

Patient Handbook for Colectomy

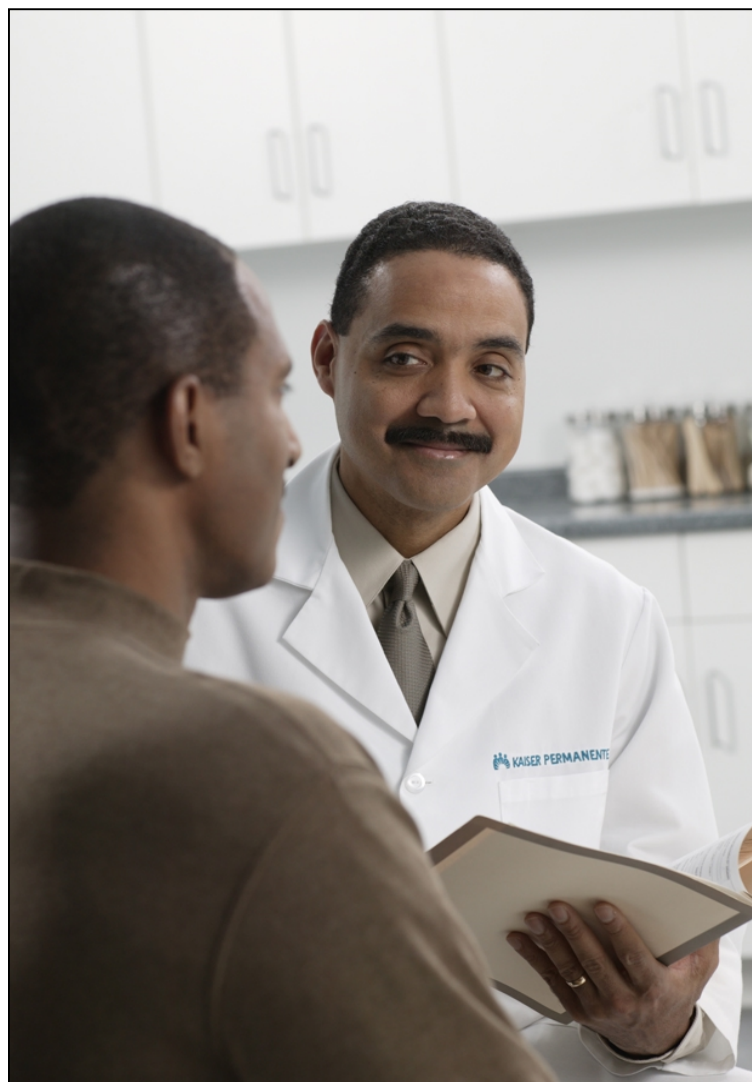


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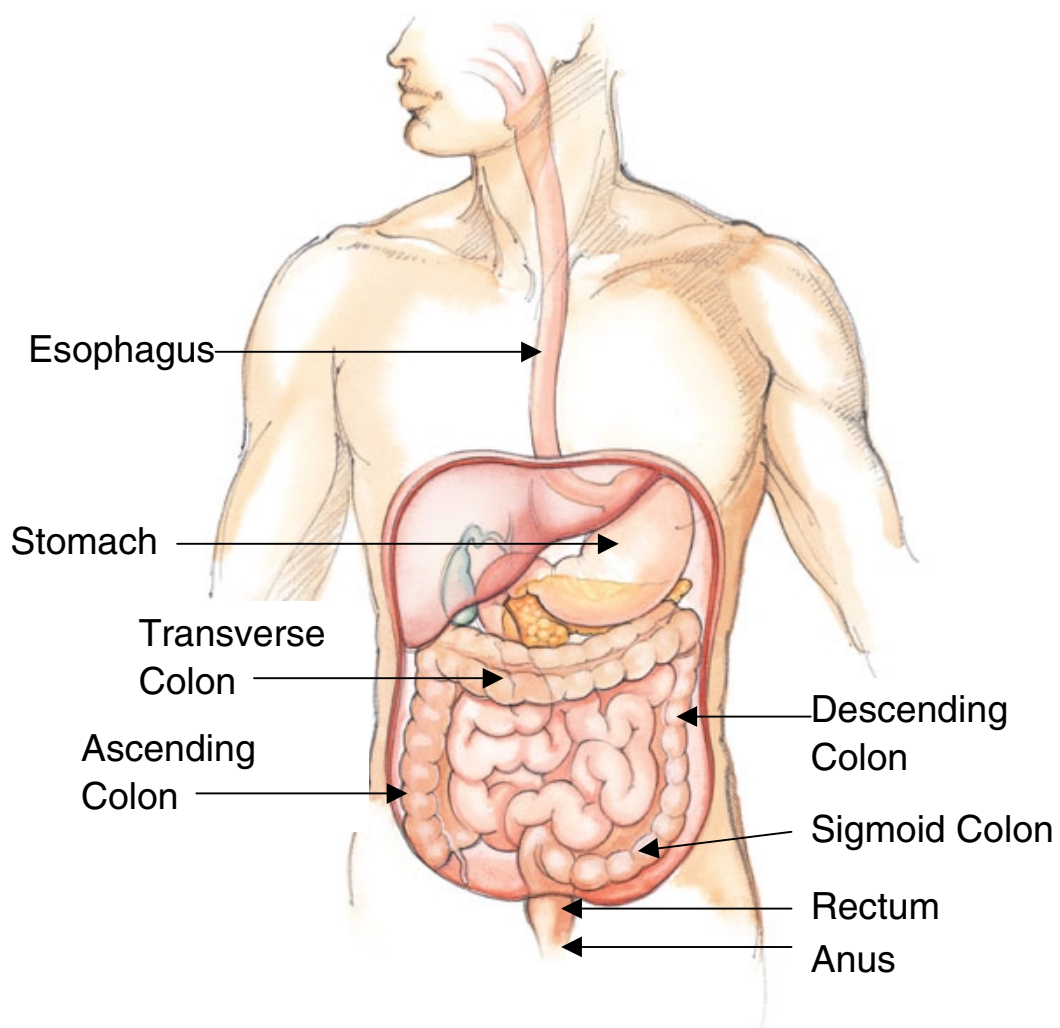


INTRODUCTION

A Colectomy is a surgical procedure done to treat many diseases of the colon (large intestine). These diseases include inflammatory bowel disease, diverticulitis, fistulae, colon cancer and others. You and your doctor have determined that this procedure is the next step in your treatment. This handbook will help you to understand more about colectomy surgery. It will also help you to know how to prepare for your surgery, tell you what to expect during your hospitalization, and how to care for yourself when you go home. Knowing what to expect can help reduce any fears that you may have.

The Colon

Food digestion begins in the mouth and ends in the anus. The colon is the part of the digestive system responsible for the last stage of digesting foods. The colon's main function is to absorb water and minerals from the stool. The colon is about 5 feet long and can be divided into 5 parts. These are the ascending colon, the transverse colon, the descending colon, the sigmoid colon, and the rectum. A surgeon can usually remove any area of the colon and then connect the ends back together again.



What is a Colectomy?

A colectomy is an operation in which part of the colon is removed. Most colectomies are done through a small incision in the middle of the abdomen that runs up and down or side to side. Small instruments are inserted through the incision. This is to view and move the organs. During the colectomy, the surgeon removes the diseased part of the colon and then sews or staples the colon back together. The surgeon may also remove some lymph nodes from the area to look for cancer. The surgeon will also examine the other organs in the abdomen. In most cases a colectomy can be done in 1 to 3 hours. Patients having this surgery are usually in the hospital for 5 days at most.

A colectomy is different than a “colostomy”. A colostomy is an operation in which an opening in the end of the colon is sewn to the surface skin of the abdomen. Colostomies are usually done under emergency circumstances. The surgeon often knows whether or not you will need a colostomy before the surgery starts and he or she will discuss this with you in detail. As a rule, we avoid making a colostomy whenever possible.

Potential Risks and Complications

The risks and complications of a colectomy include:

- Side effects from the anesthesia
- Infection
- Bleeding, with a possible need for a transfusion
- Damage to nearby organs
- Blood clots in the legs or lungs



TEAM WORK

A team of healthcare providers is ready to help you during your hospitalization and recovery. The team will consist of physicians, nurses, dietitians, health educators and discharge planners. You are an important member of this team. Taking an active role in your own care is very important for a fast a smooth recovery.

BEFORE THE HOSPITAL

Getting Ready for Surgery



A very important part of your preparation is cleaning your colon for surgery. This is often called a “bowel prep”. You will be given a solution to drink that will empty your bowel. The staff member that schedules your surgery will give you printed instructions for your bowel prep in your “pre-operative packet”. The bowel prep is important because it helps the colon heal together after surgery and it helps prevent a wound infection. Your surgeon may also have you take antibiotic pills the day before surgery.

The day before surgery, your surgeon may have you eat a light breakfast and lunch and then drink only clear liquids from noon to midnight. Examples of clear liquids are water, sports drinks, Jello, popsicles, and clear broth. It is important that you have nothing by mouth after midnight. If you take any medications on a regular basis, ask your surgeon if you should take them on the morning before surgery.

What to Bring to the Hospital

- Slippers
- Bathrobe
- Toiletries, toothbrush, toothpaste, comb, brush
- Glasses, hearing aides, and their containers
- Wear your dentures or partials
- Loose, comfortable clothing to wear home
- Health Plan Card
- Pre-op Packet
- Copy of your Advance Healthcare Directive, if you have one
- *Patient Handbook for Colectomy*

- *Patient Pictorial Pathway for Colectomy and Colostomy Closure*
- Leave valuables like money, jewelry, watches, and credit cards at home

Medications

Two weeks before your surgery, avoid taking aspirin or aspirin containing products (For example: buffered aspirin, Bufferin, regular Anacin, Fiorinal, Codeine with aspirin, Darvon compound, Soma compound, and all Alka-Seltzer products).

Also avoid all non-steroidal anti-inflammatory medications (For example: Advil, Motrin, Nuprin, Indocin, Naprosyn, Meclomen, Clinoril, Feldene and Relefen).

All of these medications can thin your blood, which can cause more bleeding during surgery. If you need pain medication during this time, you may use Tylenol, Anacin IV, Datril, Panadol, Vicodan, Darvocet, Soma, Tylenol with Codeine or Valium.

Smoking

Smoking is known to slow the healing process and can increase your risk for surgical complications. If you have been thinking about quitting smoking, this is a good time to do so. Quitting smoking is the single most important thing you can do to improve your overall health. There are a number of ways to stop smoking. You can join one of our Kaiser Permanente quit smoking programs, a quit smoking telephone helpline, or make a plan to quit on your own. We also have quit smoking aids such as the nicotine patch and other medications to help reduce cigarette cravings and help ease the withdrawal symptoms. For more information, ask your doctor or other medical

provider, or contact the Health Education Department at this phone number _____ .

Illness

Notify your surgeon right away if you develop any kind of illness within 10 days before your surgery (cold, flu, temperature, herpes outbreak, skin rash or infection, a “flare-up” of a health problem).

Sometimes even minor health problems can be quite serious when combined with the stress of surgery.

Pre-Operative Class

Your surgeon may recommend that you attend a Pre-Operative class as part of your preparation for surgery. Family or support persons are encouraged to come with you.

WHILE YOU ARE IN THE HOSPITAL

After surgery you will spend a few hours in the recovery room. Once you are awake and stable you will be moved to a hospital room. Most people with this surgery can expect to be in the hospital for 5 days at most.

What to Expect after Surgery

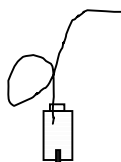
Activity: You will be encouraged to walk as early as the day of surgery. Walking has been shown to reduce recovery time. Walking helps to protect you from developing blood clots and breathing problems. It also helps to get your bowels functioning again after anesthesia and helps with gas pains that most people experience

after this surgery. You will be encouraged to walk 4 times a day beginning your 1st day after surgery.

Diet: After your surgery, you will be given IV fluids through a vein in your arm and you will also be given ice chips. On the first day after your surgery you will progress to clear liquids and then all liquids as soon as you can tolerate them. By the second day after surgery you will most likely progress to a soft diet until you are discharged. See page 13 for more information on soft diets.

Treatments

Foley Catheter: A small flexible tube called a Foley Catheter will be inserted through your urethra into your bladder to drain urine. The catheter will be connected to a drainage bag. The catheter will be removed by the second or third day after surgery. Then you will be able to urinate normally.



Compression Stockings: These are special wraps that you will have on your legs when you are in bed for the first 2 days of your hospitalization. A hose leading from each wrap is connected to a small pump. The pump will intermittently force air into the wraps, then release it. It acts like a massage for your legs. Use of these stocking helps to increase circulation and helps to prevent blood clots.

Comfort Measures: It is important for you to be as comfortable and as pain free as possible after surgery. Keeping pain under control helps patients to recover and heal more quickly. We encourage you to be involved in your pain management after surgery.



There are three options for treating pain. Each method has its benefits and its side effects. You and your doctor will decide which one is best for you. The options are “Patient Controlled Analgesia”, an epidural or pain pills. These are described below.

Patient Controlled Analgesia (PCA): Analgesia simply means pain relief. This type of pain control uses a special pump that is connected to your IV. The pump continuously gives you a set dose of pain medication. You can also give yourself additional pain medication, as you need it by pushing a button. The system has safeguards to prevent you from getting too much medication.

Epidural Analgesia: If you use this method, a doctor will insert a small plastic tube into your back while you are still in the operating room. Pain medication is injected into this tube to bathe the spinal cord nerves. A pump can be used to give a constant dose of pain medication.

Oral Medication (Pain Pills): After you are able to eat and drink for 8 hours, oral pain medication is usually used. For people that cannot swallow pills, there are liquid and other forms available.

The goal of pain management is to keep you comfortable. Your pain needs to be controlled so that you are able to participate in activities that help will you recover such as walking. Your nurses will ask you to rank your pain on a scale of zero to 10. Zero means that you have no pain and 10 means that it is the worst pain that you can imagine. If you do not feel your pain is controlled, please tell your nurse so that adjustments can be made.

Occasionally patients are nauseated following surgery. If this happens, be sure to tell your nurse. Your surgeon will order medication for nausea if you need it.

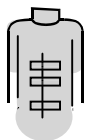
AT HOME

Discharge Instructions:

Activity:

- Avoid heavy lifting (more than about 10 pounds) for 6 weeks.
- You may use stairs and take short walks.
- Gradually increase your walking distance, but stop before you think you've reached your tolerance. If you feel fine the next day, increase the distance a little bit.

Wound Care:



- Your incision is closed with dissolving sutures beneath the skin and staples on the outside. The staples are usually removed before you leave the hospital and steri strips (small pieces of tape) will be placed across your incision.
- Keep your wound dry for 2 days after the staples are removed. You can sponge bathe during this time.
- After 2 days, you may shower. It's OK to get the steri strips wet but don't soak, scrub or let the shower beat on them. Over time, they will curl back and peel off.
- Don't take a tub bath until your wound is completely healed.

Diet:

Following a colectomy, it is important to know that no two people react the same way to the same foods. Be patient and progress slowly. Some foods may cause unpleasant side effects such as gas, diarrhea or constipation. By adding one food at a time, you will learn which foods, if any will bother you. It is usually helpful to eat meals at regular intervals, 3 or more times per day. Smaller meals produce less gas.

Soft diet:

Your physician may recommend a soft diet for you following surgery. A soft diet is useful when your body is ready for more than liquids but still unable to handle a regular solid diet. Soft food is easier to eat than regular food while you are recovering from your surgery. The diet consists of a variety of normal foods, cooked or prepared in such a way that they have a soft texture.

Some examples of foods included in a soft diet are:

- all beverages
- cooked or canned fruits
- fresh banana or avocado
- soft-cooked or canned vegetables
- moist, tender meats or fish
- eggs
- low-fat milk products, yogurt
- mild-flavored cheese
- potatoes (mashed, baked, boiled)
- refined cooked cereal
- refined white, wheat, or rye bread
- plain white rice
- pasta
- ice cream, frozen yogurt; sherbet custards, puddings

Some foods to avoid are those that are hard to chew and swallow, such as raw fruits and vegetables and meats that are tough. Avoiding high-fiber foods like whole-grain breads and cereals or fried or greasy foods and spicy foods is also recommended.

Adding fiber:

- Dietary fiber is the indigestible part of whole grains, vegetables and fruits. Add these foods to your diet slowly. We recommend you add only 1 serving per day at a time to your diet.
- Your goal for dietary fiber is 5 servings per day or 20-35 grams.
- You may want to start with ½ cup of cereal. If you do well with that, add a piece of fruit or ½ cup of salad. Remember, you may react differently to different foods, so if one doesn't go well, try something else.
- Drink 8 to 10 glasses of water per day. If you add fiber without enough water, you can become constipated.

What to do for some common diet problems

Diarrhea

Foods that can cause loose stools or diarrhea

- Baked beans
- Beer
- Broccoli
- Chocolate
- Dried beans
- Excessive coffee
- Heavily spiced foods
- Hot beverages or soup
- Licorice
- Prune juice
- Red wine
- Spinach
- Very large meals

Foods that can help loose stools or diarrhea

- Applesauce
- Bananas
- Cream of rice
- Peanut butter
- Rice
- Tapioca
- Weak tea

Constipation

- Increase your fluids, especially water
- Increase exercise, even if it means just a little extra walking
- Eat more fiber (add slowly, one at a time):
 - Bran or whole grain cereals
 - Fresh fruit
 - Vegetables
 - Whole wheat bread

Gas

Gas production is a normal part of intestinal function. However, excessive gas can be uncomfortable. Studies have shown that diet can affect the amount of intestinal gas production. The following foods may produce more gas:

- Apples
- Apricots
- Bagels
- Bananas
- Beans
- Bread
- Brussel sprouts
- Cabbage
- Carrots
- Celery
- Citrus fruits
- Eggplant
- Lettuce
- Milk and milk products *
- Onions
- Pastries
- Potatoes
- Pretzels
- Prune juice
- Raisins
- Wheat germ

- *Try Lactaid milk or taking Lactaid tablet with dairy products
- Dietary fat may cause increased pressure and bloating. Try decreasing the amount of fat in your diet.

Driving

- Do not drive for 4 weeks after your surgery or follow your surgeon's instructions. Check with your surgeon about this at your clinic follow-up appointment.

Medication



- Your surgeon will order pain medication to use at home. For the first 3 to 4 days, consider taking your pain medication around the clock. Then start taking it only as you need it. It takes about 30 minutes for the medication to start working, so don't let pain get too severe before taking it.
- Resume taking any other medications that you normally take, unless instructed otherwise.



When and Who to Call:

Contact your surgeon at _____ for any of these symptoms:



- Temperature over 101degrees F
- Belly is distended
- No bowel movement within 4 days after discharge
- Bowel movements stop abruptly
- Separation of wound edges, green or yellow drainage from the wound, or increasing redness swelling, warmth or pain of the incision.
- Severe nausea or vomiting
- Increased abdominal pain that is not relieved by pain medication

- Shortness of breath or chest pain
- Swelling in your legs

Follow-up Care:

- A few days after your discharge, a nurse from the surgery clinic may call you to see how you are doing at home
- If you are having problems or concerns prior to receiving your call, don't hesitate to call your surgeon's office
- You will have an appointment to see your surgeon 5 – 14 days after discharge

We hope that this booklet has helped you to feel more prepared for your surgery. If you have any questions or concerns about your surgery, please feel free to call your surgeon at

_____.