

Please read prior to surgery &  
refer to this sheet after surgery. You will receive  
information at discharge, but it will not be this detailed.

## Post-Op Instructions Following Colon Surgery

**\*If you have increasing redness around the incision sites, thick drainage, vomiting, or fever above 101°F call the office as soon as possible (314-434-1211) to speak with our clinical staff.**

### WHAT TO EXPECT

- You will feel tired and sore after surgery. You should be about 85% improved by post-op day #14 (2 weeks). However, you might not feel 100% improved for 8-12 weeks after surgery.
- If you are having a laparoscopic procedure, you may experience shoulder pain or gas bubbles a few days after surgery. This is from the gas used during the operation and is common with any laparoscopic procedure.
- You may or may not turn black and blue around your incision sites and surrounding tissue. Gravity will push this down your body as it resolves.
- Diet After Surgery – immediately after you are discharged from the hospital, you should stay on a **soft diet**. This includes any soups, pasta, mashed potatoes, rice, stews. Anything that is easy to digest (*think about foods you eat when you are trying to get over a stomach virus*). You should continue this for 10 days, then after that **gradually** advance to a regular diet as tolerated.
- Bowel Movements (BM)
  - This will take a couple of weeks to get back to normal. It will mostly depend on what you eat and how much you eat. You should have “gas” OR bowel movements **daily**.
  - If you have not had a bowel movement **3 days after discharge** you can take Milk of Magnesia (MOM) **2 tablespoons every 6 hours until you have a bowel movement**. If you were on Metamucil and/or MiraLax before surgery, you may resume it.
    - **Call our office** if at any point you do NOT have a bowel movement for 3-5 days in a row and are having discomfort.
  - It may take several weeks for your bowels to go back to what they were before surgery. Studies show that it may take up to a year for the bowel function to stabilize. Your colon is getting use to the missing piece and it is learning to make up for what was removed – give it time!
  - It is normal to see **intermittent bleeding** in your stool. There may be old blood in the stool up to several weeks after surgery. Because there is a staple line at the connection, sometimes stool will brush up against the staple line and there may be bleeding. You may

see small clots in the stool, as well. **If you see a lot of blood (toilet bowl full of blood) or a lot of bright red blood (like a menstrual cycle), or feeling lightheadedness or passing out - go to the emergency room immediately**

### INSTRUCTIONS

- If you do not have a drain, you may shower **2 full days after** your surgery. Remove the dressings, but leave steri-strips on, *if present*.
  - *If you have tape directly on your skin (steri-strips) under your gauze dressing, leave those on and do not remove them. They will fall off on their own after post-op day #7-10.*
- The sutures used in your surgery are likely self-dissolving and should not need to be removed. *If after a few weeks you notice suture at your incision(s), call the office to have them removed.*
  - If staples are present, those will likely be removed at your first post-op visit in our office (or about 12-16 days after surgery)
- If you have a *J-P* drain in, (*Jackson Pratt*) you will not be able to shower until the drain is removed. This is removed in the office. The doctor will tell you when this should be removed. You will call the office to make that appointment with the nurse practitioner or surgeon. ***To be removed you must be draining less than 30 ml of fluid in a 24 hour period.***
  - Please empty the drain at least twice a day and record your output. After emptying, be sure to squeeze the bulb tightly to collapse it before placing the cap to ensure there is suction. You do not need to save the fluid for your surgeon.

### MEDICATIONS

- You will be sent home with prescription pain medicine. This will cause constipation and you will need to take MiraLax and drink LOTS of water (*this is what makes the MiraLax work*) while you are on the pain medicine.
  - **MiraLax** – take a cap-full every day (*read package instructions*)
  - You **should not** drive while on pain medicine.
  - *All narcotics cause severe constipation, as well as possible nausea and vomiting.*
    - **Call the office** if you have not had a bowel movement in 2-3 days with taking over the counter medications.

### RESTRICTIONS

- You should not do any strenuous exercise for **6-8 weeks** unless directed otherwise. No lifting over 10-15 lbs. (Ex: a gallon of milk weighs 8 lbs). This is to avoid a possible hernia at the incision site.

- You may walk as much as you want (*limit stair climbing the first 1-2 weeks*). You may also do cardio, but avoid exercises that use your abdominal muscles.

FOLLOW UP

- Call St. Louis Surgical Consultants for a “**post-op**” visit with your surgeon 1-2 weeks after your surgery (314-434-1211).
- If you have increasing redness around the incision, drainage, or fever above 101°F call the office.
  - Your incision site(s) *may* drain.
    - Do **NOT** soak healing incision site(s) – i.e. a bath, hot tub, swimming pool
    - Clear to light pink/red drainage is normal a few days after surgery
      - You may apply loose dressings to stop any drainage from soiling clothing.

**The office is open for phone calls from 8am - 5 pm Monday-Thursday, Friday 8am -4 pm. For after hours, call the Medical Exchange @ 314-364-5262 to speak to the surgeon on call.**

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