

COLON & RECTAL SURGEONS

OF GREATER HARTFORD

Amanda S. Ayers, MD, FACS
Steven H. Brown, MD, FACS
Robert T. Lewis, MD, FACS
Daniel J. Mullins, MD
Andrew C. Raissis, MD
Rachel B. Scott, DO
Ly C. Tran, PA-C
Ann Navage, APRN, CWOCN

2400 Tamarack Avenue, Suite 200
South Windsor, CT 06074

6 Northwestern Drive, Suite 305
Bloomfield, CT 06002

9 Cranbrook Blvd., Second Floor
Enfield, CT 06082

Phone 860.242.8591
Fax 860.242.2511
www.crsgh.com

POST OPERATIVE ABDOMINAL SURGERY INSTRUCTIONS

What to Expect

(in the uncomplicated surgical recovery)

The average stay in the hospital is four to seven days after surgery. At the time of discharge, one can expect to be in pain and require medication to control it. One will be eating, but small amounts. Weight loss of ten pounds is the average. One should be walking, but slowly. For the first week at home, one should not be alone for extended periods. Need for extra nursing services or rehabilitation stays are usually determined at the time of discharge through social services at the hospital.

Pain Medication

Pain medication should be taken as directed on the prescription bottle and only taken as needed unless otherwise directed. Pain medication in pill form may take up to 40 minutes to start working after swallowed. Do not wait until the pain is at a maximum before taking pain medications.

Many pain medications may contain Tylenol (acetaminophen). Additional Tylenol should not be taken. Motrin/Ibuprofen may be taken at doses up to 600mg every eight hours as needed with food. This medication can be used with the prescription pain medication or instead of it.

Most narcotic pain medications cannot be called in to the pharmacy. Monitor the number of pills that you have and call us 2-3 days before you run out.

Appropriate prescriptions are provided at the time of discharge from the hospital.

Diet

The usual diet at discharge is a low fiber, low residue regular diet for the first two weeks after surgery until bowel swelling resolves. One should avoid fresh fruit and vegetables, bran, whole wheat, nuts and popped corn. After the first office visit the diet is usually advanced. Frequent small meals are better tolerated than large ones. It is important to drink enough fluids to keep one's self well hydrated.

Wound Care

Surgical wounds usually require little care. You may shower when you return home leaving the wound covered or uncovered. Let the water run gently on the incision and gently wipe with soap. Dab dry afterward. If the wound has some drainage, a dry dressing can be applied to protect your clothes.

No ointments or lotions should be put on the healing incision unless otherwise instructed. Baths or swimming are usually not allowed for about 3-4 weeks after surgery.

Activity and Driving

No driving or working until you are off of narcotic pain medications and moving comfortably without pain medication. This is usually 3-4 weeks after surgery.

The average time out of work for abdominal surgery is six weeks. You may return to work when you feel you are able.

Patients are usually tired, weak and easily fatigued for at least six weeks. Naps are required. Avoid sleeping frequently during the day to prevent difficulty sleeping at night. Night time sleep is often interrupted and difficult for the first few weeks.

Bowel Regimen

It is often difficult to move your bowels after abdominal surgery. Pain and narcotic pain medications often cause constipation. Abdominal surgery with or without resection can alter bowel function and predictability.

Colace (sodium docusate) can be taken to keep the stools soft. It may be taken two to three times per day. It must be taken with 6-8 glasses of liquid throughout the day.

Fiber supplements should be avoided for the first two weeks until any bowel swelling has resolved.

Gentle stimulant laxatives (milk of magnesia, dulcolax, senna) may be required but should be used only if directed by the physician.

Other Restrictions

Walking is encouraged. Going outdoors is fine, as long as one does not slip or fall.

Stairs are fine as long as one goes slowly and does not do them more than a few times per day.

One should avoid lifting more than 15 pounds (a gallon of milk) for six weeks. This is done to allow full healing at the muscle level and to decrease the chance of developing a hernia. Likewise, one should avoid straining, stretching, pulling, or other strenuous exercise for six weeks.

Avoid sexual activity for six weeks for the same reasons.

Coughing and deep breathing are still encouraged to help prevent pneumonia.

Traveling is often discouraged for up to six weeks after surgery.

Follow-Up

Please call our office to schedule a follow-up appointment:

Main Number: 860.242.8591

Notify Your Doctor

Notify our office if you develop a fever (>101 degrees F), swelling or increasing pain. These can be signs of a rare infection or drainage from the incision.

Notify our office if you are not able to move your bowels within 2-3 days of getting home. Notify us if you stop passing gas, if your abdomen becomes more distended, if you develop nausea or vomiting, or if you are unable to eat or drink enough to hydrate yourself.

It is normal to pass small clots or streaks of blood. Spotting on the paper is also expected. If you have bloody bowel movements, do not hesitate to call. Telephone: 860-242-8591