
- You might have nausea, and your care team may administer medication to improve the sensation.
- You will be out of bed the day of surgery, approximately four (4) to eight (8) hours after surgery.
- With an open colon resection, patients are in the hospital from five (5) to seven (7) days. With a laparoscopic resection, most patients are in the hospital from two (2) to three (3) days.
- You must have a ride home when you are discharged from the hospital.



Bowel function

- Your nasogastric tube will remain in place until your bowel activity resumes.
- Let your nurse know if you expel gas. It is important that we know when your normal bowel activity has returned.
- Walking will help decrease pain from gas and stimulate the return of normal bowel function.
- If your procedure included the creation of a stoma, a nurse specialist will visit you to teach you how to care for the appliance and your stoma.

Diet

- You will start with sips of water and liquids once your nasogastric tube is removed.
- You will receive fluids intravenously (IV) until your diet can be resumed, beginning with liquids and progressing to a regular diet (solid food) as tolerated.
- Don't use straws. Straws create unwanted air in the stomach and may make you feel worse. Avoid drinking carbonated beverages like soda/pop because this also causes unwanted air in the stomach.
- You may meet with a nutritionist/dietician if needed.

Pain

Your physician will prescribe medication to manage your pain. Mild discomfort at the incision site is common. It's important to take your pain medication to keep you comfortable so that you're able to walk, cough and breathe deeply—activities which aid your recovery.

Some patients may be given a PCA (Patient-Controlled Analgesia) pump connected to the IV. This pump gives you pain medication when you press a button. Eventually, when your bowel activity returns, you will be able to take pain medication by mouth.

Urine

- If you have a Foley catheter (a tube to drain your urine), it will most likely be removed by the second post-operative day.
- After the catheter is removed, you will be asked to use a collection container in the bathroom or a urinal so that the nurse can measure the amount of urine you are passing.



Activity

Walking as soon as possible after surgery, usually within four (4) to six (6) hours, helps improve your lungs and circulation. Walking also will help you avoid blood clots from developing in your legs and will help to achieve the return of bowel function.

- Your care team will help you out of bed the day of surgery, and you will be out of bed for one (1) to two (2) hours.
- You will wear 'leg sleeves' or 'foot pumps' while you're in bed or in a chair. This will help improve your circulation and prevent blood clot formation.
- You should sit in a chair for at least 30 to 60 minutes, three (3) times a day.
- While in bed, turn and reposition every two (2) hours. Ask staff for assistance if needed.
- Rotate your ankles in a circular motion, and flex and extend your feet at least ten (10) times an hour. This will help improve circulation.
- With the assistance of the staff, you will walk in the hallway, initially walking three (3) to four (4) times a day in the hall. Eventually, you will be able to walk independently.
- Every day, you will try to stay out of bed for longer periods of time, gradually increasing the distance and the frequency you walk. The more you walk, the better you will feel.

Deep breathing/coughing

Your nurse or respiratory therapist will instruct you on how to do coughing and deep breathing exercises with an instrument called an "incentive spirometer." These exercises are key to your recovery as they help expand your lungs and prevent you from developing pneumonia.

Incentive Spirometer instructions:

- Hold the incentive spirometer in an upright position.
- Place the mouthpiece in your mouth and seal your lips tightly around it.
- Breathe in slowly, raising the ball toward the top of the column.
- Hold your breath as long as possible (at least 5 seconds).
- Allow the ball to fall to the bottom.
- Rest for a few seconds and repeat the above steps.



- Use the incentive spirometer **at least ten (10) times** each hour.
- Cough and breathe deeply to help expand your lungs.
- You should use a pillow or blanket to support your abdomen while you are coughing and breathing deeply.

Incision

Your care team will monitor your surgical dressing at your incision site(s).

Laparoscopic surgery should leave only small scars, while open procedures leave a larger scar. The dressing will be changed on a daily basis until the surgeon determines your wound(s) can be uncovered. If you have a drain placed, it will be monitored by nursing staff.

Incision care

- Eventually, you will be able to wash your incision with soap and water and pat dry. Your care team will let you know when you can do this.
- Your physician may recommend an abdominal binder to wear around your belly for comfort.
- If you have an ostomy, the nurse will monitor this for any changes in color, appearance or drainage.

Signs of infection:

- Fever
- Worsening pain
- Redness or swelling around the incision
- Incision is warm to the touch
- Drainage from the incision

Getting back to your activities

You will be encouraged to return to normal activities such as showering, driving, navigating stairs, light lifting and work as soon as you feel comfortable. Some patients can return to work in a few weeks, while others prefer to wait longer. You should not lift more than 10 to 15 pounds for six to eight weeks after open surgery. If you are taking narcotic medications for pain, you should not drive.

A discharge planner/social worker may visit you to address your needs when you go home.

Your medical team may offer additional recommendations, and you should ask them questions if you are unsure about any of the information.