

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 (314-434-1211) to speak with our clinical staff.**

## WHAT TO EXPECT

- **Pain** - Everyone's pain tolerance is different. You may be very sore for 3 days following your surgery. Each day will get better, thereafter (*i.e. you will begin to notice improvement on day 4-5*). However, you may not feel 100% improved for 6-8 weeks after surgery, depending on your surgery.
  - Be sure to use your arms when getting out of chairs; roll to your side & use your arms to get out of bed.
  - Those having an open repair may experience more pain than those having a laparoscopic repair.
  - If your surgery was laparoscopic, you may experience shoulder pain from retained gas.
- **Drainage** - Your incision(s) may drain a small amount.
  - Clear to light pink/red drainage is normal a few days after surgery. If the area is constantly wet notify our office.
    - Apply a loose dressing or band aid to stop any drainage from soiling clothing. Change often.
- **Fatigue** - You may feel tired after surgery for several weeks. You should plan on about 85% improvement by post-op day #7, however, you might not feel 100% for 6 weeks after surgery. Continue to be active, but allow time to rest.
- **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, and 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

- **Skin Glue** (*Dermabond*) – if this was placed in the operating room you will not have any dressings to your incision(s). If this is present (*and your do NOT have a drain*), you may begin showering immediately after your surgery.
  - Some people can develop allergies to the skin glue. If you notice increasing surrounding redness or itching to your incision please notify our office.
- **Showering** – If you do not have a drain in place & do not have skin glue, remove your outer dressing(s) and shower **2 full days** after your surgery. You may re-cover with gauze if you prefer, but this is only necessary if you are having drainage.
  - Do **NOT** soak healing incision site(s) – *i.e. a bath, hot tub, swimming pool*
  - If you have small strips of tape directly on your skin (steri-strips), under your dressing, leave those on and do not remove them until 7-14 days after surgery.
  - The sutures used in your incision are most likely self-dissolving and should not need to be removed.
- **Drain(s)** - If a drain was placed, you will need to make an appointment with our office to have it removed when it is draining less than 30 ml of fluid in a full 24 hour period (*usually on the 3<sup>rd</sup>-5<sup>th</sup> post-op day*).
  - Go to our website, [www.StLouisSurgical.com](http://www.StLouisSurgical.com), to watch a video on how to properly care for your drain.
    - 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.
    - You should not shower until this is removed.
  - You may shower the day after your drain has been removed.

MEDICATIONS

- You may be sent home with prescription pain medicine. Try to first control pain with your usual over the counter medications, like Tylenol or Ibuprofen (*Advil*), following the package instructions. Use the narcotic pain prescription only if the Tylenol or Ibuprofen is not effective.
  - You **cannot** drive while on prescription pain medicine.
  - All narcotics can cause severe constipation, as well as possible nausea and vomiting.
    - Refer to “Preventing Post-Op Constipation” education sheet for instructions (*found on our website*). We recommend starting these measures as soon as you arrive home from your surgery.

RESTRICTIONS

- You should not do any strenuous exercise for 6-8 weeks after surgery unless directed otherwise. No lifting over 10-15 lbs. (*Ex: a gallon of milk weighs 8 lbs*) to avoid re-injuring the site.
- You may walk as much as you want, and we recommend that you move as much as possible.
  - Fatigue after surgery is normal and can take up to a few weeks to completely resolve.

FOLLOW UP

- Call the office for a “**drain removal**” visit with the Nurse Practitioner once you reach less than 30ml of output in a full 24 hour period - *if applicable*.
- Call the office for a “**post-op**” visit 1-2 weeks after your surgery with your surgeon.
  - If staples are present, they will not be removed until 12-16 days post-op
- **If you have increasing redness around the incision, drainage, or fever above 101°F call the office.**

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