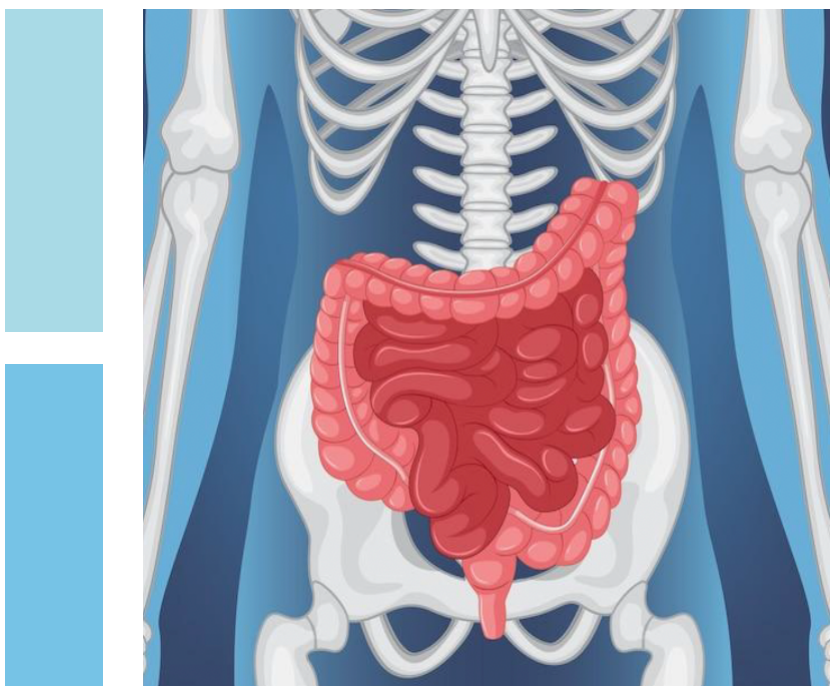


A Guide to Enhanced Recovery After Surgery (ERAS)



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Bowel Surgery (Colorectal)

This booklet was updated for the CIUSSS de l'Ouest-de-l'Île-de-Montréal based on *A Guide to Bowel Surgery*, produced by Enhanced Recovery Canada™, and earlier versions of this guide published by the CIUSSS.

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Important!

The information provided in this guide is for educational purposes. It is not intended to replace the advice or instruction of a healthcare professional or as a substitute for medical care. Contact a qualified healthcare professional if you have any questions about your care.

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General guidelines

Someone from the hospital will call to give you the details about your upcoming surgery. You can write them down on this page.

Preoperative Clinic

Date: _____ Arrive at: _____ Go to: _____

Surgeon's name: _____

The day of your surgery

Date: _____ Arrive at: _____

Where to go

St. Mary's Hospital Centre (SMHC)

- First, go to the Admitting Office in Room G310.
- Then go to Room 2324 on the 2nd floor.

Lakeshore General Hospital (LGH)

- First, go to the Admitting Office near the main entrance.
- Then go to Room 2700 on the 2nd floor.

Going home (discharge)

At most 1-3 days after your surgery.

Discharge time: 10:00 am, or no more than 2 hours after the discharge orders are given.

Remove bandage on: _____

Stop anticoagulants on: _____

Follow-up appointment with the surgeon at the clinic

Date: _____ Arrive at: _____ Go to: _____

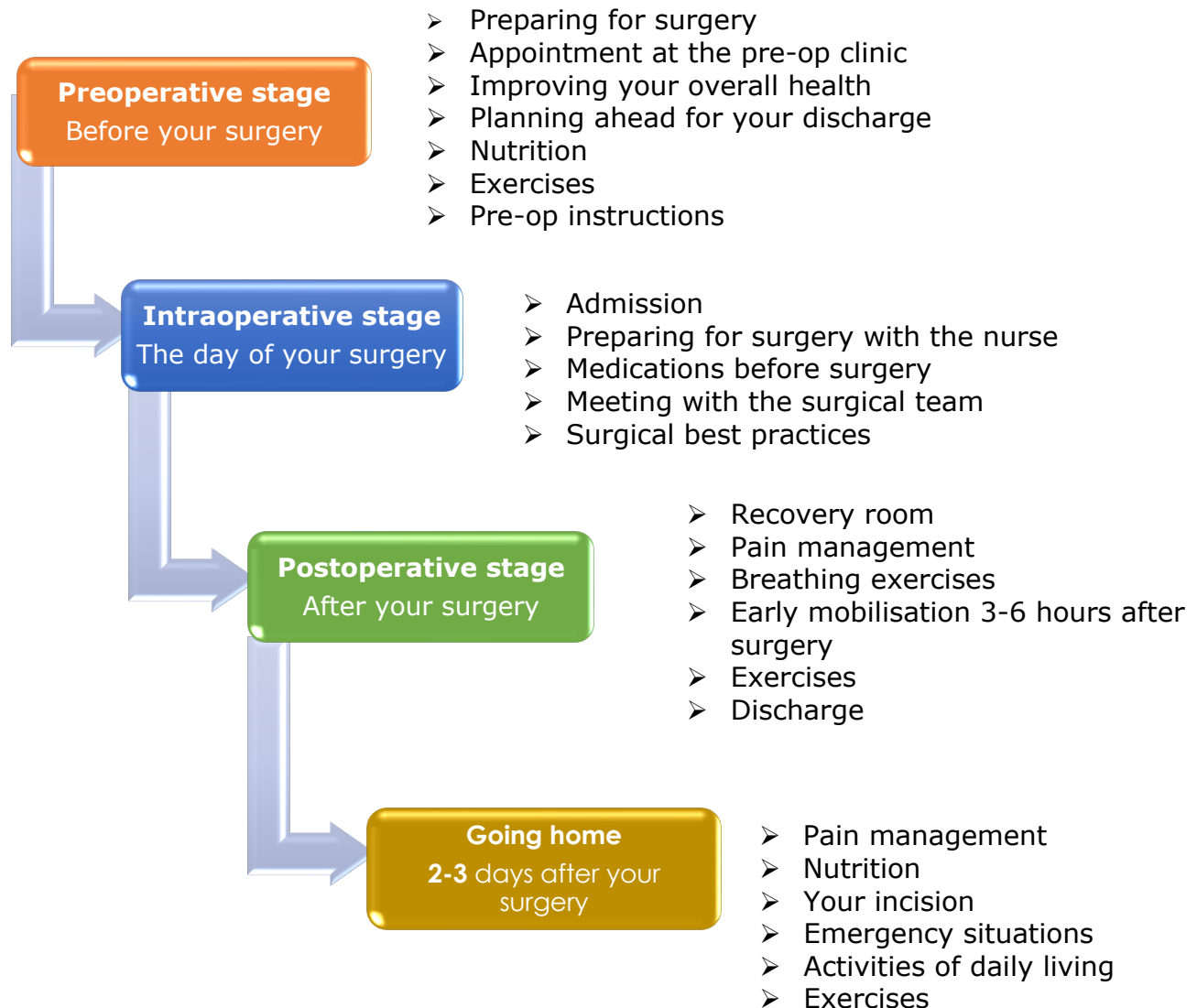
IMPORTANT! If you are unable to come on the scheduled date, please notify the hospital's Admitting Office **AS SOON AS POSSIBLE**.

The clinical care pathway

Bowel surgery is part of a program called Enhanced Recovery After Surgery (ERAS).

The clinical care pathway outlines the steps to follow for a successful surgery. The goal of the program is to help you recover quickly and safely.

The members of your healthcare team collaborated to create this pathway, which also follows the principles of the ERAS program.



Very important!

Being **well prepared** before your surgery is **key** to a quick recovery.

The guide

This booklet will:

- ❖ Help you get ready for your surgery.
- ❖ Help you understand **how important it is for you to play an active role in your recovery.**

Research shows that following the recommendations outlined in this booklet will lead to quicker recovery after surgery.

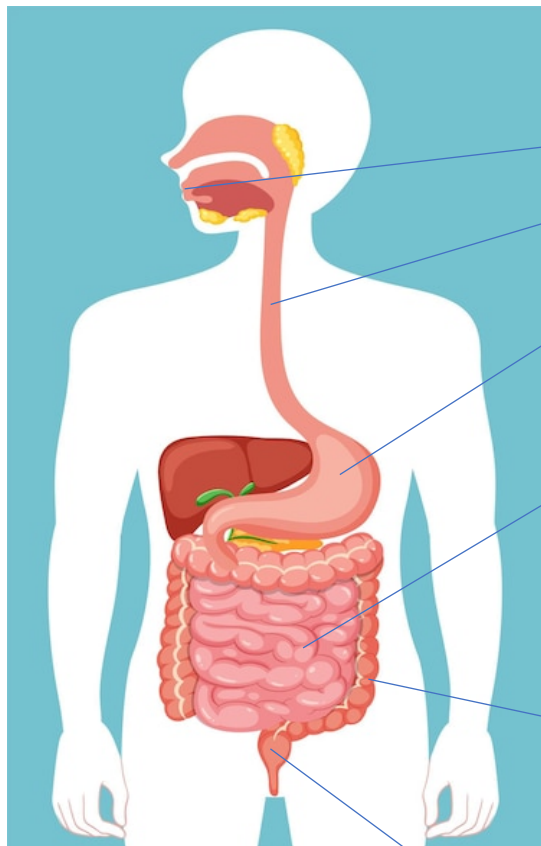
- ❖ These recommendations will help you feel better faster and go home sooner.
- ❖ This guide is for use both at the hospital and at home.
- ❖ We recommend that you read this guide as soon as you receive it.
- ❖ [Reread the recommendations at each stage of the pathway.](#)
- ❖ Bring this guide with you to each of your appointments as staff can answer questions you may have.
- ❖ It will serve as a useful reference before and after surgery.

We are here to help and support you during your hospital stay. If you have any questions about your care, please do not hesitate to ask us.

We encourage you to bring a support person to your pre-operative and medical appointments, whether to help facilitate communication or to be by your side every step of the way.

The digestive system

The digestive system is made up of the digestive tract, a long tube that extends from the mouth to the anus. Its primary role is to deliver critical nutrients to all the cells in the body.

**Mouth**

When we eat, food passes from the mouth, through the esophagus, and into the stomach.

Esophagus**Stomach****Small intestine (bowel)**

From there, it passes into the **small bowel** (also called **small intestine**). This is where nutrients are absorbed.

Large intestine (bowel)

What is left of the food then goes to the **large bowel** (also called **colon**). This is where fluid from food is absorbed.

Rectum

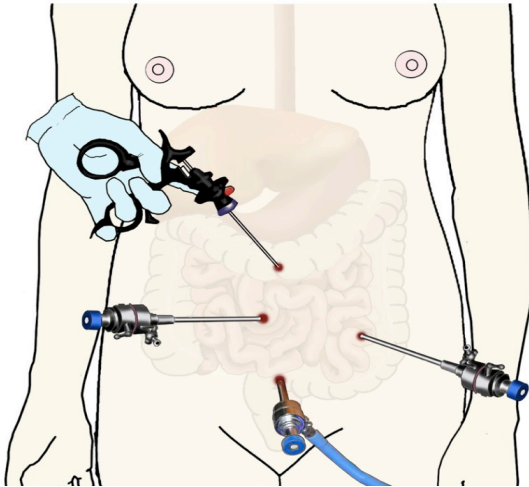
Leftover waste (stool) is stored in the rectum until it is passed out of the body through the anus.

What is bowel surgery?

Bowel surgery (also called colorectal surgery) involves removing the diseased part of the bowel.

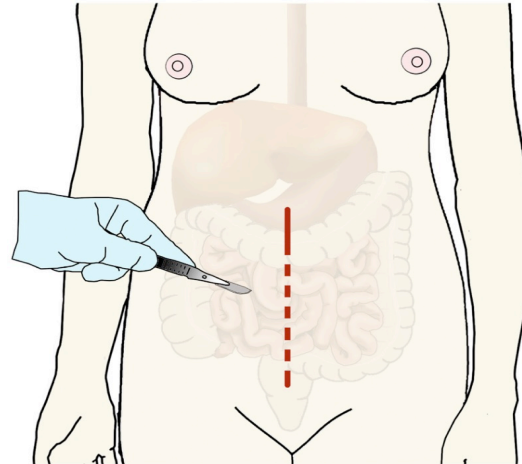
There are two ways of performing this surgery:

1. Laparoscopic surgery



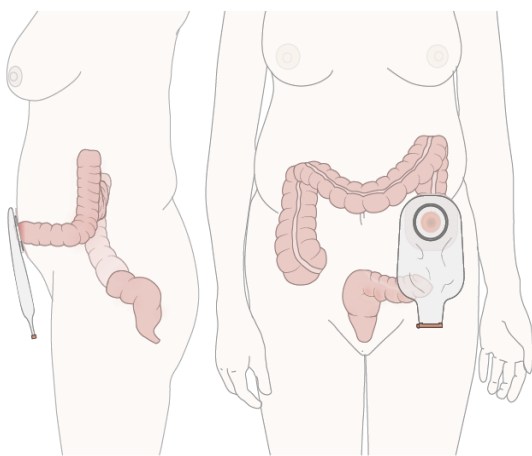
The surgeon operates through 4 to 6 small incisions in the belly, using a camera and other tools. The diseased part of the bowel is removed through one of the incisions.

2. Open surgery



The surgeon makes a single 10 to 20 cm incision in the belly and removes the diseased part of the bowel.

Stoma



- Some patients will need a stoma (and bag) as part of their bowel surgery.
- A stoma is an opening in the belly through which stool is eliminated and collected in a plastic bag.
- It can be permanent or temporary.

If you need a stoma, your surgeon will talk to you about it and will give you all the necessary information. You will also meet with a stoma therapy nurse who will show you how to care for your stoma (at St. Mary's Hospital Centre, you can reach the nurse at 514 345 3511, extension 3880).

Preparing for surgery

Be active – If you already exercise, keep it up. If not, start to slowly add exercise to your daily routine.

- ❖ The exercises do not need to be hard to be effective.
- ❖ Walking 15-30 minutes a day is better than not exercising at all.
- ❖ See pages 33-35 for examples of exercises you can do before and after your surgery. You can start doing them at home right now.

Stop smoking or vaping at least **4 weeks before your surgery**. This will help you recover faster.

- ❖ With your consent, the nurse at the Pre-Op Clinic will **refer you to a Quit Smoking Centre**.
- ❖ It's never too late to quit!
- ❖ You can also check out the online smoking cessation resource known as *I Quit Now*.



Limit your alcohol intake

- ❖ **Stop drinking alcohol 24 hours before your surgery.**
- ❖ Alcohol can have a negative effect on your surgery.

Stop taking herbal supplements and other non-prescription natural health products **one week before your surgery.**

Dental care:

- ❖ You should **avoid having any dental work done 1 month before and 3 months after your surgery.**
- ❖ Consider making an appointment with your dentist once you are scheduled for surgery.
- ❖ **It is imperative that any oral (mouth) or dental infection be treated before you have your colorectal surgery.**

Preparing for surgery

Plan ahead for your return home

- ❖ Arrange for someone to take you home.
- ❖ Plan to go home **at 10:00 am starting 1 day after your surgery.**

Household chores: Make sure that everything is done before you leave for the hospital: tidying up, laundry, cleaning, etc.

Food:

- ❖ Prepare several days' worth of meals and make sure the groceries are done.
- ❖ Fill your fridge and freezer.
- ❖ Buy frozen meals or prepare individual portions that can be reheated until you feel well enough to cook.

Make plans for your return home:

- ❖ At first, it may be difficult for you to do certain everyday tasks. Plan to have help (family, friends) for the first three days after your surgery.
- ❖ If no one is available to help you, please contact your CLSC. They may offer housekeeping or meal delivery services.
- ❖ Most grocery stores also offer home delivery services.
- ❖ You can call **211** or go to www.211qc.ca to find support resources in your area.



Examples of services:

- Meal delivery
(Meals on Wheels)
- Catering service
- Grocery store with home delivery

If you are worried about going home, talk to the pre-op team or your doctor **before your surgery.**

Recommended diet

Eating a healthy, balanced diet will help prepare your body for surgery and build up energy reserves. It will also help you keep your strength up and recover faster after surgery.

Surgery is a stressful experience that can increase the body's nutritional needs.

We therefore recommend that you eat:

Protein

Protein helps promote tissue healing, including the muscles that were injured during surgery.

Include at least one protein-rich food with every meal.

Foods that are high in protein include:

Meat, fish, legumes (chickpeas, lentils, etc.), nuts/seeds, dairy products.



Fibre and fluids

Constipation is a common side effect of surgery. To prevent it, we recommend adding fibre to your diet and drinking plenty of water.

Foods that are high in fibre include:

Fruits and vegetables, legumes, whole grains (brown rice, quinoa), whole grain cereals (wheat bran, oats), whole grain bread and pasta, nuts and seeds...

Your visit to the Pre-Operative Clinic

Are you scheduled for an appointment at the Pre-Op Clinic?

The purpose of this appointment is to learn more about your overall health, plan your care and make sure that you are ready for your surgery.

During your appointment at the Pre-Op Clinic

You will:

Undergo tests and examinations that are routinely done before surgery.

Meet with a nurse

- ❖ Who will explain what will happen before, during and after your surgery.
- ❖ Who will ask you questions about your lifestyle habits.

You could meet with a doctor or a specialized nurse practitioner (SNP)

- ❖ Who will go over your medications and ask questions about your overall health. **Please bring a list of all your medications.**
- ❖ Who may refer you to another doctor (a specialist) before your surgery.
- ❖ Who may order additional blood tests or other tests depending on the state of your health.

You could also meet with **an anesthesiologist, a nutritionist and a stoma therapy nurse.**

Medication:

- ❖ If not done yet, you may be instructed to stop taking certain medications before your surgery.
- ❖ The surgeon or the nurse will give you a prescription for antibiotics to take the day before the surgery.

Bowel prep

- ❖ Some people will be asked to do a bowel prep (laxative solution) 1-2 days before their surgery, while others will require an enema on the day of their procedure or no bowel preparation at all.
- ❖ If you need to do anything, the surgeon or the nurse at the Pre-Op Clinic will give you a prescription and explain what is involved.



The nurse may give you specific instructions at the Pre-Op Clinic. You can take notes here:

-

Checklist

Remove this page from the booklet**Pre-Op Checklist (important)****30 days before my surgery:**

- ☐ Stop taking hormones (if prescribed).
- ☐ Make sure no dentist appointment is scheduled.

7 days before my surgery:

- ☐ Check which medications to stop taking and when - as stated on the prescription.
- ☐ Pick up the medication I was prescribed (if I was prescribed medication to take before my surgery).
- ☐ Reread this booklet, especially the *After your surgery* and the *At Home* sections.
- ☐ Prepare meals and do groceries.

2 days before my surgery:

- ☐ Start bowel prep (if prescribed).

The day before my surgery:

- ☐ Take antibiotics (if prescribed).
- ☐ Shower using the antiseptic cleanser or soap.
- ☐ Drink one of the recommended pre-operative beverages (if prescribed).
- ☐ Continue with bowel prep (if prescribed).
- ☐ No solid foods after midnight.
- ☐ Continue to drink clear fluids until 2 hours before surgery.

The day of my surgery:

- ☐ Drink one of the recommended pre-operative beverages (as prescribed).
- ☐ Do colon prep (if prescribed).
- ☐ Continue to drink clear fluids until 2 hours before surgery.
- ☐ Shower using the antiseptic cleanser or soap.
- ☐ Have two packs of gum to bring with me.
- ☐ Do not wear any makeup, jewellery or perfume.
- ☐ Leave all valuables at home.

Here is a table with the recommended pre-operative beverages and their equivalents (if prescribed: choose **only one** and drink the recommended amount)

High carbohydrate beverages	100 g of a high carbohydrate beverage is equal to:	50 g of a high carbohydrate beverage is equal to:
Apple juice	850 mL/ 3 ½ cups	425 mL/ 1 ¾ cups
Orange juice (without pulp)	1000 mL/ 4 cups	500 mL/ 2 cups
Iced tea	1100 mL/ 4 ½ cups	550 mL/ 2 ¼ cups
Lemonade (without pulp)	1000 mL/ 4 cups	500 mL/ 2 cups
Cranberry cocktail	650 mL/ 2 ¾ cups	325 mL/ 1 ⅓ cups

The Admitting Department

Someone from the hospital will call to give you the **date and time** at which you are expected to be at the hospital for your surgery. There is no need for you to call to check. Someone will call you as soon as your date is confirmed.

Important! **Cancelling your surgery**

If you are sick (**fever, cough**), if you have an **infection**, if you are **pregnant**, or for any **other reason**: do not show up at the hospital for your surgery.

Please call the [services below](#) **and** [your surgeon's office](#) as soon as possible.

St. Mary's Hospital Centre:

- ❖ Surgeon's office (see the list of useful phone numbers given to you) **and**
- ❖ Pre-Op Services: 514 345-3511, extension 3677 (Mon-Fri, from 7:30 am to 2 pm) **or**
- ❖ General Surgery Department: 514 345-3511, extension 3840/3029 (Mon-Fri, from 7 am to 2 pm)

Lakeshore General Hospital:

- ❖ Surgeon's office (see the list of useful phone numbers given to you)
- ❖ Scheduling service: 514 630-2225, extension 1701

These numbers should only be used to cancel a surgery.

Please do not use them for any other reason!

If you must leave a message on the answering machine, please provide the following information:

- ❖ Your full name
- ❖ The date of your surgery
- ❖ Your phone number
- ❖ Your hospital card number or health insurance card number
- ❖ Your surgeon's name
- ❖ The reason for cancelling your surgery

[Your surgery may be cancelled or postponed because of an emergency. If this happens, you will be notified as soon as your surgeon sets a new date for your surgery.](#)

The day before your surgery

Someone from the hospital will call to tell you at what time to be at the hospital. Patients are usually asked to arrive 2-3 hours before their scheduled surgery time. The surgery time is not exact. It could be slightly earlier or later than planned.

If you do not receive a call before 2 pm, you can call:

- ☐ **St. Mary's Hospital Centre:** Admitting service at **514 345-3511, extension 2674 or 5054**
- ☐ **Lakeshore General Hospital:** Scheduling service at **514 630 2225, extension 2799**



Instructions

Bowel preparation

Do your bowel prep by taking the laxatives, as prescribed, and as explained to you by the surgeon or nurse at the Pre-Op Clinic.

Infection prevention

If you were given a prescription for antibiotics during your pre-op appointment, be sure to take them.

Questions about preparing for your surgery?

Call the nurses at the Pre-Op Clinic, Monday through Friday:

St. Mary's Hospital Centre

514-345-3511, extension 3524 or 3029 or 3840 (from 7 am to 2 pm)

Lakeshore General Hospital

514-630-2225, extension 1802 or 1804 (from 7 am to 3 pm)

The day before your surgery



Instructions

Eating and drinking:

If you are doing a bowel prep:

- ❖ Before taking the laxatives, have a low-fat breakfast.
- ❖ Next, take your laxatives.
- ❖ Do not eat any food after taking your laxatives.
- ❖ Do not have any dairy products or juice with pulp.
- ❖ Drink the high-carbohydrate beverage you were prescribed.
- ❖ Continue to drink only clear fluids up to 2 hours before your surgery.

If you are not doing a bowel prep:

- ❖ Eat normally until midnight.
- ❖ After midnight, only drink clear fluids up to 2 hours before your surgery.
- ❖ If prescribed, drink the high-carbohydrate beverage.

Examples of clear fluids:

- ❖ Water
- ❖ Fruit juice *without pulp*
- ❖ Coffee or tea *without cream or milk*
- ❖ Iced tea
- ❖ Beverages with or without electrolytes
- ❖ Broth (vegetable, chicken, beef)



Note:

- ❖ Some individuals must **stop eating and drinking as of midnight** the day before their surgery.
- ❖ During your pre-op appointment, the nurse or surgeon will let you know if this applies to you.

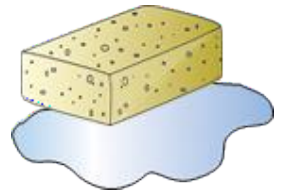
The day before your surgery



Instructions

Personal hygiene – Infection prevention

- ❖ Take a bath or a shower the night before your surgery.
- ❖ Do not shave the area that will be operated.
- ❖ If you were given or purchased disinfectant chlorhexidine sponges:
 - Use the first chlorhexidine sponge to wash your body and belly button when taking your bath or shower the night before your surgery. Do not use cream, lotion, cologne or perfume.
- ❖ Put on a clean pair of pyjamas and sleep in clean sheets the night before your surgery.
 - Before coming to the hospital on the day of your surgery, wash with the second chlorhexidine sponge and follow the same instructions as for the day before.
- ❖ Put on clean clothes.
- ❖ **Do not put on** makeup, lotion, jewellery or perfume.



Before going to the hospital

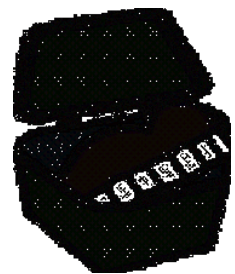
What to bring to the hospital (check the list before leaving)

- ☐ This booklet
- ☐ Your private health insurance information, if applicable.
- ☐ Your health insurance card and all your medication in their original containers, including inhalers and eye drops.
- ☐ Wear closed-toe shoes that are flat, comfortable, lace up or have hook and loop fasteners. Dress in loose clothing.
- ☐ Pack a short bathrobe as well as underwear's, your toothbrush, toothpaste, comb, deodorant, mouthwash, soap, tissues, shaving kit.
- ☐ Your packs of chewing gum.
- ☐ If you wear glasses, contact lenses, hearing aids or dentures, write your name on all the cases and bring them with you.
- ☐ You may bring a personal music player with wireless headphones into the operating room (no cell phone).
- ☐ If you use a CPAP at home, bring it with you.
- ☐ If you were asked to buy anti-embolism compression stockings specifically for this surgery, please bring them.
- ☐ If you do not speak English or French fluently, please come to the hospital with someone who can act as an interpreter on the day of your surgery.
- ☐ **Do not wear makeup**, lotion, jewellery or perfume.
- ☐ **Please leave all** jewellery, credit cards and other valuables at home. The hospital is not responsible for lost or stolen items.



Caution

Do not take your personal medication without telling the nurse before. High risk of double dosing.



At the hospital

Please arrive at the specified time:

St. Mary's Hospital Centre (SMHC)

- First, go to the Admitting Office in Room G310
- Then go to Room 2324 on the 2nd floor

Lakeshore General Hospital (LGH)

- First, go to the Admitting Office near the main entrance.
- Then go to Room 2700 on the 2nd floor

You may be asked to go for bloodwork.

The admitting clerk will ask you what kind of room you would like and will have you sign a general consent form as well as an admission form.

Please keep in mind that private and semi-private rooms may not always be available. It depends on the beds available at the hospital.

A nurse will help prepare you for surgery:

- ❖ They will go through a pre-operative checklist with you.
- ❖ They will ask you to change into a hospital gown.

You may meet with the anesthesiologist who will talk to you about the type of anesthesia that will be used.



Waiting room

We strongly recommend that your loved ones go home while you are having your surgery.

However, if they wish to stay, they can do so in the **waiting room** located:

- ☐ **St. Mary's Hospital Centre:** on the 2nd floor in front of the Intensive Care Unit.
- ☐ **Lakeshore General Hospital:** on the 2nd floor in front of the operating room and cafeteria in the basement.



At the hospital

In the operating room

- ❖ Once the operating room is ready, an orderly will take you there.
- ❖ You will meet the members of the surgical team who will be taking care of you.
- ❖ Do not be alarmed by the number of healthcare professionals present.
- ❖ There are at least 5 healthcare professionals, if not more, in an operating room.
- ❖ For this type of surgery
 - You will be under general anesthesia with or without an epidural.
 - You will be asleep and will not feel any pain.
- ❖ You will be lying on your back during the surgery.

If you have any questions or want to clear up any concerns, you can always speak to a member of the team before going under anesthesia.

Post-Anesthesia Care Unit (Recovery Room)

After your surgery, you will be taken from the operating room to the recovery room (post-anesthesia care unit) on a stretcher.

You may have:

- ❖ An oxygen mask or a nasal cannula
- ❖ An intravenous giving you fluids
- ❖ An epidural in your back delivering pain medication
- ❖ A urinary catheter

The recovery room nurse will oversee your care until you are transferred to the inpatient surgical unit.

There are no visitors allowed in the Recovery Room.

Visitors will be able to see you once you are in your room on the inpatient surgical unit.

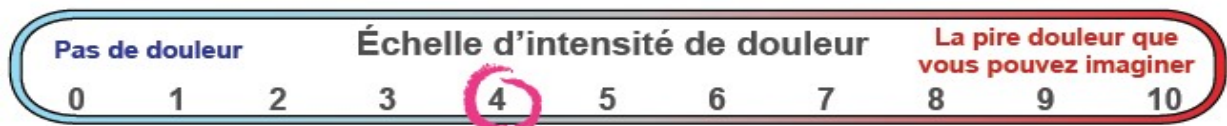
Pain control

Effective pain relief is a priority as it helps promote recovery.

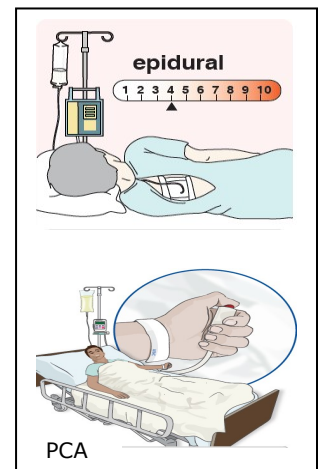
It is normal to experience mild pain after surgery. A pain rating of 4 or less, on a pain scale of 0 to 10, is usually tolerable. Pain however, should be controlled to prevent it from getting worse.

To this end:

- ❖ Healthcare professionals will ask you to rate the intensity of your pain on a scale from 0 to 10.



- ❖ To control your pain, you may be given:
 - **An epidural:** A small tube inserted into your back in the operating room that delivers continuous pain relief.
 - **Epimorph:** This involves the injection of a dose of pain medication in the back.
 - **Patient-controlled analgesia (PCA):** A pump attached to your intravenous (IV) that allows you to self-administer pain medication.
 - **Pain tablets**



How can you help?

- ❖ **Take your medication** regularly, even if you are not feeling any pain in the first 48 hours after your surgery.
- ❖ **Tell your nurse** as soon as you feel that your pain is not controlled or is getting worse (**while you are in hospital**).
- ❖ **Do not wait** until the pain becomes unbearable before saying something.
- ❖ **Comply with** the positioning instructions and exercises as they will help you stay comfortable.
- ❖ **Please note:** When taken as prescribed, you will not become addicted to the pain medication given to you after your surgery.

Our goal is to control your pain so that you may:

- ❖ Breathe better
- ❖ Move with more ease
- ❖ Sleep better
- ❖ Recover faster
- ❖ Eat better
- ❖ Do the things that are important to you

Exercises

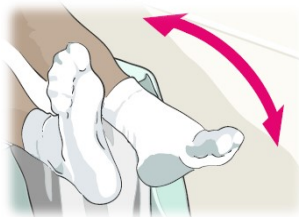
It is important to **get up and walk** after your surgery.

You are expected to at least move from the bed to a chair within **3 to 6 hours after your surgery** and to walk, if possible.

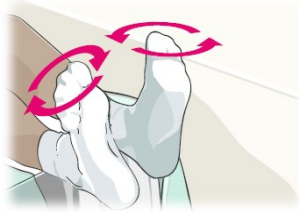
This will help prevent problems such as pneumonia, blood clots and muscle weakness.

Leg exercises

These exercises will help the circulation in your legs. Repeat each exercise 4 to 5 times an hour while you are awake.



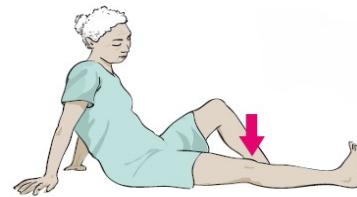
Wiggle your toes and bend your feet up and down.



Rotate your ankles right and left.



Stretch your legs out straight.



- ❖ Lean back and rest against the bed or sit up against the wall.
- ❖ Bend one leg and keep the other straight.
- ❖ Push the back of the straightened knee down towards the ground.
- ❖ If you are doing this exercise properly, you should feel a tightening of your thigh muscles and your kneecap should move towards you.
- ❖ Switch legs and repeat the exercise.
- ❖ Repeat the exercise 8 to 12 times per leg every hour while you are awake.

- ❖ If you were prescribed compression stockings before or after surgery, wear them.
- ❖ You will also be given injections to prevent blood clots, but it is still important to do the leg exercises and, above all, to stay active.

Exercises

Deep breathing and coughing exercises

An inspirometer is a simple device that encourages deep breathing to help prevent lung infections.

- ❖ Seal your lips tightly around the mouthpiece, take a deep breath in (inhale) and try to hold the ball at the top of the device for as long as possible.
- ❖ Remove your lips from the mouthpiece, breathe out (exhale) normally and rest for a few seconds.
- ❖ Repeat this exercise **10 times every hour** (or more if you are able) while you are awake.



Coughing

After the inspirometer exercise, do some coughing exercises.

- ❖ It may help to hold a pillow against your belly to support the incision site before coughing.
- ❖ Take a deep breath and cough.
- ❖ Spit out any secretions.
- ❖ Repeat 4 to 5 times.



There are other exercises detailed on **pages 33-35**.

They will help you recover from your surgery at the hospital and at home.

The exercises should be done as tolerated. Do not push beyond your limits to avoid further injury.

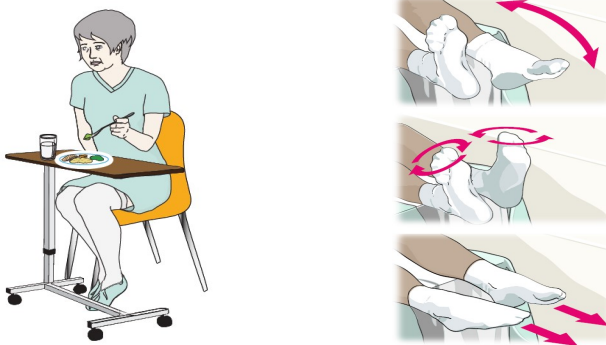
Recovery goals

Goals for Day 0 (the day of your surgery):

Pain

- ❖ To keep your pain under control, it is important for you to take your acetaminophen and your anti-inflammatories regularly for the first 3 days after your surgery.
- ❖ If your pain is more than 4/10, tell the nurse who can help with pain relief.

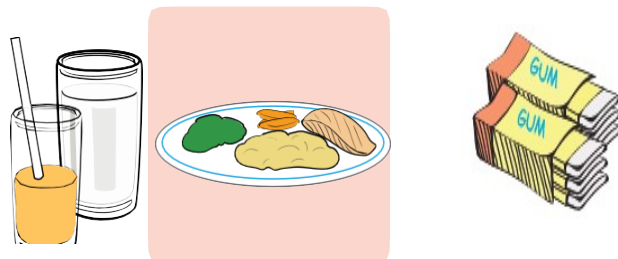
Activities



- ❖ Get out of bed 2 hours after arriving on the care unit.
- ❖ Sit in a chair to eat your meals.
- ❖ Get up to use the commode or walk to the toilet if tolerable.
- ❖ On the day of your surgery, a trained staff member will help you get up and out of bed for the first time.
- ❖ Do your leg and breathing exercises.

Diet:

- ❖ You will be given a regular low-fibre meal. Eat as tolerated.
- ❖ Drink plenty of fluids and chew gum to stimulate your bowels.



The faster you get up to walk and move around, the faster you will recover.

Recovery goals

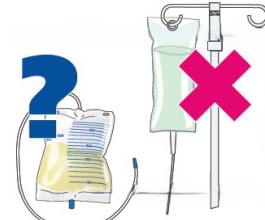
Day 1 after your surgery

Pain

- ❖ Continue taking your acetaminophen and your anti-inflammatories regularly for the first 3 days after your surgery.
- ❖ If your pain is more than 4/10, tell the nurse who can help with pain relief.

Tubes and IV lines

- ❖ Your urinary catheter will be removed this morning, unless prescribed otherwise.
- ❖ If you are able to drink fluids, your IV will be stopped, but the catheter will be left in place for future use.



Activities

- ❖ Get up and sit in a chair for every meal.
- ❖ Walk to the toilet.
- ❖ Walk in the hallway at least 3 times, gradually going further every time (with help, if needed).
- ❖ Go up and down stairs as tolerated.
- ❖ Continue with exercises.



Diet

- ❖ You will be given a regular meal. Eat as tolerated.
- ❖ Continue to hydrate by drinking fluids regularly and taking the nutritional supplements given to you.



You may be discharged today depending on your condition.

Make sure that someone is available to take you home.

Leaving the hospital

Day 2 after your surgery

The elective surgery pathway allows for **post-operative discharge on Day 1** after your surgery or **no later than Day 3 after your surgery**.

Pain

If your pain is more than 4/10, tell the nurse who can help with pain relief.

Activities

Continue yesterday's activities and gradually increase the distance you are walking, as tolerated.

Tubes and IV lines

- ❖ Your intravenous catheter will be removed.
- ❖ If you have any other tubes, they will be removed or you will be given instructions if you are going home with them (*urinary catheter, for example*).

The nurse will review the following with you:

- ❖ Discharge instructions.
- ❖ If you are required to give yourself injections at home to prevent blood clots, they will show you how.
- ❖ How to safely manage your medications at home once you leave the hospital.
- ❖ Instructions for your post-op follow-up with the surgeon.
- ❖ If you have a stoma, the stoma therapy nurse will give you the necessary instructions before you are discharged.



Virtual care unit

- ❖ Depending on your situation and the facility, your surgeon may decide to transfer you to the virtual care unit for a day or two of additional monitoring.
- ❖ This means that you will go home with devices that will allow healthcare professionals to monitor your health from a distance, 24 hours a day. If this applies to you, you will receive all the necessary information when the time comes.

Going home

After your surgery, **it is normal to have some pain** for a few days and to have some discomfort for a few weeks. Remember that it is temporary.

❖ **Pain management:**

- **Take the medication** you were prescribed on a regular basis, even if you are not in pain (Tylenol® and anti-inflammatory, for example).
- **Do not wait** for the pain to become unbearable before taking your medication.
- **Comply with** positioning instructions and exercises as they will help you stay comfortable.
- **Take your medication** before doing your exercises.
- The pain should not prevent you from walking or from doing your daily activities.
- The pain should subside over time.



Call the surgeon's office if:

- Your pain is not alleviated or gets worse despite taking medication.
- If no one answers, call 811.

If you have any questions or concerns about pain medication, contact your pharmacist or surgeon.

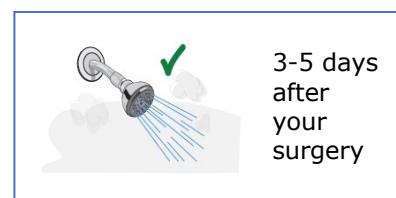
Your incision

Your incision, which is the cut made during the surgery, may be slightly red and sensitive for 1 to 2 weeks after your surgery.

- ❖ If you have stitches or staples, we will notify your local community health centre or CLSC to remove them 5 to 10 days after your surgery.
- ❖ Once the staples are removed and if your incision is not leaking, it can be left uncovered without a bandage.
- ❖ If the skin is not completely healed, do not scrub the incision site when showering.
- ❖ If you have a stoma, your local community health centre or CLSC will help you with the care you need, as needed.

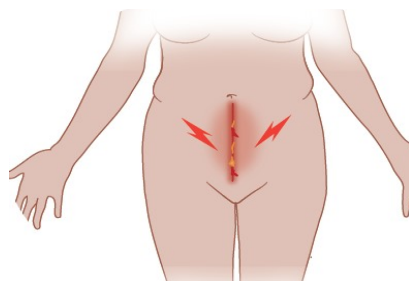
❖ You may shower

- 3 days after laparoscopic surgery.
- 5 days after open surgery.
- Do not scrub the incision area. Instead, let the water run gently over the site.
- **Do not take a bath for 2 weeks after your surgery.**



Call your surgeon's office if:

- Your incision becomes warm, red or hard.
- You see pus or any other fluid leaking from the incision.
- You have a fever of 38 °C/100.4 °F or higher.



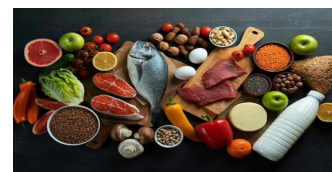
Nutrition

After your surgery, you may notice changes in your bowel habits. You might have loose stools or become constipated. In time, things should stabilize.

Nutrition

Once you are home, go back to your normal diet unless otherwise advised by your surgeon.

- ❖ You may have trouble tolerating certain foods after your surgery. For your own comfort, eat foods as tolerated, and gradually reintroduce foods that you stopped eating in the weeks after your surgery.
- ❖ You can eat 5 small meals a day instead of having 3 large meals.
- ❖ It is important to eat at least one portion of protein at each meal to promote healing. [For example, meat, fish, legumes \(chickpeas, lentils, etc.\), nuts/seeds, and dairy products are sources of protein.](#)
- ❖ If you have trouble eating enough, have some high protein nutritional supplements.



Constipation

Several factors can contribute to constipation after surgery:

For example:

- ❖ Decreased activity or reduced mobility.
- ❖ Certain pain medications.

To prevent constipation, we encourage you to:

- ❖ Drink plenty of water and fluids.
- ❖ Eat foods that are high in fibre such as whole grains, fruits and vegetables.
- ❖ Walk at least 15-30 minutes per day.
- ❖ Continue to do your exercises.



Loose stools

- ❖ Decrease the food that are high in fiber as whole grains, fruits, Vegetables
- ❖ Continue to hydrate yourself.



Call your surgeon's office if:



- ❖ You are unable to eat or drink without vomiting.
- ❖ You are unable to keep anything down.

Your daily activities

Here are some suggestions to help you with your daily activities at home:

When moving around, do so naturally as you usually would.



Walking is key to a speedy recovery

- ❖ Walk around at home as much as you can. If possible, go walk outside.
- ❖ Avoid staying in bed or on the couch for too long.
- ❖ Do not overdo it on the exercises during the first few days. Do them, as tolerated, to help with the healing process.

❖ Household chores

- **You can ask** family members and friends **to help** with transportation, meal preparation, groceries, house cleaning and laundry.
- To carry things, use an apron with large pockets, a backpack or a basket secured to your walker.
- Do not lift more than 5 kg (11 pounds) for 1 to 2 weeks after your surgery.
- Do not lift more than 15 kg (33 pounds) for 3 to 4 weeks after your surgery.

❖ Going back to work and resuming activities

- If you no longer have pain or if your pain is minimal, you can resume your activities, including sexual relations.
- The surgeon will decide when you can go back to work. It will depend on how well you are healing and what you do for a living.

❖ Driving

You can resume driving after you have stopped taking opioids to control your pain.



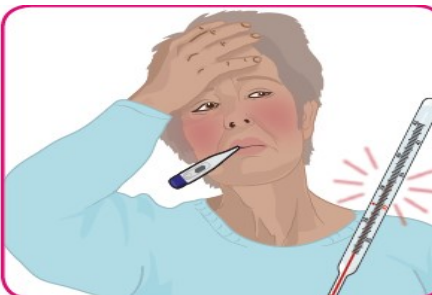
When to call your surgeon



Call your surgeon or the nurse case manager or go to the Emergency if you experience any of the following symptoms:



Your incision(s) becomes warm, red or hard. You see pus or any other fluid leaking from the incision.



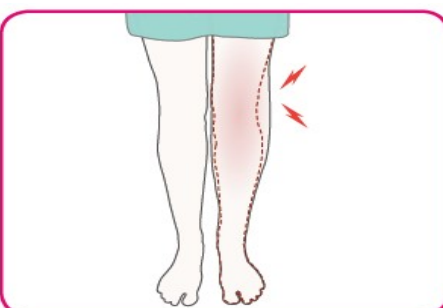
You have a fever of 38°C/100.4 °F or higher.



You are unable to keep anything down (nausea, vomiting).



Despite taking medication, the pain is not relieved or worsens.



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



You have to urinate frequently, have burning or pain when you urinate or feel a strong urge to urinate.

- You feel **extremely weak, unable to get out of bed.**
- You feel **short of breath at rest or during light exertion** such as walking, for example.
- You feel **pain in your chest** when breathing in.
- Your dressing is completely **soaked with blood.**

See the phone numbers on the contact list you were given.

Exercises to do before and after surgery

Good to know

Why should I do exercises and engage in physical activity before surgery?

- ❖ To strengthen your body in preparation for your surgery.
- ❖ To speed up your recovery after surgery.

How do I get started?

- ❖ If you already have an exercise program, stick with it and add the exercises provided in this guide, based on your ability.
- ❖ If you are not following an exercise program, start to gradually add exercises to your daily routine.

What should I do?

- ❖ Repeat each exercise 8 to 10 times. This is called a set.
- ❖ Do 1 to 2 sets of each exercise. It is normal for the exercise to feel harder towards the end.
- ❖ Walk for 15 to 30 minutes every day (inside or outside).

What might I feel during and after doing these exercises and walking?

- ❖ Discomfort
- ❖ Mild to moderate fatigue
- ❖ After doing the exercises: mild pain (1/10 or 2/10) lasting less than 2 hours.

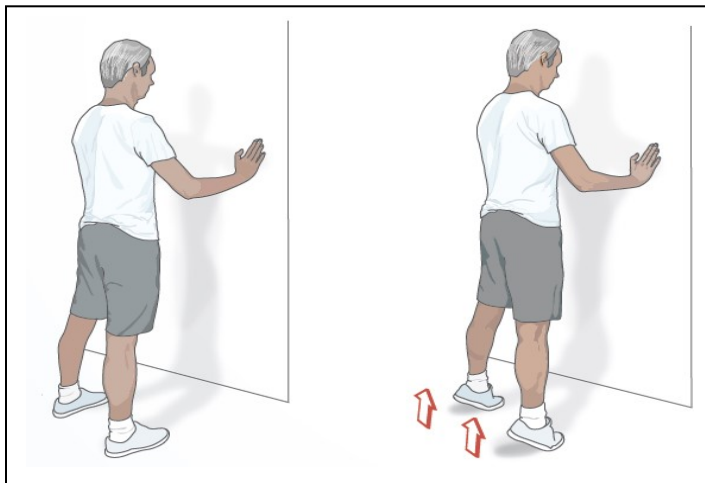
How can I prevent or reduce the pain associated with the exercises and physical activity?

- ❖ Take your pain medication about one hour before doing your exercises (follow your doctor or pharmacist's recommendations).
- ❖ If you feel pain after a few repetitions, take a break and try again later. You can continue with another exercise on the list.
- ❖ If you feel pain at a certain angle when doing an exercise, continue in the pain-free range (discomfort is normal).
- ❖ If a specific exercise is particularly painful despite taking medication, stop doing it and continue with the others. Consult with your health professionals.
- ❖ After doing your exercises, if your pain level is more intense than recommended despite taking your medication, consider doing fewer exercises next time. If this still is not enough to ease the pain, speak with your health professionals.

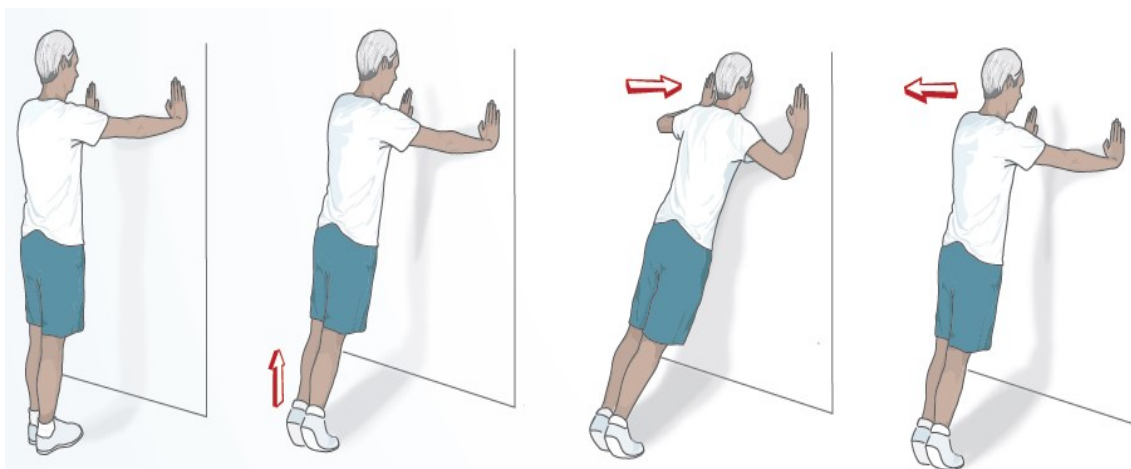
Exercises to do before and after surgery

Calf raises

- Stand facing a wall or a chair.
- Be prepared to use it for support if needed.
- Lift both heels off the ground at the same time.
- Return heels to the floor at the same time.
- Repeat 8 to 10 times.
- Move on to the next exercise.



Wall exercises



- Stand arm's length away from a wall.
- Place hands on the wall with your arms stretched out.
- Take a step back so that you're leaning on the wall slightly.
- Keep both feet together.
- Stand on your toes.
- Keep your back straight.
- Bend your elbows so that your nose is almost up against the wall.
- Push on the wall to straighten out your arms again.
- Repeat the exercise 8 to 10 times.
- Move on to the next exercise.

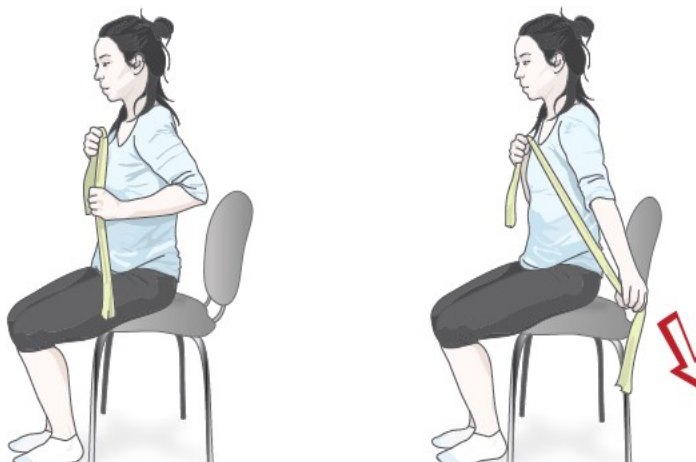
Exercises to do before and after surgery

Biceps 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 forearms up towards your shoulders.
- Bring your arms back down.
- Repeat the exercise 8 to 10 times.

Triceps curl

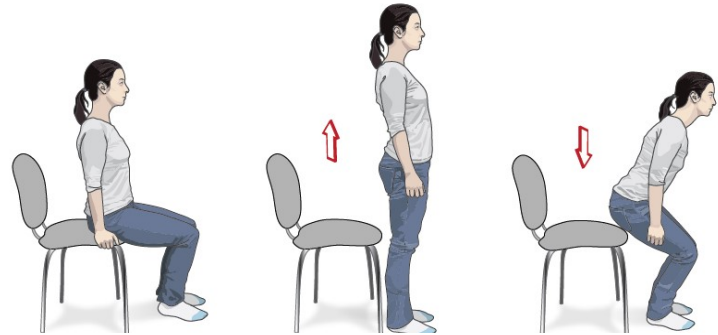
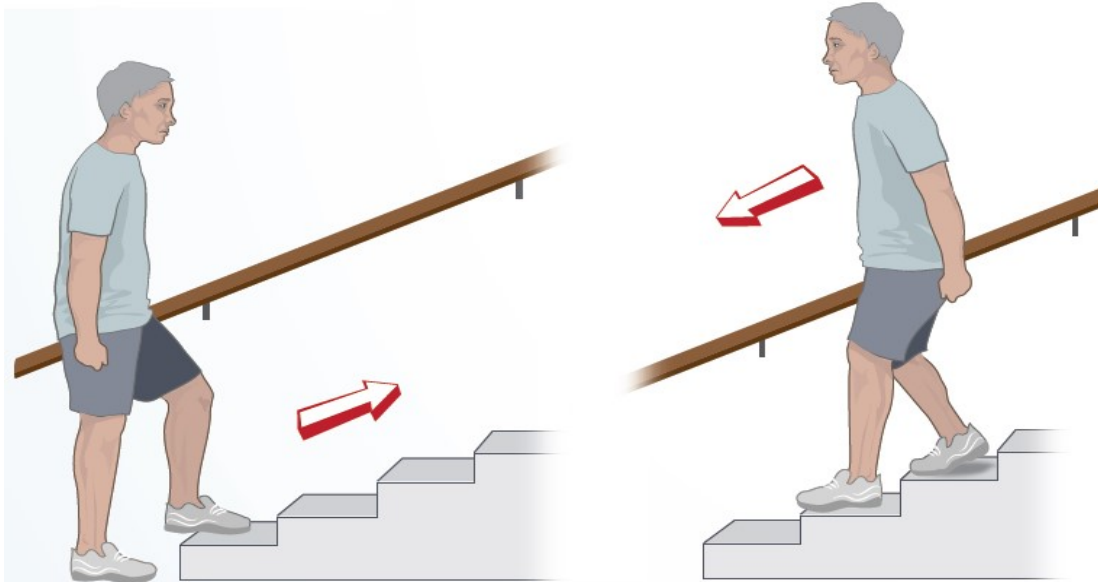
- Hold the elastic in both hands to your chest.
- With one hand, keep your elbow glued to your waist and pull the elastic down.
- Bring your arm back up.
- Repeat 8 to 10 times on each side.
- Move on to the next exercise.



Exercises to do before and after surgery

Chair squat

- Sit on the edge of your chair with your legs at a 90 degree angle.
- Stand up without using your hands.
- Sit back down.
- Repeat the exercise 8 to 10 times.
- Move on to the next exercise.

**Stair climb**

- Walk up and down a flight of stairs 8 to 10 times.
- If possible, try not to hold on to the railing or wall on the way up.
- Move on to the next exercise.

Rest as needed and do each exercise 1 to 2 times a day, as tolerated.

Useful websites

If you would like to learn more about your surgery, the following links may be helpful:

CIUSSS de l'Ouest de l'île: <https://www.ciusss-ouestmtl.gouv.qc.ca/soins-et-services/acces-a-la-chirurgie/#c18242>

Precare: <https://precare.ca/healthcare-guides/colorectal/> to watch videos.

For more tips on how to quit smoking:

www.cancer.ca/fr-ca/support-and-services/support-services/quit-smoking/?region=qc www.canada.ca/fr/sante-canada/services/tabagisme-et-tabac/cesser-fumer.html <http://www.santemontreal.qc.ca/en/where-to-go/local-community-services-centres-clscs/>

http://www.cancer.ca/Quebec/Prevention/Quit%20smoking.aspx?sc_lang=en

<http://www.hc-sc.gc.ca/tobac-tabac/quit-cesser/index-eng.php>

<http://www.pq.poumon.ca/services/poumon-9/quit-cesser/>

<https://www.tobaccofreequebec.ca/iquitnow>

For more information and advice to help you get in shape:

<https://www.canada.ca/en/public-health/services/being-active.html>

<http://www.canorth.org/fr/Default.aspx>



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Québec