



BOWEL RESECTION

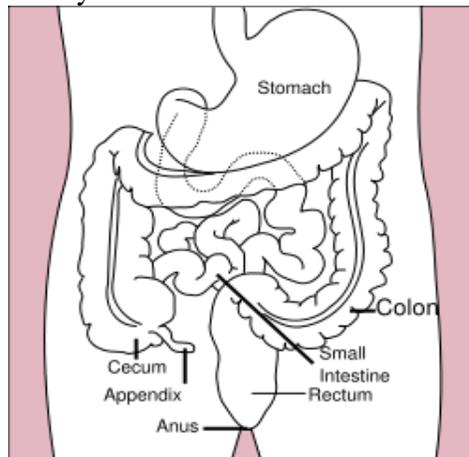
Date of Surgery _____

Please bring this booklet the day of your surgery.

QHC#383

What is a Bowel Resection?

A Bowel Resection is a surgical procedure in which a part of the large or small intestine (bowel) is removed. This may be done to treat various disorders of the bowel including obstructions, cancer, diverticulum or inflammatory bowel disease. The diseased part of the bowel is removed and the remaining ends are joined. Sometimes, when the diseased portion is removed, the end of the bowel is brought out to the surface of the abdomen (ostomy). This may be permanent or temporary.



Preparing for your Surgery

In order to empty and cleanse the bowel, you may be placed on a low residue diet for several days prior to surgery. A liquid diet may be ordered for at least the day before surgery. Special preparation such as laxatives and/or antibiotics may also be required and ordered by your surgeon.

Usual length of hospital stay is 7 days. Please have arrangements for a ride home and someone to help you at home as needed.

Day of Your Surgery

Arrive at the hospital to be registered at your scheduled time. After admission and preparation for surgery by the nursing staff, you will go to the operating room.

The Anaesthetist will administer an anaesthetic. The most common anaesthesia for bowel resection surgery is general anaesthesia (which puts you to sleep). The length of surgery is approximately 1-3 hours.

After Surgery

You will remain in the recovery room for 1-2 hours while recovery from anaesthesia is monitored. You will then be taken to your hospital room.

Patients often return from surgery with a variety of tubes. Intravenous is given for fluids and medications. You may have a catheter (tube to drain the bladder), oxygen tube in your nose, a tube from your nose to your stomach to drain stomach contents, and/or a drainage tube in the incision. These tubes will be removed as you recover.

The first few days you will feel tired and may want to request that only close family members and friends visit and to keep visits quite short. At first, you will be helped to do most things by the nurses. After the first few days, the amount of nursing care you receive generally decreases as you become more independent.

Pain

Your doctor will decide what medication will be used to keep you comfortable. Your pain may be controlled by injection or a patient controlled analgesic pump (PCA). Instructions will be given on its use, if ordered by your doctor. Pain pills will then be ordered. Please inform your nurse if at any time you are having pain.

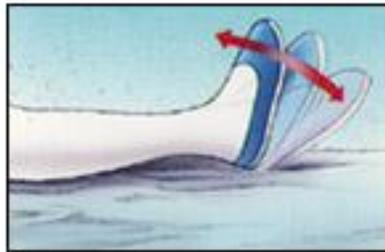
Nutrition

After surgery, you may have nausea or vomiting. Anti-nausea medication may be given to control this. An intravenous (IV) usually is left in the vein until you are drinking fluids well with no nausea. The IV may be changed to a saline lock (a small, short tube for medications to be given as ordered). Nothing may be taken by mouth until it is certain that normal bowel function has resumed. This is determined by listening to the abdomen with a stethoscope to hear bowel sounds (the passage of gas) or asking if you have passed wind. As your condition permits, you will start with ice chips. Small amounts of clear fluids will then be offered and if tolerated the amount will be increased. A light diet will then be offered and increased as tolerated. Specific diets may be ordered according to your health and cultural needs.

Activity

Deep breathing and coughing is very important to help prevent congestion and pneumonia. Inhale deeply through your nose then slowly exhale through your mouth. Repeat 3 times and then cough twice. Do this 10 times every hour while awake. It is helpful to support your incision with your hands or pillow while coughing.

A breathing device, called an incentive spirometer, may also be taught and used. Leg and foot exercises (i.e. moving your feet up and down and in circles) are encouraged 10 times per hour to promote good blood flow and decrease chance of blood clots. Your surgeon may order support stockings (anti-embolic or TEDS) to aid circulation.



Early ambulation hastens recovery. You will start by sitting up on the side of the bed, usually the evening of your surgery and then progress to short walks, with assistance. As your strength returns, you will be able to get up on your own. Ask for help as needed.

Wound

After surgery, the wound is covered with a sterile dressing. It is important to keep it clean and dry until the incision is well healed. Stitches are generally removed in 7-10 days. If you have an ostomy, special instructions will be given to you regarding its care.

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Guidelines at Home

Take pain medication as needed and any other prescribed medications as directed.

Slowly increase your activity being careful not to over do it. If you are tired or have discomfort, stop what you are doing and rest. A daily activity, such as a walk, is recommended as tolerated. Try to get a good night's sleep. Taking pain medication at bedtime may help.

Do not lift anything over 10 pounds. Heavy lifting places a strain on your incision. Ask your surgeon when you can return to heavy work and lifting at your follow-up appointment.

Diet is as tolerated. Little and often is usually better than large heavy meals. Drink extra fluids, 6 to 8 cups of fluid per day is recommended. Foods low in fibre are usually digested better at first.

Guidelines at Home

It is normal to lose some weight after this surgery. Soon it will level off and slowly you will start to regain some of the weight you lost. Try to have a good calorie intake to keep up your energy.

Your bowel actions may change after your surgery. They may be unpredictable, loose or urgent. It can take several months to develop a pattern.

Diet changes may be necessary to help to return to regular bowel function for you.

You may shower or bathe as long as your incision edges are not open. Use a mild soap to gently clean your incision and carefully pat it dry. If your clothing irritates your incision, then cover it with a loose piece of gauze.

Having an operation can be a stressful experience, physically and emotionally. Length of recovery varies with each individual and can be from 6 to 12 weeks. Be patient. You may resume sexual activity after surgery when you feel good and are well rested. Avoid positions that strain the incision site.

It is recommended that you do not drive until after your first checkup after surgery. You should not drive until you feel confident that you can manage an emergency stop. Do not drive after taking narcotic pain medications or sleeping pills.

Feelings of anxiety, sadness and fear are normal with a diagnosis of cancer. You may be unsure how to act towards family and friends. You can take steps to ease your emotional adjustment. Express your feelings to your doctor and people close to you. This will help your doctor understand what you need to fully recover and it will help your family and friends to share your difficulties and to help you work through them. Your family and friends can be your strongest supporters, but they may not know how to show their support. You can help them by being open and honest about the way you are feeling.

Many people find help in support groups where they can share experiences and learn coping skills. Several studies show that being with others who understand what you are going through can improve the quality of your life. Support groups can help to reduce stress and minimize depression. Having a positive outlook can allow your body to more effectively fight disease.

Support Groups

Quinte Cancer Support Group (613) 961-7366

Picton Cancer Support Group (613) 399-3223

Other Resources

Canadian Cancer Society - Hastings and Prince Edward County Unit Office, 90 Pinnacle Street South (613) 962-0686
email: hastings@ccsont.org
website: www.cancer.ca



Call your doctor or come to the nearest Emergency Department if you experience:

- A fever
- Drainage from incision or redness or swelling at the wound site
- Pain not controlled by your pain medication
- Unusual cough, shortness of breath or chest pain
- Leg tenderness or redness in the calf

Appointment

Call your surgeon's office to make a follow-up appointment after discharge.

Special Instructions

Questions?

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