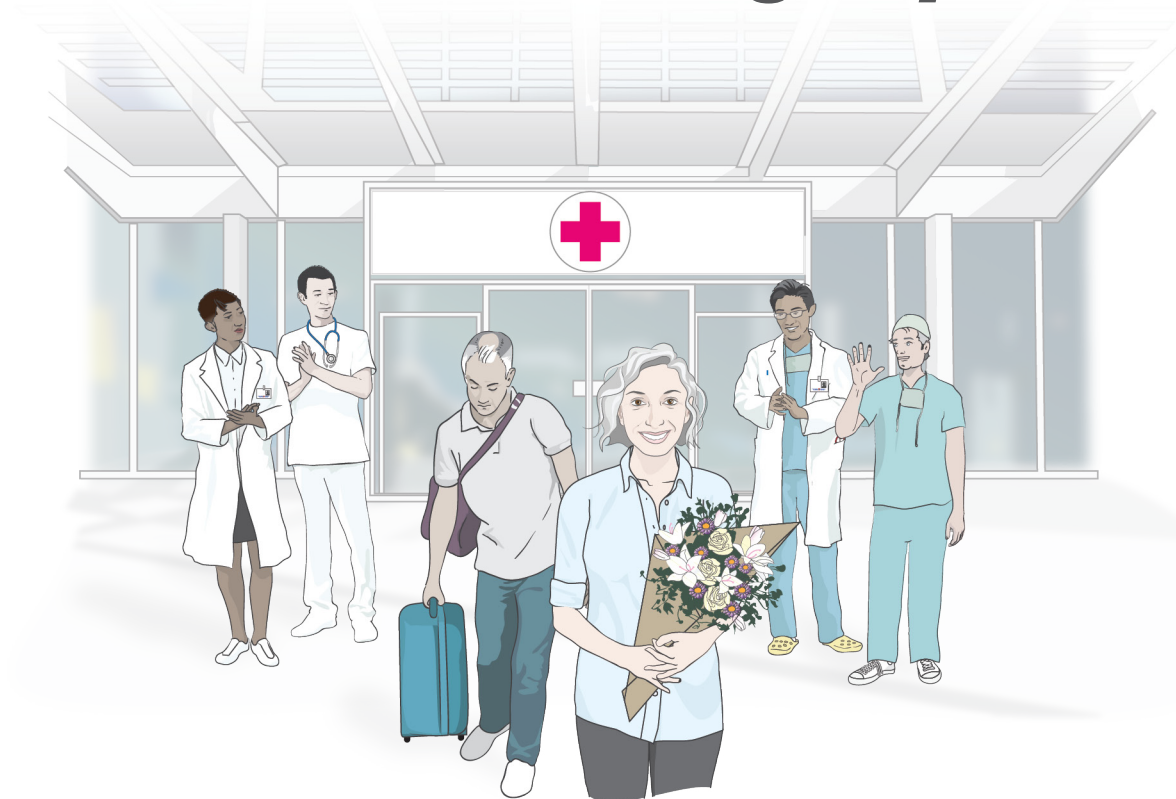
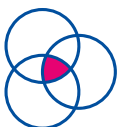


A Guide to Bowel Surgery



This booklet will help you understand and prepare for your surgery.
Bring this booklet with you on the day of your surgery.

Enhanced
RECOVERY
Canada



your hospital logo



IMPORTANT

Information provided by this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional health care practitioner, or to substitute medical care. Contact a qualified health care practitioner if you have any questions concerning your care.

This booklet was developed by the Enhanced Recovery Canada Patient and Family Engagement Working Group in collaboration with Enhanced Recovery Canada and the McGill University Health Centre Patient Education Office.

© April 24, 2019 Canadian Patient Safety Institute. All rights reserved. Developed in partnership with the McGill University Health Centre Patient Education Office.

Modification of this material is strictly prohibited. Addition of institution-specific information can be requested from patienteducation@muhc.mcgill.ca.



This material is also available online through the Canadian Patient Safety Institute website:

www.patientsafetyinstitute.ca/en/toolsResources/Enhanced-Recovery-after-Surgery/

and through
the MUHC Patient Education Office website:
www.muhcpatienteducation.ca



Table of Contents

Summary 6

Introduction

What is a care pathway?	10
Contact information	11
What are the bowels?	12
What is bowel surgery?	13
What is an ostomy?	14

Before your surgery

Preparing for your surgery	15
Pre-operative Clinic visit	18
Phone call from Admitting	21
Cancelling your surgery	22
Washing	23
Bowel Preparation	24
Diet	25
What to bring to the hospital	27

Day of surgery

At the hospital	28
-----------------	----

After your surgery

Post-Anesthesia Care Unit (PACU)	30
Pain control	32
Exercises	35
Goals for Day 0 (Day of surgery)	38
Goals for Day 1	39
Goals for Day 2	41
Goals for Day 3 (Going home)	43

At home

Pain	44
Incisions	45
Diet	46
Activities, Exercise	47
Sample exercises	49
When to call your surgeon	53

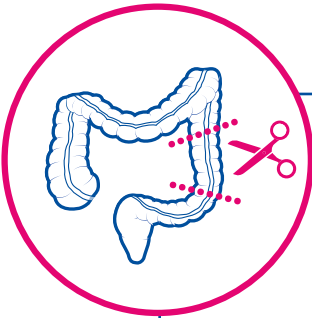
Resources

Tips for preventing infection in your hospital room	54
Websites of interest	55
Parking information	56
Notes	57
Reference image	58
Hospital Map	back

Summary

Your health care team recommends that you have bowel surgery.

This is a short explanation of what to expect and what you can do. You will find more information in the rest of this guide. Your health care team will talk with you about the information in this guide. Bring it with you when you come to the hospital.



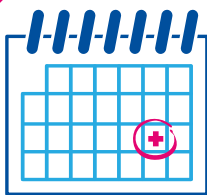
What is the surgery?

- The bowels are located in your belly. They help your body to get nutrients and fluid from your food. The bowels also move waste out of the body. **This surgery is needed to take out the unhealthy part of your bowels.**
- Your surgeon will describe the type of bowel surgery you will have.
- Some people also need to have an ostomy. An ostomy is an opening in the belly made during surgery. It replaces the opening used for stool (poo) and passing gas. This opening leads to a bag that is emptied regularly.
- Your surgeon will tell you if you need this or not. If you need an ostomy, a nurse will show you how to take care of it.

This booklet explains what you can do to heal better and safely.

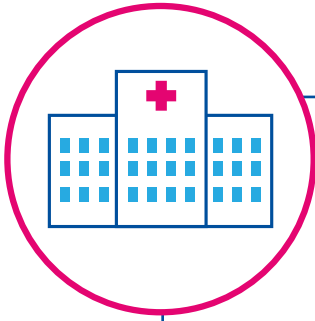
You can help at 3 important times:

- before your surgery,
- in hospital and
- at home.



Before surgery:

- Exercise and eat well. Try to limit smoking and alcohol. You will need help around the house after your surgery. Make a plan. Since you cannot drive, you must also arrange a ride to and from the hospital.
- You will have a clinic visit before your surgery. This is to check your health and plan your care. You may have some tests. Tell your team what medications you are taking and anything you are worried about. It is a good idea to make a list of questions you would like to ask during the visit. Your health care team will tell you how to get ready. After this visit, you should know:
 - ☐ What medications to take before surgery.
 - ☐ How to wash before surgery.
 - ☐ What to eat and drink before surgery.
 - ☐ If you need to clean your bowels.
 - ☐ What to bring to the hospital.



In the Hospital:

- Arrive at the time you were given. Remember to bring your medication and other important items that were discussed during the clinic visit.
- You will meet the surgical team. You will get medication to be asleep during surgery. We will let your friends or family know when they can see you.
- After the surgery, tell us if you are having pain that stops you from moving. This will help the team know how to control any pain you may have. Start moving around after surgery as soon as you can; sit-up, stand and walk. This will help you recover better and prevent serious problems.
- For each day at the hospital, there are goals for your recovery:
 - ☐ Breathing well.
 - ☐ Being active.
 - ☐ Having good pain control.
 - ☐ Eating and drinking well.
 - ☐ Having your tubes and lines removed.
- Follow the exercise plan the team gives you. This guide shows how to do these exercises.



At Home:

- Take your pain medication so that you can be more active and heal faster. Make sure you know when to take it and what the side effects can be. **It is important to control your pain safely.**
- Remember, exercising is very important to your recovery, even at home. An exercise plan will be made for you.
- Follow the care instructions for your incisions (cuts) so that they heal quickly and there is no infection.
- Eat foods that have protein to help your body heal. Drink plenty fluids.

Know what warning signs to look out for. Know when you need to call your surgeon. Make sure you have the phone number to call your surgeon's office.



**Your health care team is here to help.
Ask us if you have any questions!**

Introduction

What is a care pathway?

When you come to the hospital for bowel surgery, you will be part of a recovery program called a **care pathway**. The goal of this program is to help you recover quickly and safely. Research shows that you will feel better sooner if you do the things explained in this booklet.

This booklet will:

- Help you understand and prepare for your surgery.
- Explain what you can do to feel better faster and go home sooner.
- Show you what to expect each day at the hospital.
- Explain what to do to at home to help you recover.

Bring this booklet when you come for surgery. Your health care team can also review it with you if you have questions.

Your surgery team



Contact information

If you have any questions, phone us.

Name of your surgeon:

Phone number of your surgeon:



Contact Information:

.....

.....

.....

.....

Other phone numbers:

.....

.....

.....

.....

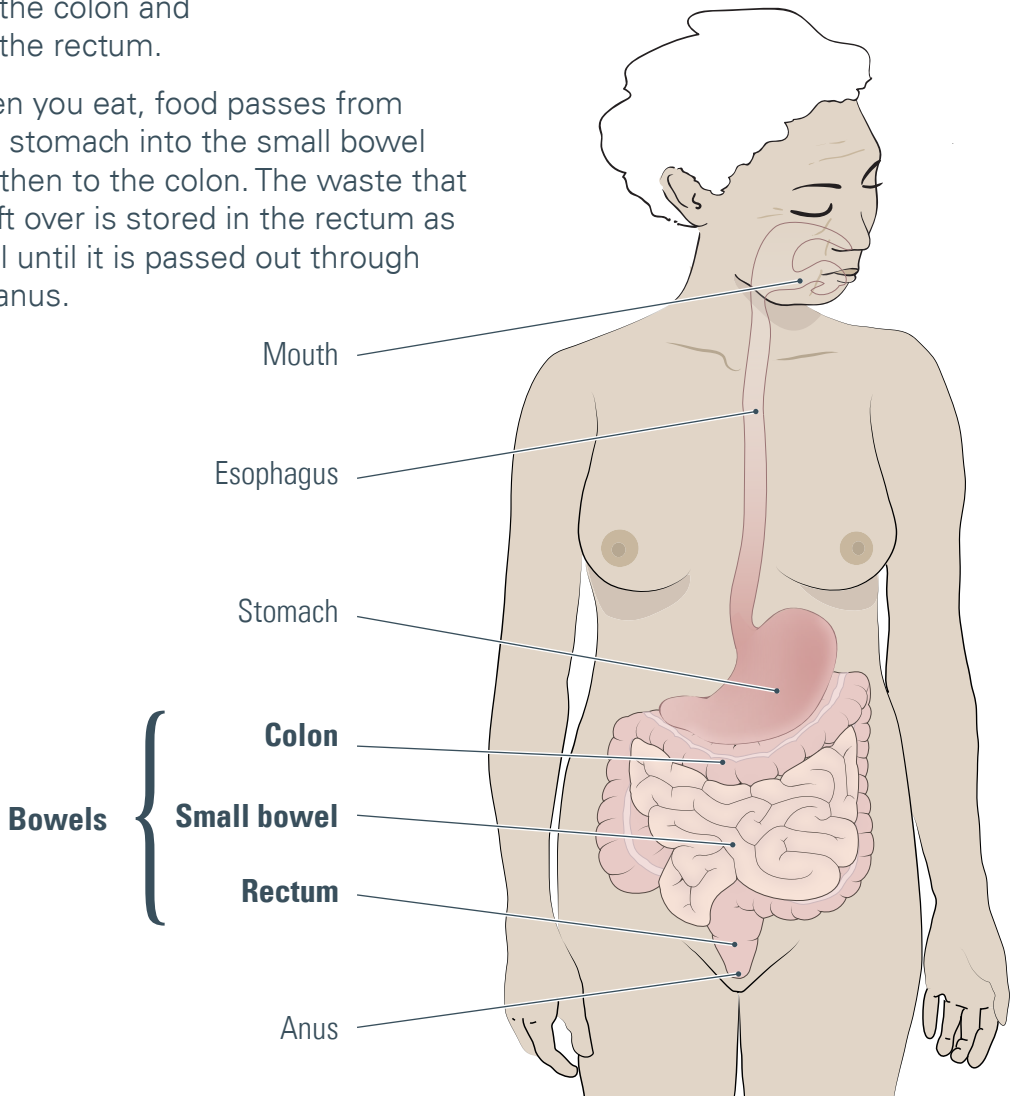
What are the bowels?

Your bowels are located between your stomach and your anus. Bowels are also called intestines. They help your body get nutrients and fluid from the food that your stomach digests.

Bowels have three main parts:

1. the small bowel,
2. the colon and
3. the rectum.

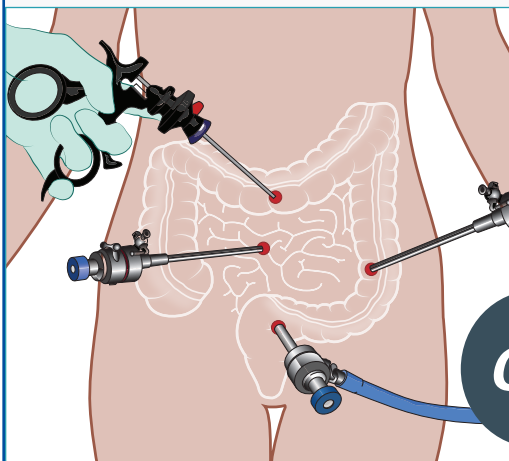
When you eat, food passes from your stomach into the small bowel and then to the colon. The waste that is left over is stored in the rectum as stool until it is passed out through the anus.



What is bowel surgery?

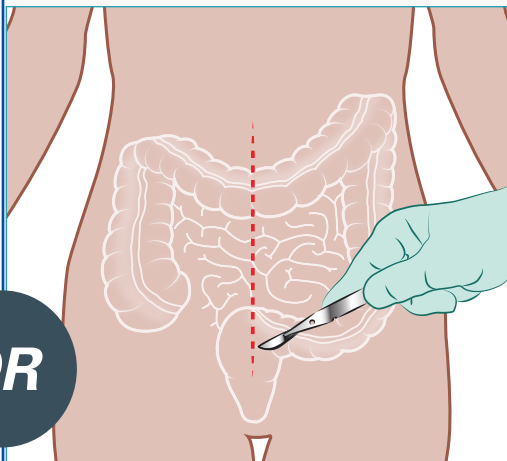
Bowel surgery removes the part of the bowels that is unhealthy (it is also called colorectal surgery). There are two ways to do the surgery. Your surgeon will explain which one is best for you.

1. Laparoscopic



The surgeon will make 4 to 6 small cuts in your belly. With the help of a small camera, the surgeon uses special instruments to remove the unhealthy part of the bowel through these small cuts.

2. Open surgery

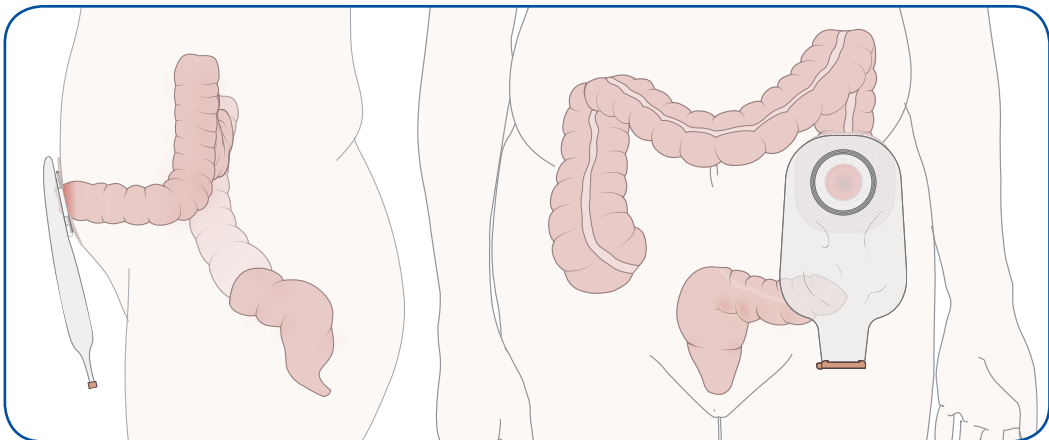


The surgeon makes a single cut on your belly that is larger (about 10-20 cm). The surgeon can then remove the unhealthy parts of the bowel without using a camera.

What is an ostomy?

Some people who have bowel surgery will also need to get an ostomy during surgery. An ostomy is an opening in your belly where stool and gas pass out into a bag instead of out your anus. This might be used for a short time or it can be permanent.

Before the surgery, your surgeon will tell you if you need an ostomy. If you do, you will also meet with a nurse who specializes in ostomy care. Your team will plan where the opening will be made and mark the place on your belly. The nurse will also show you how to take care of your ostomy. When the ostomy is made in the small bowel (called an ileostomy) you will pass more liquids than before. A dietitian can tell you what to eat and drink so that you do not lose too much liquid.



A nurse who specializes in ostomy care is also called an **Enterostomal Therapist (ET) Nurse**.

You may contact the ET nurse if you have questions.

Telephone:

E-mail:

For more information about ostomies, follow this link:

<http://muhcguides.com/module/ostomy>

Before your surgery

Preparing for your surgery?



Be active

Try to exercise every day. Being physically active before surgery can make a big difference in how you recover. If you are already exercising, keep up the good work. If you are not, start slowly adding exercise into your day. Exercise does not need to be hard to make a difference. A 10 minute walk every day is a good start.

Eat well

What you eat is important to your health. Eating well will help your body get ready for surgery and recover from surgery. It will also give you the energy you need to do your exercises and feel better soon.

Your health care team will check if you need extra nutrition to get ready for your surgery. They might also check that you are getting enough fluids (this is also called hydration). It is very important that you eat good food and drink the recommended amount of fluids each day.



Stop smoking

If you smoke, quitting will do a lot to improve your health. Quitting at least **4 weeks before surgery** can help you recover faster.

Quitting smoking isn't easy, so talk to your doctor. You can quit even if you have smoked for many years. Your doctor can help you.

See **page 55** to learn more.



It is never too late to quit!



Stop drinking alcohol

If you drink alcohol, you should stop at least **4 weeks before your surgery**. Alcohol can change the way some medication works. This could affect how well you recover.

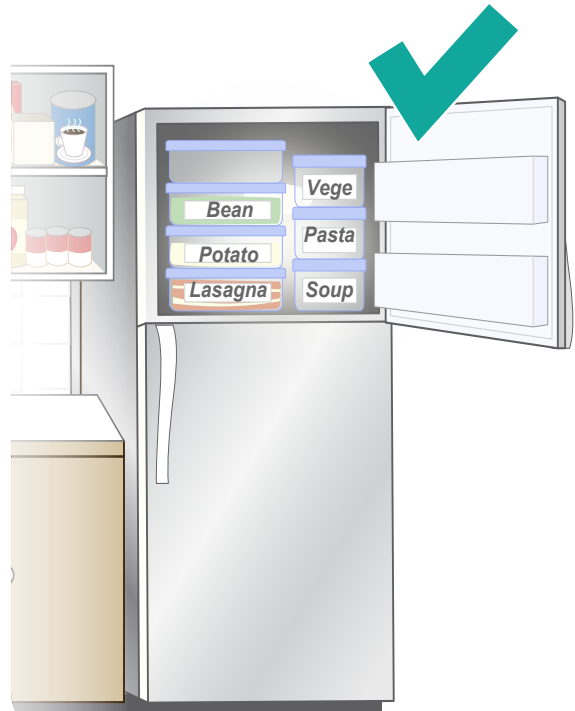
Tell us if you need help cutting down on your alcohol use before surgery.

Plan ahead

You might need some help after your surgery. Ask your family and friends for help with meals, laundry, bathing, housework, and transportation. Make sure you have food in the fridge or freezer that is easy to prepare.

If you do not have enough help at home after your surgery, talk with your community health clinic. They might offer services like housekeeping or meal delivery.

If you are still worried about returning home after surgery, speak with your doctor or another member of your health care team.



Before your surgery

Arrange transportation

The day of surgery is called Day 0. You might go home on the third day after surgery, called Day 3. For example, if your surgery is on Monday, plan to return home on Thursday.



Remember to arrange a ride.

Tell your nurse if you are worried about going home.

See **page 56** to find out more about parking fees.

Pre-operative Clinic visit

The reason for this visit is to check your health, plan your care and make sure you are ready for surgery.

During your Pre-operative Clinic visit, you will meet with a nurse and a doctor.



They will:

- Ask you about your health and any medical problems you have.
- Ask you about any medication that you are taking.
- Ask you about habits like smoking and alcohol use.
- Ask you about your nutrition, including whether you are drinking enough fluids.
- Check your heart and lungs.
- Tell you what exercises you should do before and after surgery.
- Tell you how to get ready for your surgery.
- Tell you what to expect while you are in the hospital.
- Tell you what to expect after your surgery.
- You may be given a special soap to wash with before surgery. See **page 23** for more information.



If you have medical problems, you might need to see another doctor (a specialist) before having surgery.

If you are not eating or drinking enough, you might need to see another member of the team to help with your diet (before and after surgery).

You should stay active before surgery. Your team will make an exercise plan that's right for you. See **page 47** to learn more. If you have any concerns about your physical activity or moving around, talk to your health care team.

Tell the health care team if you:

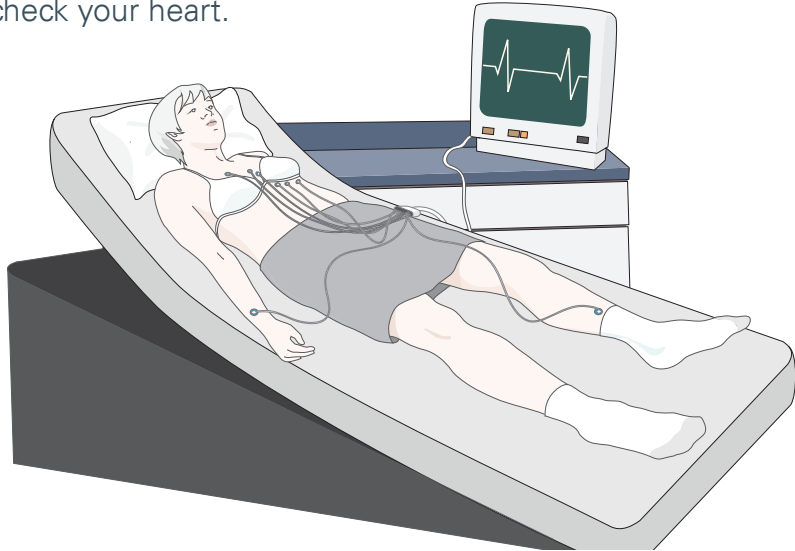
- Have diabetes.
- Have ever had bleeding that was hard to stop.
- Have ever had a blood clot.
- Have had a lot of nausea or vomiting after a surgery or get motion sickness.

Tell the health care team about any pills or natural products that you are taking even if you bought them without a prescription.



You might also:

- Need to stop taking some medications and natural products before surgery. During the appointment, the doctor will tell you which medications you should stop and which ones you should keep taking.
- Have blood tests.
- Have an electrocardiogram (ECG) to check your heart.



If you have any questions, before surgery

call the Pre-operative Clinic at:

Open Monday to Friday from AM ~ PM

Pre-operative Clinic Location:

Phone call from Admitting

The day before your surgery, the Admitting Department will call to tell you what time to come to the hospital. You must arrive 2 hours before your planned surgery time. The time of surgery is not exact. It may be earlier or later than planned.



Before your surgery

Exceptions:

If your surgery is scheduled for Monday, the hospital will call the Friday before.

If your surgery is planned for 7:30 a.m., you should be at the hospital at 6 a.m.

Date of surgery:

Time to be at the hospital:

Where to arrive:

Cancelling your surgery

If sick, pregnant, or for any reason you cannot come to the hospital for your surgery, call the following numbers as soon as possible:



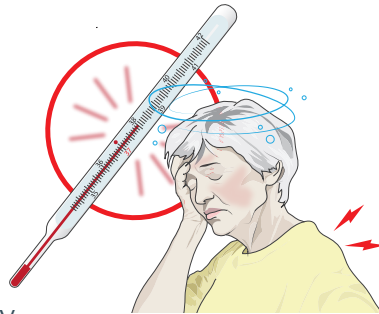
1. Your surgeon's office:

AND

2. The Operating Room Booking Office:

If you call after 3 p.m., leave a message on the answering machine. In the message, tell us:

- your full name
- the date of your surgery
- your telephone number
- your hospital card number
- your surgeon's name
- the reason for cancelling your surgery



Tell us if there are certain times that you cannot have the surgery.

If you need to cancel your surgery the day before **AND** if it is after 3 p.m. Call the Admitting Department at:

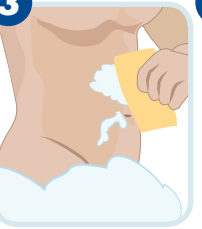


The Hospital is a Trauma Centre. This means that your surgery can be delayed or cancelled because of an emergency. Your surgeon will reschedule you as soon as possible.

Washing

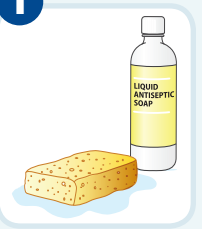




You may be asked to wash with a special soap or sponge before surgery. They have a product in them that kills the germs that cause infections. You should have received information about this at your pre-operative clinic visit. Here are the steps to take:

The night before surgery

- 1  Use regular soap and shampoo for your face and hair.
- 2  Take a shower with either:
☐ Special soap / special sponge.
OR
☐ Regular soap.
- 3  Wash your body from the neck down, including your belly button and your genital area.
- 4  Do not shave the area where the surgery will be done.
- 5  Wear clean clothes to bed.

Before your surgery

The morning of surgery

- 1  Take a shower with either:
☐ Special soap / 2nd special sponge.
OR
☐ Regular soap.
- 2  Do not wear lotion, perfume, makeup, nail polish. Do not wear jewelry or piercings.
- 3  Do not shave the area where the surgery will be done.
- 4  If you wear contact lenses, wear your glasses instead.
- 5  Put on clean and comfortable clothes.

Bowel preparation

Some people will need to have their bowels prepared (or cleaned) for surgery. This can be done the day before surgery or just a few hours before surgery. Your surgeon will decide what type of preparation is best for you.

If needed, you will be given a prescription for the bowel preparation. When you have a bowel preparation, you will need to take antibiotic pills at the same time.



The Pre-operative Clinic nurse will explain the bowel preparation steps to you.

Diet

The nurse will explain what to eat and drink before your surgery. If you are eating and drinking well, there will be no changes necessary. In some cases, your nurse might suggest that you drink more, so that you are well hydrated. Your nurse might also suggest how to take extra nutrients or get extra calories.



CAUTION: Some people should not drink anything at all on the day of their surgery. Your nurse will tell you if you are not to drink anything.

The day before surgery with a laxative:

If you were asked to take a laxative the day before your surgery:

1. Have a light breakfast **before** taking your laxative.
 2. Next, drink your laxative.
 3. **After your laxative, do not eat any food. Do not have any dairy products or juice with pulp.**
- * Drink only clear fluids (a liquid you can see through) all day.



Eating and drinking the day before surgery without a laxative:

You should eat and drink normally up until 8 hours before your surgery.

You can continue to drink clear fluids (a liquid you can see through) up to 2 hours before your surgery.



Examples of clear fluids are:

- Water
- Fruit juices without pulp
- Tea or coffee (without milk or cream)
- Electrolyte containing sports drinks

* You may be given a special drink called “maltodextrin” by your health care team. If so, drink it 2 hours before your surgery as instructed.



The morning of surgery:

- **Do not eat any food.**
- You can continue to drink **clear fluids** (a liquid you can see through) up to 2 hours before your surgery.



What to bring to the hospital

- This booklet.
- Medicare card and hospital card.
- List of the medications that you take at home.
- 2 packages of gum (optional).
- Non-slip slippers or shoes and loose comfortable clothing.
- Personal items (toothbrush, toothpaste, comb, deodorant, and tissues).
- Private insurance information (covering private and semi-private rooms).



Before your surgery

If Needed

Bring these items in a small bag with your name on it. There is very little storage space.

- Glasses, contact lenses, hearing aids, dentures. Bring their storage containers labelled with your name.
- Cane, crutches, or walker labelled with your name.
- CPAP machine, if you have sleep apnea.



Do not bring anything of value, including credit cards and jewelry. The hospital is not responsible for lost or stolen items.



Day of surgery

At the hospital

Admitting area

Go to at the time you were told. You will sign an admission form. The admitting clerk might ask what kind of room you prefer to stay in after surgery: a private or semi-private room, if available.

At the Surgical Admission area, your nurse will:

- Ask you to change into a hospital gown.
- Make sure your personal belongings are in a safe place.
- Fill out a pre-operative checklist with you.



Before surgery, you will get:

- Antibiotics through an intravenous (IV) line.
- Pills to control pain. These pills are usually acetaminophen also called Tylenol® and an anti-inflammatory pill such as Celebrex®.



It is normal to feel nervous before surgery.
If you are feeling very anxious, please tell the nurse.

In the operating room

A patient attendant (orderly) will take you to the Operating Room.

In the Operating Room, you will meet your surgery team and your anesthesiologist (this is the doctor who will give you medication so that you can be asleep and pain-free during your surgery).

During surgery, your pain will be carefully controlled. The way your pain is controlled depends on the way your surgery will be done. This will be decided by the anesthesiologist. You will get pain medication through an intravenous (IV) line in your arm. You will also get pain medication in your back to block your spine from feeling pain.

Waiting room

Family and friends can wait for you in the waiting room (.....).
The space is small so please limit the number of people you bring with you.

After your surgery, the Post-Anesthesia Care Unit (PACU) nurse will contact your family member or friend to tell them how you are doing.



Internet access

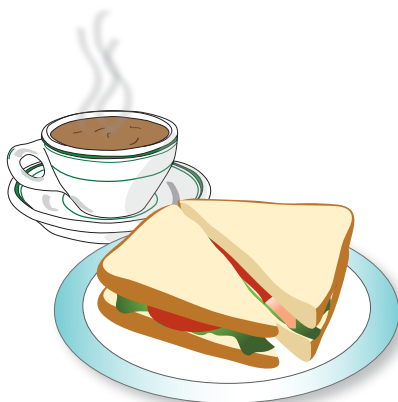
Free WiFi is available at the hospital.

Connect to:

Network:

Username:

Password:



Other resources

Coffee shops -

Cafeteria -

Bank machines -

Gift shop -

Library -

After your surgery

Post-Anesthesia Care Unit (PACU)

After your surgery, you will wake up in the Post-Anesthesia Care Unit (PACU). This is also called the **Recovery Room**.

You may have:

an **oxygen mask**
to give you oxygen.

an **epidural** (a small
tube in your back) to give
you pain medication.

an **intravenous (IV)**
to give you fluids.

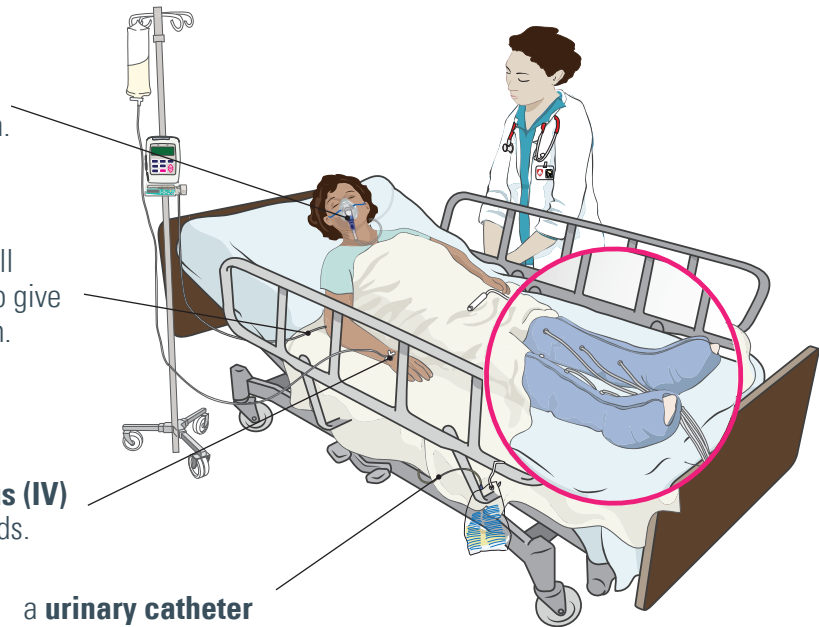
a **urinary catheter**
(tube) to drain urine
(pee) from your bladder.

inflating compression boots on your
legs. These help to prevent blood clots.

Your nurse will:

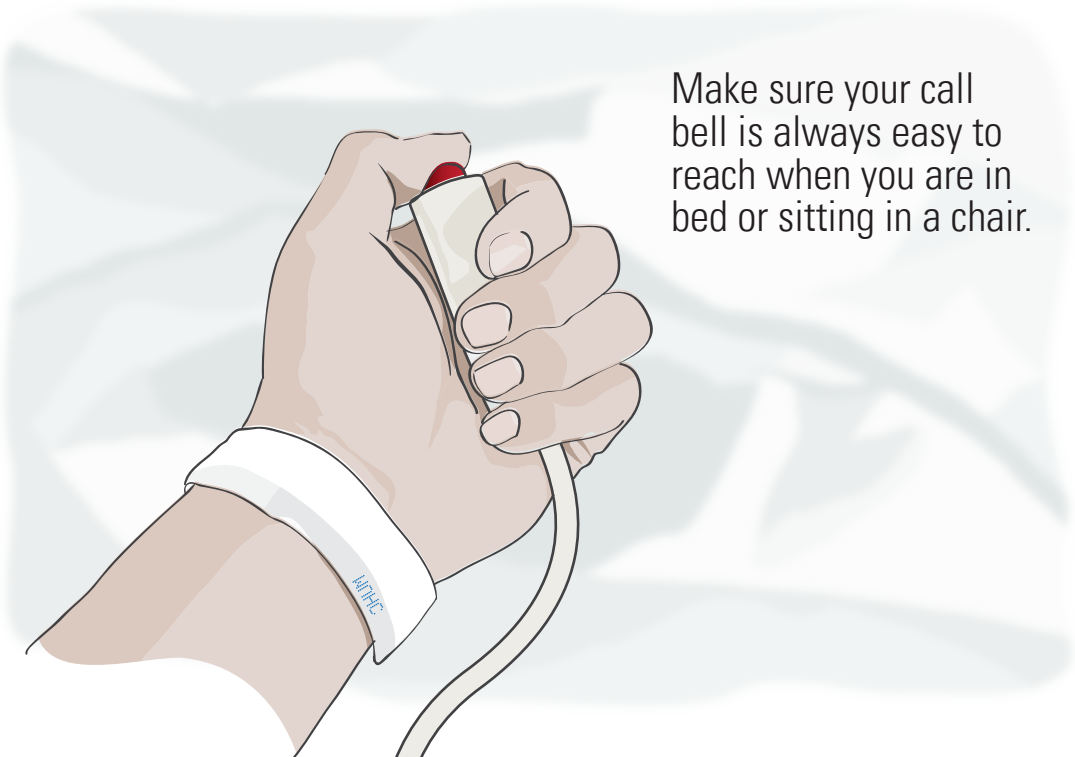
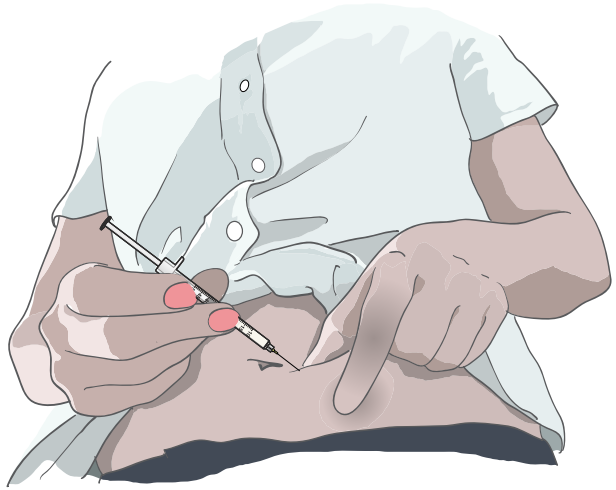
- Check your pulse and blood pressure often.
- Check your bandage(s).
- Ask if you have pain.
- Check that you are getting enough fluids.
- Make sure you are comfortable.

Your blood sugar levels will be checked after surgery. If they are too high, you may get insulin to keep your blood sugar levels under control.



Your surgeon will decide when you can start getting a daily injection to prevent blood clots. This injection is called heparin. It is a blood thinning medication. Your surgeon will decide how long you need to keep taking this injection.

When you are ready, you will be moved to your room on the surgery floor. Your family can visit you here.



Make sure your call bell is always easy to reach when you are in bed or sitting in a chair.

Pain control

Pain relief is important because it helps you:

- Breathe better.
- Move better.
- Sleep better.
- Eat better.
- Recover faster.



Your nurse will ask you to rate your pain on a scale from 0 to 10. (0 means no pain and 10 is the worst pain you can imagine.) Your nurse will give you medication if you have pain above a 4.

Our goal is to keep your pain score below 4 out of 10.



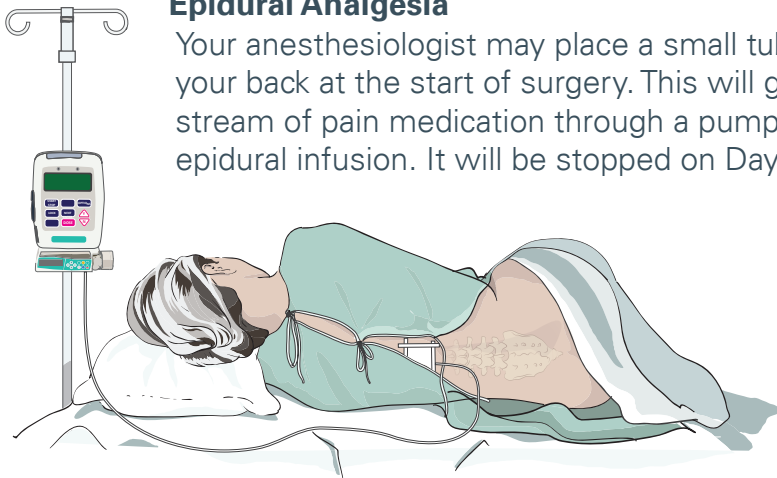
Do not wait until the pain gets too strong before telling us.

Ways to control your pain

Another word for pain control is **analgesia**.

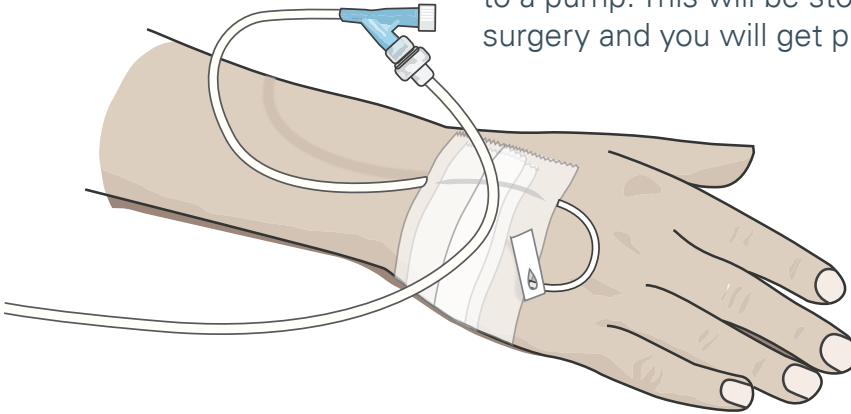
Epidural Analgesia

Your anesthesiologist may place a small tube (catheter) in your back at the start of surgery. This will give you a steady stream of pain medication through a pump. This is called an epidural infusion. It will be stopped on Day 2 after surgery.



Intravenous Analgesia

Another way of getting pain medication is through an intravenous line (IV) connected to a pump. This will be stopped soon after surgery and you will get pills instead.

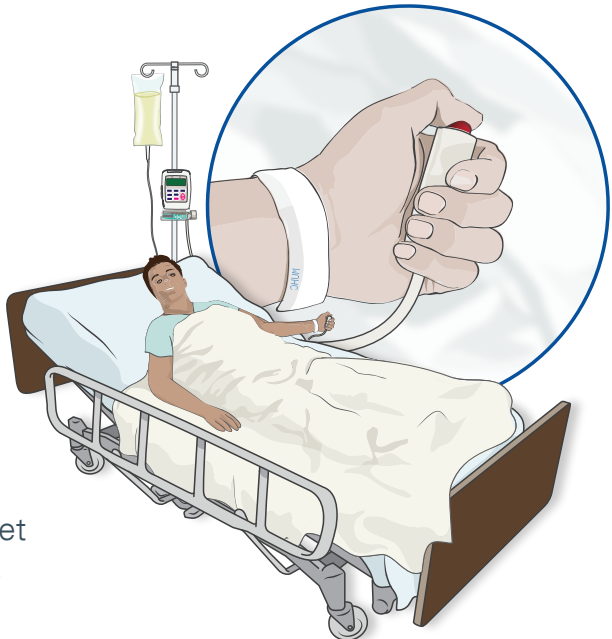


Patient-Controlled Epidural Analgesia (PCEA)

Some patients will be given a button attached to the **epidural pump**. When you push the button, you will get a safe dose of pain medication.

Patient-Controlled Analgesia (PCA)

Some patients will be given a button attached to the **intravenous (IV) pump**. When you push the button, you will get a safe dose of pain medication.



Pills

You will get pills to control pain after the surgery. These pills are usually acetaminophen, also called Tylenol® and an anti-inflammatory pill like Celebrex®. If this is not enough to control the pain, we will give you a stronger medication called an opioid. Opioid medications are safe if they are used in a careful and planned way. If opioids are used without a careful plan, or are taken by someone they weren't prescribed to, they can be dangerous.



If you were taking pain medication before surgery, your body might have a **tolerance** to the medication. This means that you might need more medication to control your pain. If this happens, the team will help you control your pain using a safe combination of treatments and medication.



Nerve Block

Some patients will get pain medication that numbs the nerves around their incision.

Wound Infusion

Some patients will get a steady stream of pain medication into their incision.

Exercises

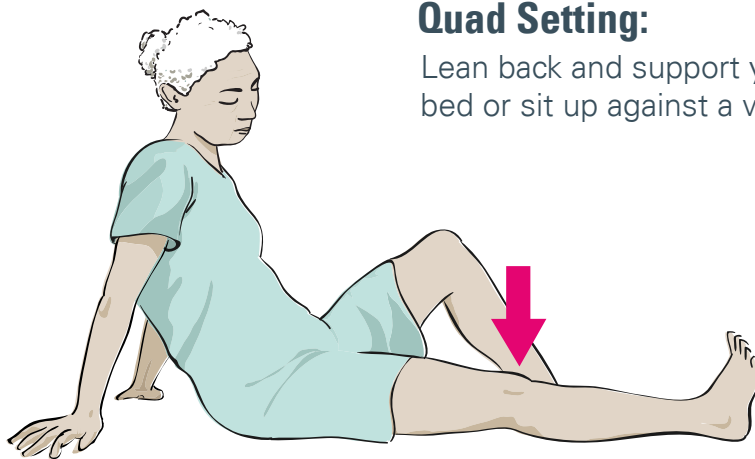
It is important to move around after surgery. Exercise helps prevent pneumonia, blood clots, and muscle weakness. Exercise will also help you recover better. Your team will make an exercise plan that is right for you.

Start your exercise plan when you wake up and are in your hospital bed. Continue while you are in the hospital. You will also get special exercises to do when you go home.

Your family and friends can help you with these exercises in the hospital and when you go home.

Quad Setting:

Lean back and support yourself on the bed or sit up against a wall.



Tighten your thigh muscle (your quads) in the leg that is straight. An easy way to do this is to push the back of your knee down to the floor. When you do this, your thigh muscle will tighten. Your kneecap will also move towards you. If you are doing the exercise well, both of these will happen.

Doing this 8 -12 times is called a set. Do one set every hour.

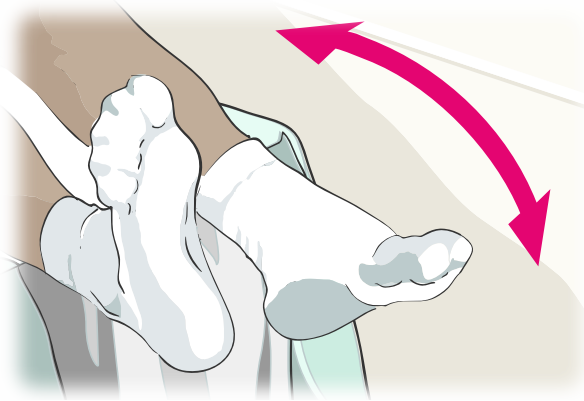


Even though you are getting an injection to prevent blood clots it is still important to keep doing your leg exercises and being as active as possible. The combination of exercise and the injection is the best way to prevent complications from a blood clot.

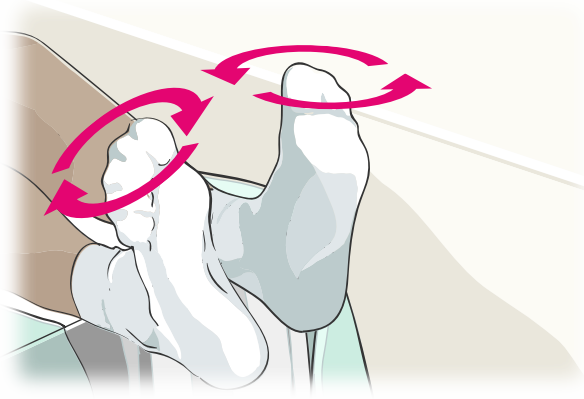
Leg exercises

These exercises help your blood flow in your legs.

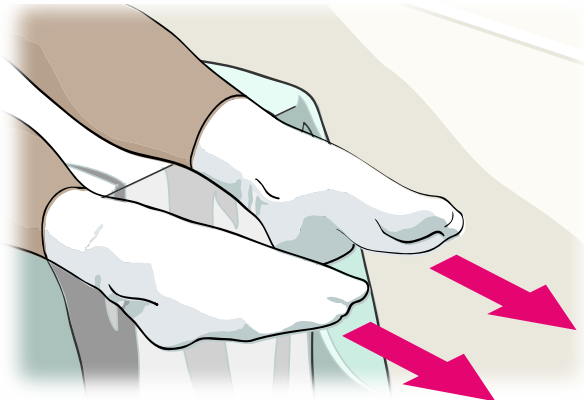
Repeat each exercise 4 to 5 times every half hour while you are awake.



Wiggle your toes and bend your feet up and down.



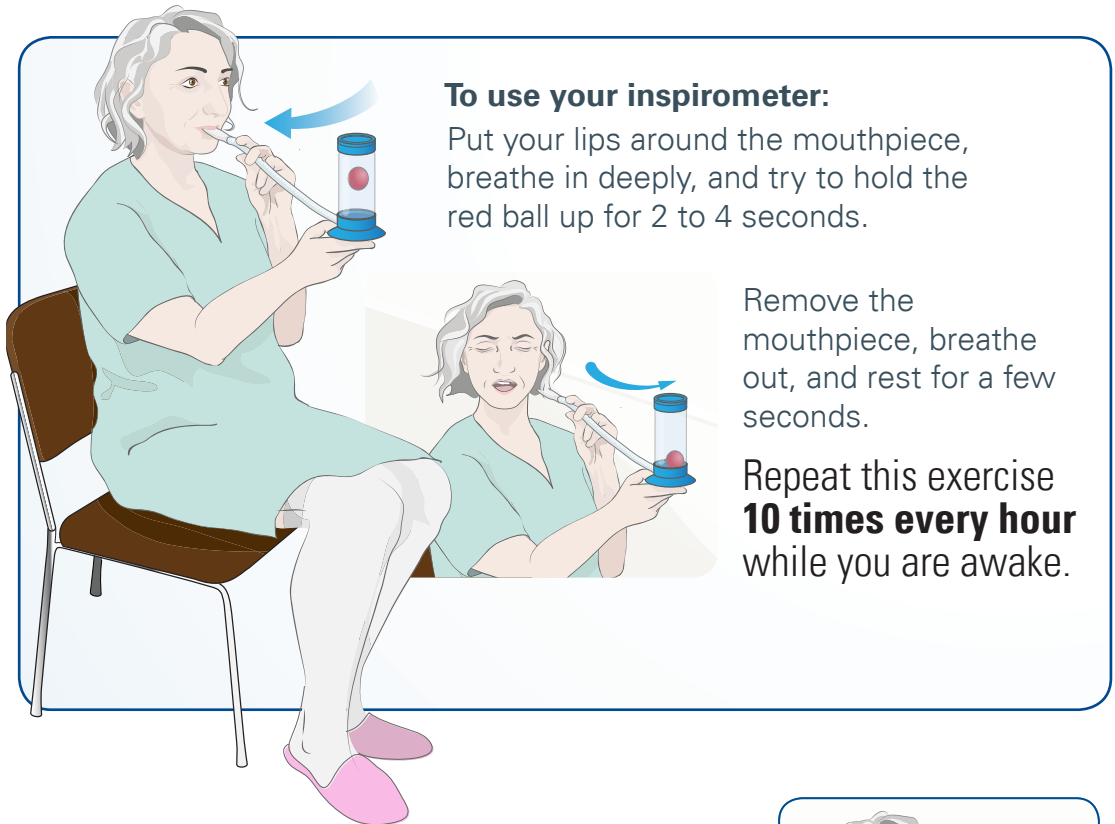
Rotate your feet to the right and left.



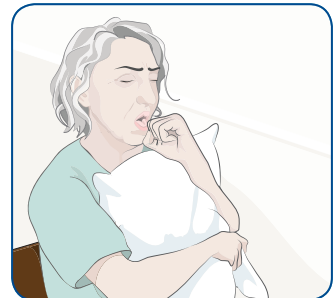
Stretch your legs out straight.

Deep breathing and coughing exercises

An inspirometer is a machine that helps you breathe deeply to prevent lung problems.

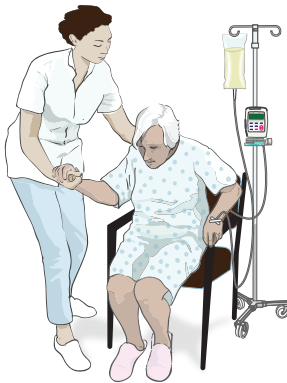


Take a deep breath and cough. If you have some secretions, cough them up. It can help to hug a pillow against your belly over the place where you had your surgery as you try to cough.



Goals for Day 0: Day of surgery

Goals for the evening of surgery:

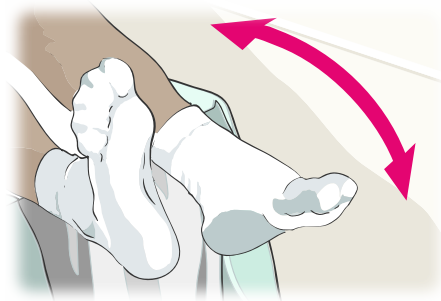


- Sit in a chair with your nurse's help.



- Drink clear liquids. You can also chew gum for 30 minutes to help your bowels start to work. When you are ready, eat regular foods.

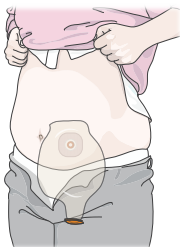
- Do your leg exercises (see **page 36**).
- Do your breathing exercises (see **page 37**).
- Do your other exercises (see **page 49**).



If you can stand easily, try walking. Walk only a short distance at first. Always have a member of your health care team with you in case you need help.



Remember, exercise is important for your mobility and your health. Not moving around can slow down your recovery. Staying in bed for a long time can even cause serious health problems



If you have an ostomy, start reading your guide and prepare to ask the nurse any questions you may have.

Download your 'Path to home: caring for your ostomy after bowel surgery' poster
<http://bit.ly/CaringForYourOstomyPoster>

Goals for Day 1

Breathing

- Do your breathing exercises.

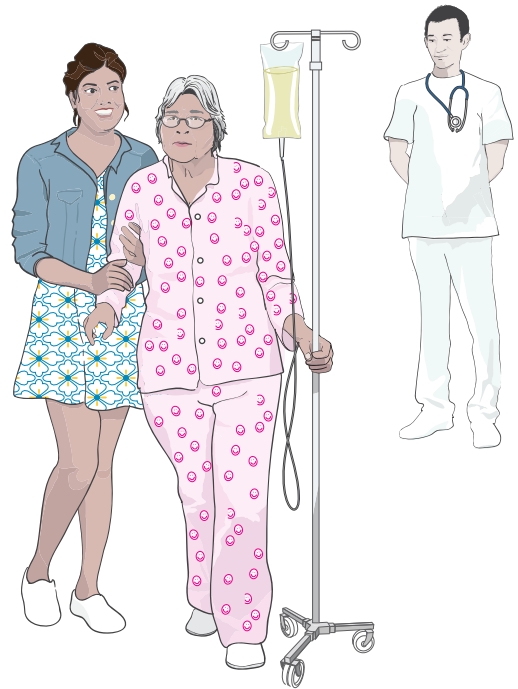
Activities


- Sit in a chair for meals.
- Do your foot and leg exercises.
- Do your other exercises.
- Walk in the hallway 3 times, with help.

Did you know? A friend or family member can also help you go for walks.

Speak with a member of your health care team to find out how they can help.

When you feel comfortable, go on longer walks. Take breaks when you need.



 If you feel dizzy or have pain while standing or walking, sit back down. Take a break. Do an exercise that is easier, for example, a sitting or bed exercise.

You should not be in pain while doing exercises. Make sure your health care team knows if you are feeling pain.

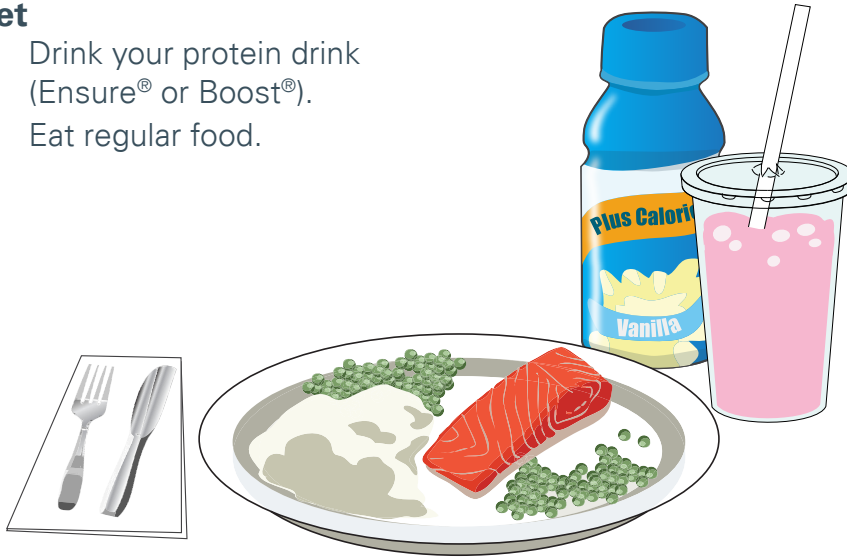
Pain control

Tell your nurse if your pain reaches 4/10 on the pain scale.



Diet

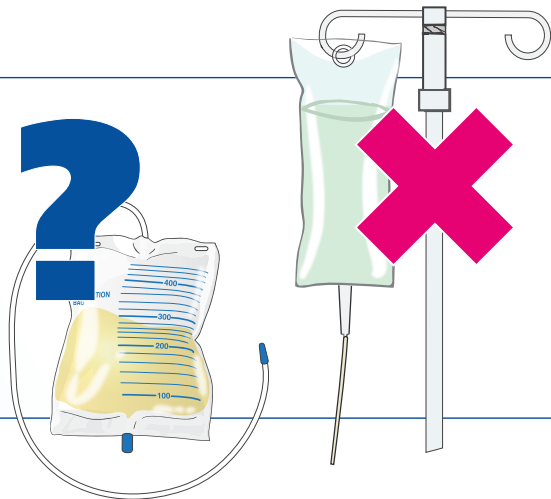
- Drink your protein drink (Ensure® or Boost®).
- Eat regular food.



Tubes and lines

Your urinary catheter might be removed today.

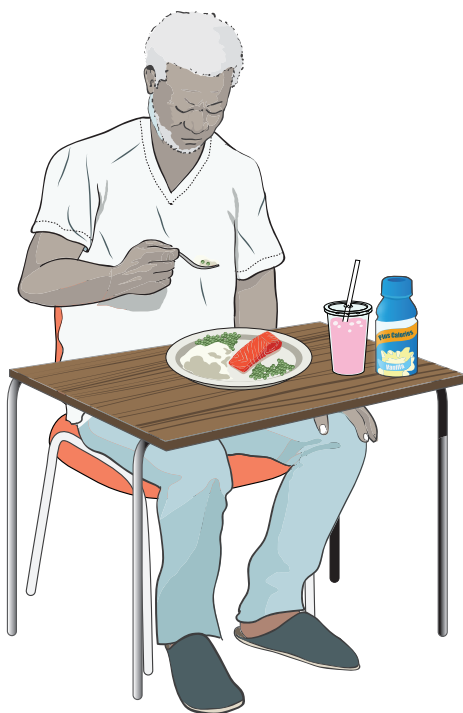
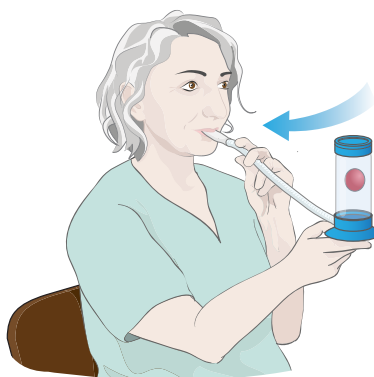
Your IV will be removed when you are drinking well.



Goals for Day 2

Breathing

- Do your breathing exercises.



Activities

- Sit in a chair for meals.
- Do your foot and leg exercises.
- Do your other exercises.
- Walk in the hallway 3 times.
- Go on longer walks when you can.

Diet

- Drink liquids including your protein drink like Ensure® or Boost®.
- Eat regular food.

Pain control

Tell your nurse if your pain reaches 4/10 on the pain scale.



Tubes and lines

- If you still have any tubes or lines, you can expect them to be removed today.



- If you have a Patient-Controlled Analgesia (PCA) pump: it might be removed today and you will take pills to control your pain.
- If you have an epidural: you will have a “stop test” today, to see if your pain can be controlled only with pills.



You might go home from the hospital on Day 3 after your surgery. **Remember to arrange your ride.** Tell your nurse if you have any concerns about going home.

Goals for Day 3: Going home

Plan to go home before 11 a.m.

Before leaving the hospital, make sure you have the information for your follow-up appointment. You should also have a prescription for your medication.

A member of your health care team will give you an exercise plan to continue at home. This will help you recover so that you can resume your normal activities. See **pages 49-52** for a list of exercises you can do every day.



If you will need to have injections to prevent blood clots at home, your nurse will show you how to give yourself the injection.

At home

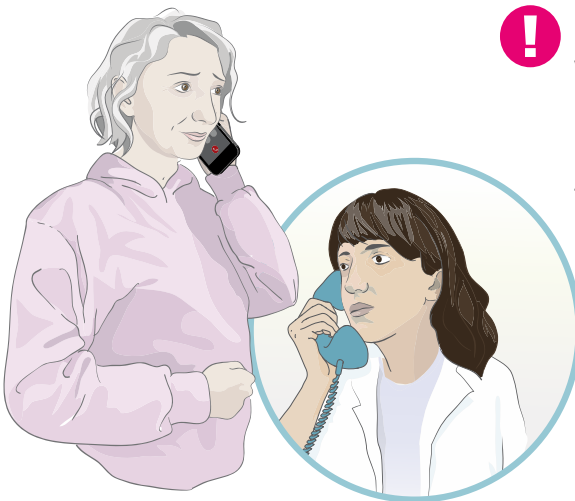
Pain

You will have some pain and discomfort for a few weeks after your surgery. This is normal, but it will get better.

To relieve your pain, take acetaminophen (Tylenol™) and your anti-inflammatory first.

Add the opioid (Oxycodone) prescribed to you **only if your pain is still not controlled**.

If your pain medication causes burning or pain in your stomach, stop taking them and call your surgeon's office.



! If you have severe pain, and your medication is not helping, call your surgeon's office. If you can't reach someone, go to the emergency.

Pain medication may cause constipation.

To help your bowels stay regular:

- Drink more liquids.
- Eat more whole grains, fruits and vegetables.
- Get regular exercise (a 10 minute walk is a good start).
- Take stool softeners if your doctor tells you to.



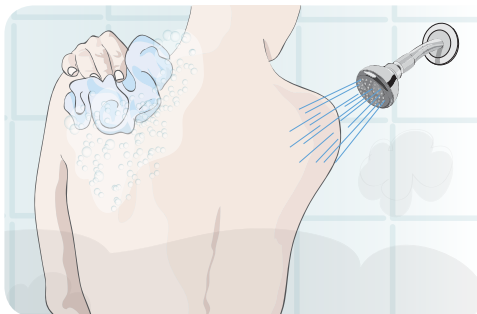
Incisions

Your incisions (cuts) may be slightly red and uncomfortable for 1-2 weeks after surgery.

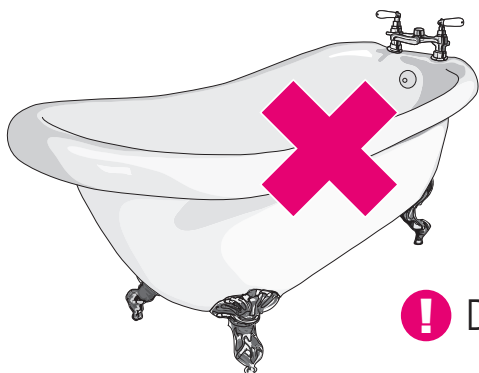
You can take a shower:

- 3 days after laparoscopic surgery.
- 5 days after open surgery.

Let the water run softly over your incisions and wash the area gently.



! Do not scrub.

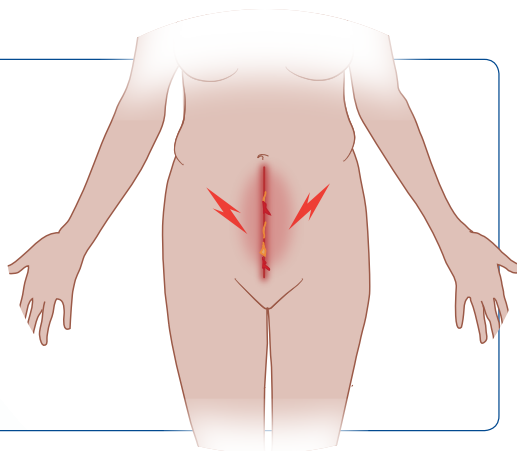


! Do not take a bath for 2 weeks.

Your nurse will arrange for your community health clinic to remove your clips or stitches about 7-10 days after your surgery. Your community health clinic will contact you at home.

! Contact your surgeon if:

- Your incision becomes warm, red, and hard.
- You see pus or drainage coming from it.
- You have a fever higher than 38 °C/100.4 °F.



At home

Diet

You can eat anything you want, unless your surgeon, nurse or dietitian tells you not to.

Your bowel habits might change after surgery. You might have loose stools, become constipated, or go to the bathroom more often. Over time, your bowel habits can return to normal.

Some foods might upset your stomach or cause loose bowel movements at first. If this happens, stop eating those foods for a few weeks. Start them one at a time when you feel better.

Eat foods that have protein to help your body heal. Meat, fish, chicken and dairy products are good sources of protein.

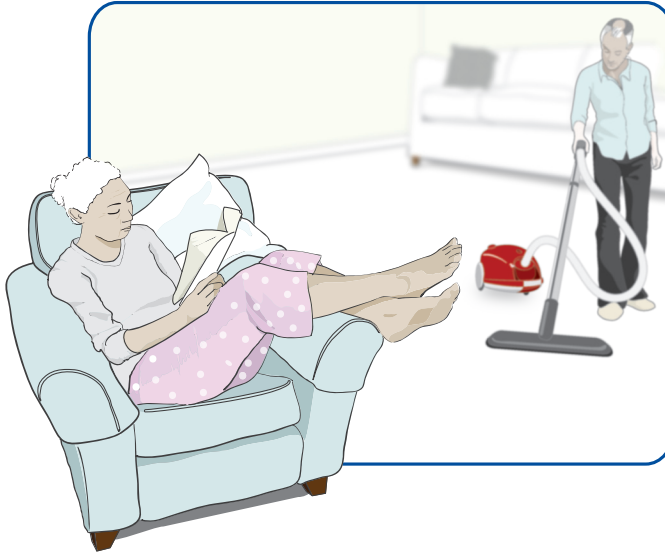
Drink fluids to make sure that you are well hydrated.

If you find you get full quickly, try eating smaller meals and add nutritious snacks between meals. Try high protein, high calorie shakes or commercial supplements like Ensure® or Boost®.



If you have nausea or if you vomit, call your surgeon.

Activities



Ask your family and friends for help with:

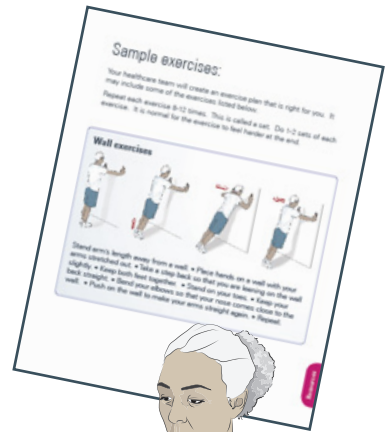
- Transportation
- Meal preparation
- Laundry
- Grocery shopping
- House cleaning

Exercise

- **Continue to walk 3 times each day.** Increase the distance until you reach your usual level of activity. You can also try climbing stairs as part of your exercise. If it is hard to climb stairs every day, try doing this every other day until you are more used to it.
- **Try to get a total of 150 minutes of moderate exercise every week.** You can divide it up how you wish. For example, you can do 30 minutes of an activity 5 times a week. Examples are walking or biking, but there are many others.



- Your health care team will give you an exercise plan. Follow the exercise plan. This may include leg, arm and core exercises.
- It is normal to feel some stiffness or discomfort when you start new exercises. You should not be in pain when doing exercises. Start slowly. Gradually increase the number of exercises you do.
- These exercises will get easier over time. You will be able to do more. This will also help you get stronger and recover better.
- If you are feeling pain, check that you are taking the medication that was given to you as prescribed. This should help control your pain.
- **If you are feeling pain, and your medication does not work, contact your health care team.**
- **Do not lift more than 5 kg (11 pounds)** for 1-2 weeks after your surgery.
- **Do not lift more than 15 kg (33 pounds)** for 3-4 weeks after surgery.
- **Do not drive while you are taking opioid pain medication.**
- Ask your surgeon when you can go back to work. This will depend on your recovery and your type of work.
- When you are pain-free, you can go back to doing most activities, including sexual activities.



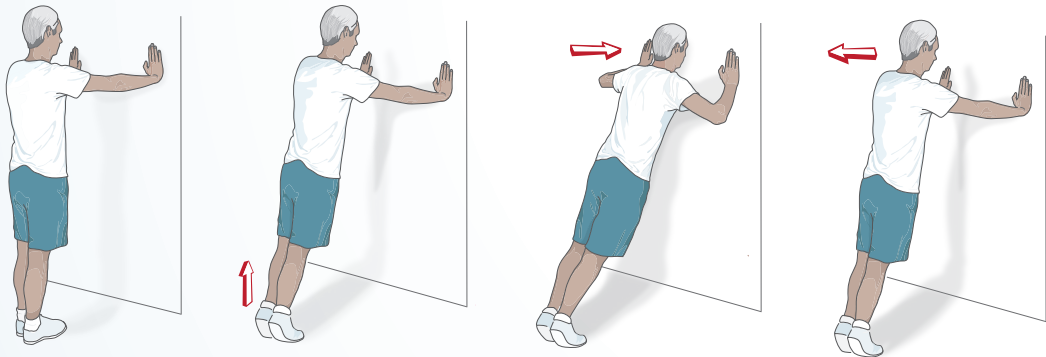
*** Remember, exercise is important for your mobility and your health. Not moving around can slow down your recovery. Staying in bed for a long time can even cause serious health problems.**

Sample exercises:

Your health care team will create an exercise plan that is right for you. It may include some of the exercises listed below.

Repeat each exercise 8-12 times. This is called a set. Do 1-2 sets of each exercise. It is normal for the exercise to feel harder at the end.

Wall exercises:



- Stand arm's length away from a wall.
- Place hands on a wall with your arms stretched out.
- Take a step back so that you are leaning on the wall slightly.
- Keep both feet together.
- Stand on your toes.
- Keep your back straight.
- Bend your elbows so that your nose comes close to the wall.
- Push on the wall to make your arms straight again.
- Repeat.

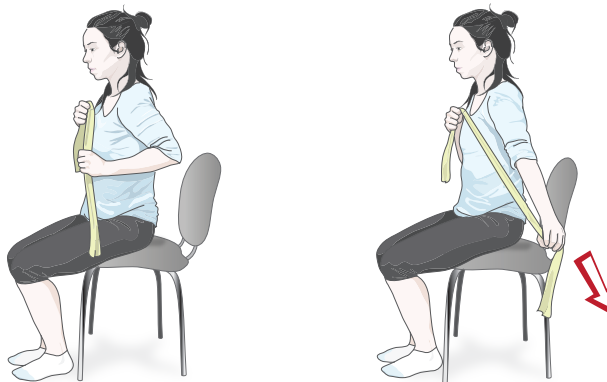
Bicep Curl:



- Sit on a chair or bench.
- Place a large elastic band under both feet.
- Hold the elastic in both hands with your arms down by your sides.
- Keep palms facing out.
- With elbows glued to your sides, bend your forearm up towards your shoulders.
- Bring your arm back down.
- Repeat.

* You can use a can of food, water bottles or bag of beans instead of elastic bands.

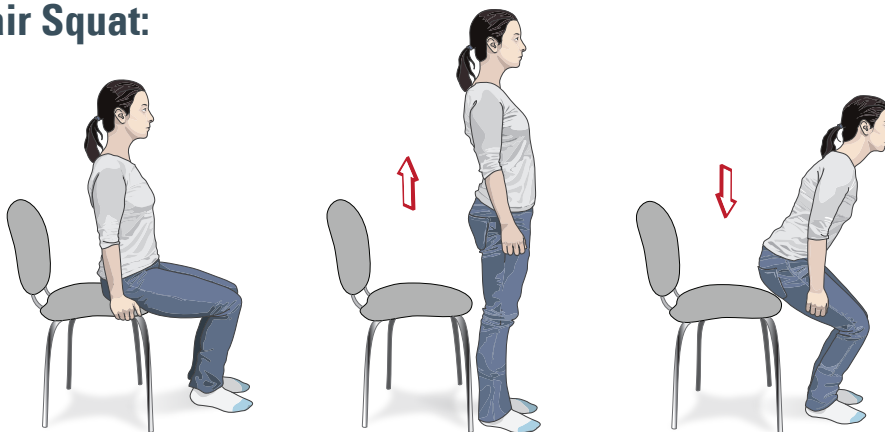
Tricep Curl:



- Hold the elastic in both hands to your chest.
- With one hand, keep your elbow pressed to your waist and pull the elastic down.
- Bring your arm back up.
- Repeat.

* You can use a can of food, water bottles or bag of beans instead of elastic bands.

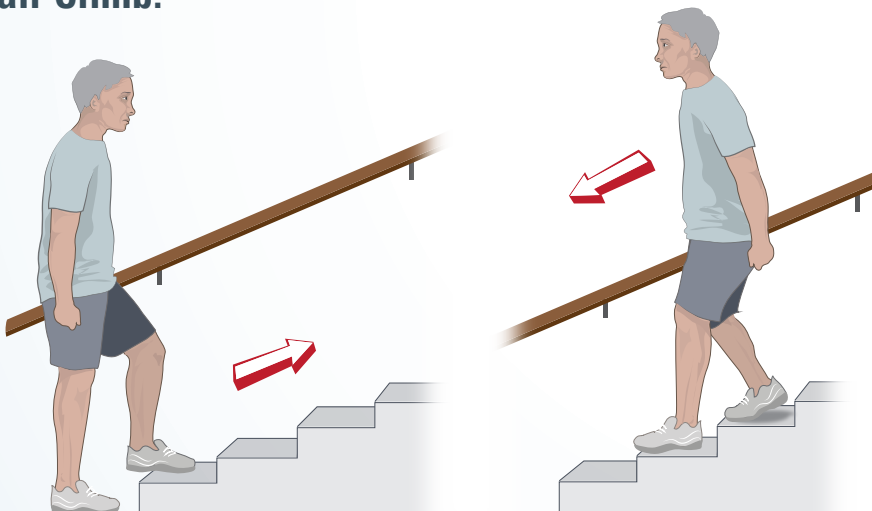
Chair Squat:



- Sit at the edge of your chair with your legs at an angle of 90°.
- Stand up without using your hands.
- Sit back down.
- Repeat.

* Try not to move your feet.

Stair Climb:



- Walk up and down a flight of stairs.

* Try not to hold on to the railing or wall on the way up if possible.

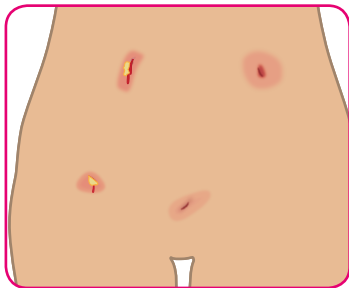
Calf Raises:



- Stand facing a wall or a chair.
- Be prepared to use this for support if needed.
- Lift both heels off the ground at the same time.
- Return heels to floor.
- Repeat.

When to call your surgeon

Call your surgeon if:



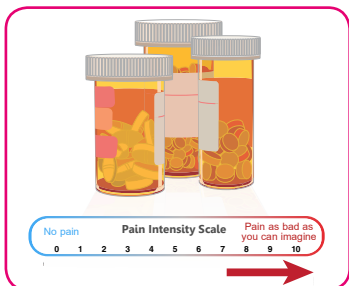
Your incision is warm, red and hard, or if you see pus or drainage coming from it.



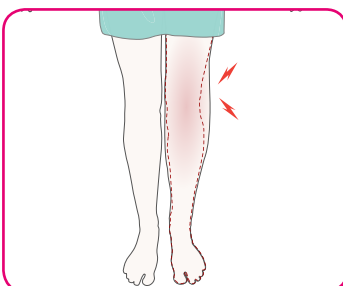
You have a fever higher than 38 °C/100.4 °F.



You cannot drink or keep liquids down (nausea or vomiting).



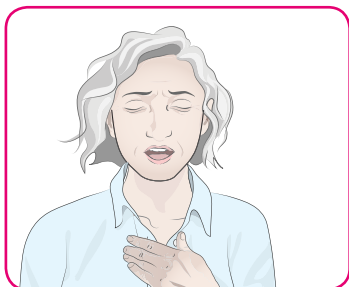
Your pain is getting worse and your pain medication does not help.



You have redness, swelling, warmth or pain in your leg.



You urinate (pee) a lot, have a burning feeling or pain when you urinate, or always feel a strong need to urinate right away.



You have trouble breathing.



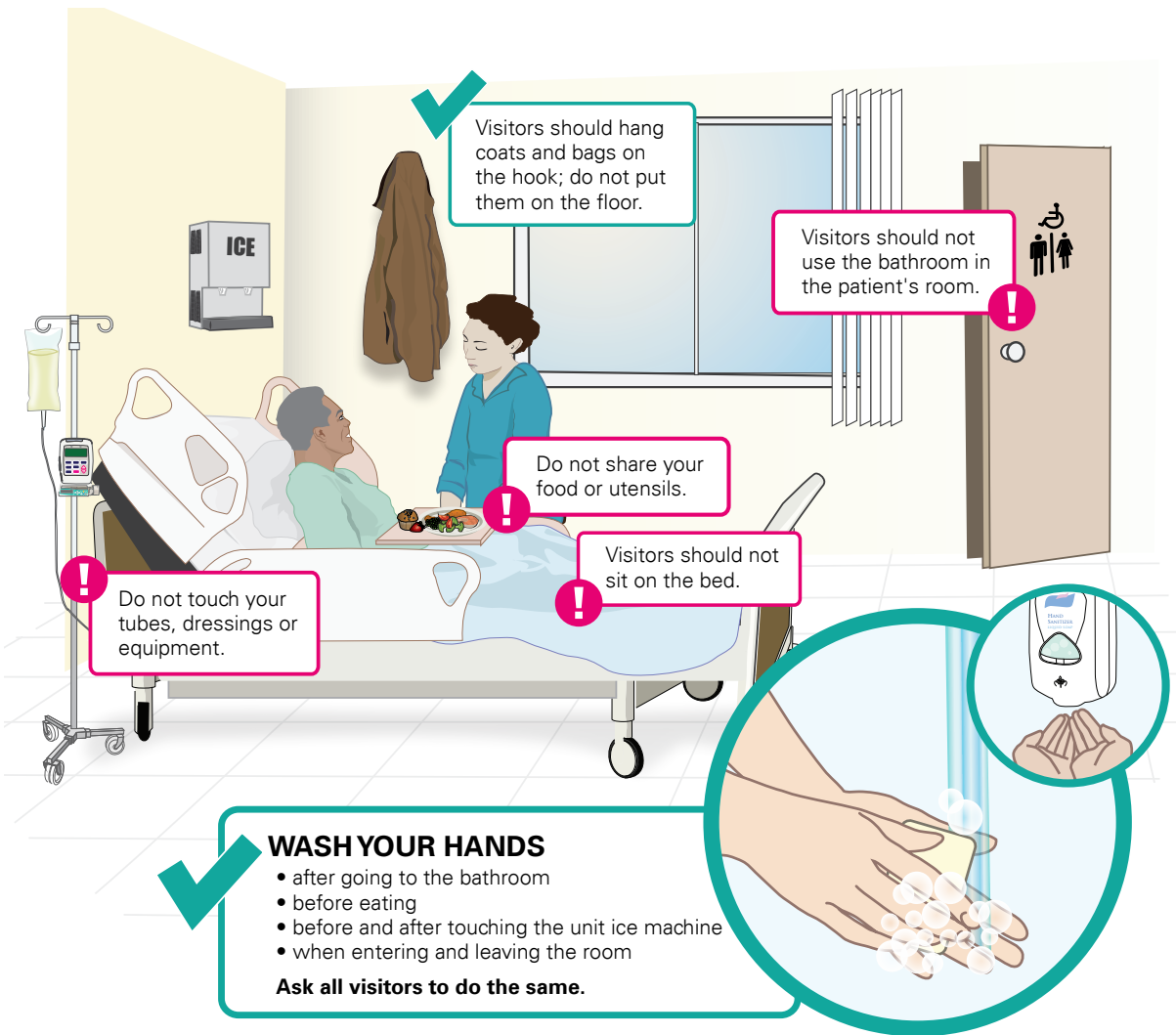
If you cannot reach your surgeon, go to the nearest Emergency Department.



At home

Resources

Preventing infections in your hospital room



Websites of interest

Resources to help you stop smoking



Quit line:

.....

Quit Smoking Centers

Ask your Community Health Clinic for information

The Lung Association:

1-888-566-5864 or www.lung.ca

Smoking cessation clinic at your hospital:

(needs a referral from your doctor).

Send the referral by fax:

Looking for more information on your surgery?

For more about ostomy care:

www.muhcguides.com/module/ostomy

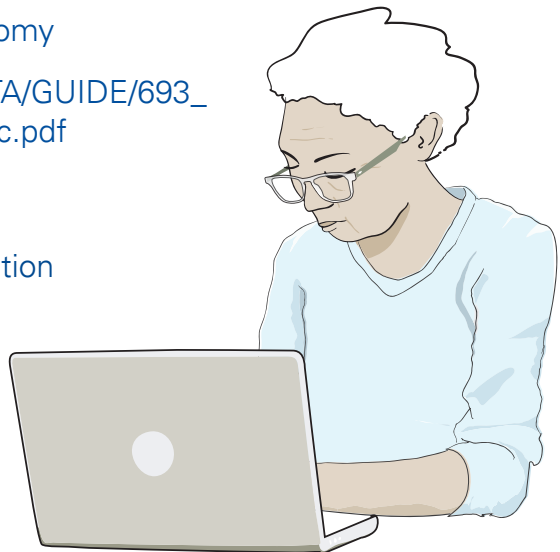
www.muhcpatienteducation.ca/DATA/GUIDE/693_en~v~ostomy-recovery-poster-muhc.pdf

For more about anesthesia:

www.cas.ca/english/patient-information

MUHC Libraries – Patient portal:

www.muhclibraries.ca/patients



Parking Information



MINIMUM AND MAXIMUM 24H RATES

0-30 minutes

FREE

4-24 hours

FLAT RATE \$24

**EXPRESS PARKING
4-24 hours**

FLAT RATE \$30

REDUCED PARKING RATE PASSES

WEEKLY PASS

7 DAYS

\$60

Unlimited entry and exit at the hospital where the pass was purchased

Available at payment machines

14 DAYS

\$85

LONG-TERM PASS

30 DAYS

\$70

Certain conditions apply

Available at the Customer Service Parking Office

FLEXI-PASS

7 VISITS

\$100

1 entry 1 exit per visit
No expiry date

Available at the Customer Service Parking Office

WHERE TO PAY



Cash or by credit card
Visa or MasterCard

**Automated payment machines
on each P level**



By debit card or
credit card

**Customer Service Parking
Office on RC level**



By credit card Visa or
MasterCard

**Barrier gate at exit
(hourly parking only)**

CONTACT US



Monday to Friday
8 a.m. to 12 p.m.
1 p.m. to 4 p.m.

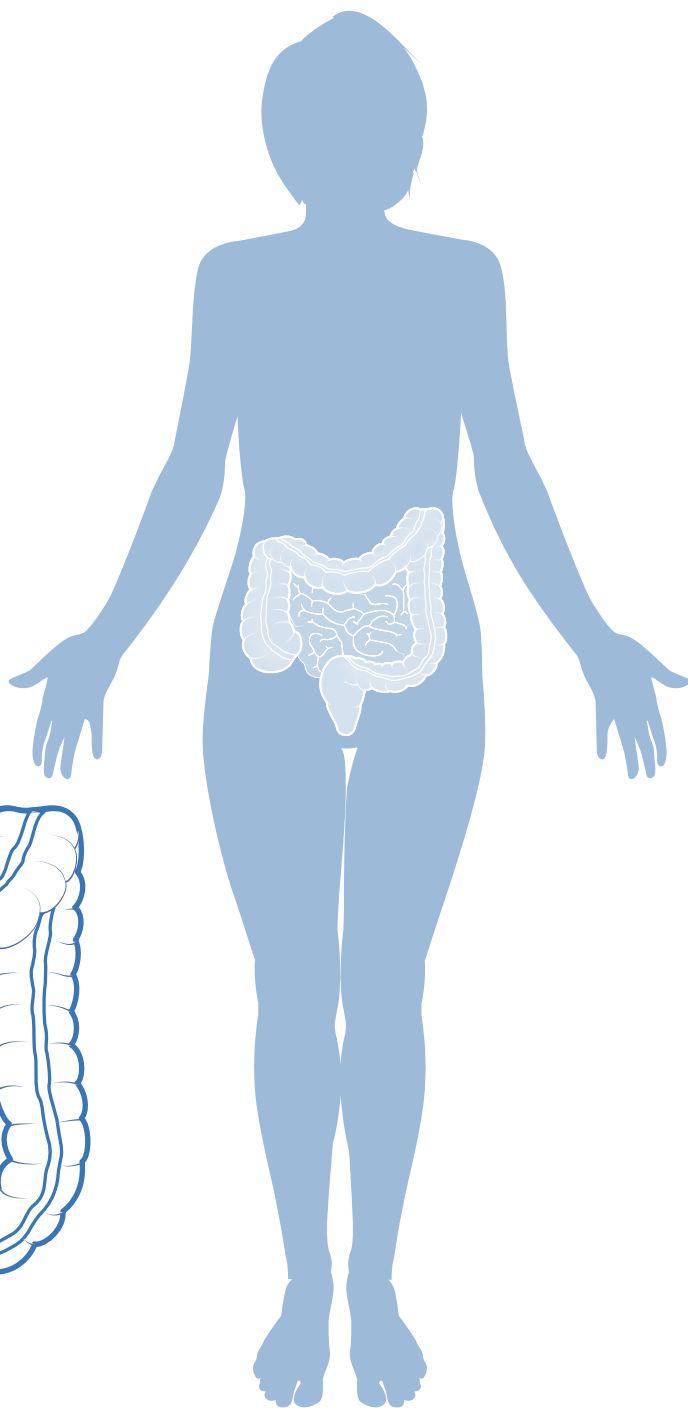
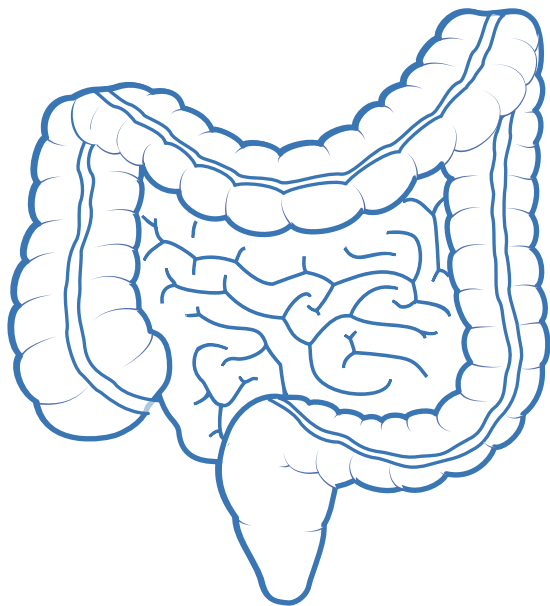
Customer Service Parking Office
Royal Victoria Hospital Main Entrance
D RC1000 514 934-1934, 32330
Montreal Children's Hospital Main Entrance
A RC1000 514 412-4400, 23427



If you encounter a problem or have a payment question, please use the intercom located on the automated payment machines. Assistance is available 24 hours a day, 7 days a week.

Notes

Handwriting practice lines consisting of multiple horizontal dotted lines for writing.



Hospital Map

