

Mr Raymond Yap

MBBS, BMedSci, MSurgEd, FRACS, FCSSANZ
Colorectal and General Surgeon
Laparoscopy, Robotics, TEMS/TAMIS, taTME
Open Access Colonoscopy & Gastroscopy
Colorectal Cancer, Diverticulitis, IBD
Haemorrhoids & Anorectal Disease

CR Surgery Clinic

Suite 20, Cabrini Malvern
Isabella Street, MALVERN 3144
Ph: 61 3 8376 6429
Fax: 61 3 9509 0812
Website: <http://crsurgery.com.au>
Email: info@crsurgery.com.au

After Anorectal Surgery Instructions

You have had your surgery. After the surgery, Mr Yap has talked to your contact person. Any special instructions has been given to you or them. *A responsible adult must take you home. Do not drive or operate machinery for the day of surgery.*

Wound Care

- Please remove your dressings the morning after your procedure or when you pass a bowel motion. Any packing within the anus or wounds will pass when you pass a bowel motion. If it does not, it can be removed gently when you bathe - it is easier to remove when wet.
- If the wound was left open, it can take around 6 weeks to heal.
- Sitz baths can be taken 3-4 times per day initially for comfort, especially after each bowel motion. Fill the tub with a few inches of lukewarm water and let your bottom bathe in this for 5-10 minutes. No salt is required. This will help with the pain. Do not add any lotions or additives to the water.
- You may notice some ooze, bleeding or discharge for several days, usually with bowel motions. This is normal.
- You can place a simple pad on your bottom to prevent soiling of your underpants and irritation of the wound.
- A zinc ointment (eg. Sudocream) can be used as a barrier to protect the skin.
- Avoid any other creams, lotions or soaps to your anus as this may irritate the sensitive skin unless instructed.

Pain

- At your procedure, you will receive local anaesthetic which will help with the pain over the first day.
- Please pick up the prescription medication so that you have it when the local anaesthetic wears off.
- You will have some pain for several days, especially with bowel motions. It typically peaks at day 2-3 after the operation, and then decreases.
- Start with paracetamol, ibuprofen or both. If needed, add the narcotic medication for stronger pain relief.

Bowel Motions

- You may not move your bowels for 1-2 days after surgery. This is normal.
- Avoid constipation - take a high-fibre diet, laxatives & fibre supplementation.
- If you have not had a bowel movement within 3 days or feel rectal pressure, use a laxative. See the section below called "**Medications**". If you are still having difficulty, please call us.
- Do not use enemas or suppositories unless directed by your doctor.

Diet

- Eat as much fibre as possible including whole grain breads, cereals and oats. Except for prunes, fruit and vegetables do not have much fibre, hence why you should take the fibre supplement.
- Drink 6-8 glasses of water/juice daily.
- Avoid spicy food until your office visit.
- Avoid alcohol until you are not taking strong/narcotic pain medication.

REVIEW CONSULTATION: Date **TIME:.....**

☐ Suite 20 Cabrini Malvern Isabella St, Malvern / Suite 6 Cabrini Brighton 243 New St, Brighton ☐

Mr Raymond Yap

MBBS, BMedSci, MSurgEd, FRACS, FCSSANZ
Colorectal and General Surgeon
Laparoscopy, Robotics, TEMS/TAMIS, taTME
Open Access Colonoscopy & Gastroscopy
Colorectal Cancer, Diverticulitis, IBD
Haemorrhoids & Anorectal Disease

CR Surgery Clinic

Suite 20, Cabrini Malvern
Isabella Street, MALVERN 3144
Ph: 61 3 8376 6429
Fax: 61 3 9509 0812
Website: <http://crsurgery.com.au>
Email: info@crsurgery.com.au

Medications

- **Stool softeners** – Take a Movicol sachet, once a day. You may increase this to two sachets, three times a day if you are constipated or straining.
- Coloxyl (NO SENNA) 1-2 tablets, 1-2 times a day can be used as well.
- **Fibre supplements** – Take 1 teaspoon of a powdered fibre supplement (eg. Metamucil) mixed in a glass of water or juice once in the morning. You can increase to twice a day if you are constipated.
- These supplements are available at all pharmacies without a prescription.
- **Over the counter pain medications** – Please take 1000mg of paracetamol every 6 hours, up to 4 times a day. You can add 400mg of ibuprofen to this, up to 3 times a day as needed – they do not interact.
- **Narcotic pain relief** – If you still have severe pain, use the prescribed tablets every 4-6 hours. *Narcotics can cause constipation but this can be managed by taking laxatives as well.*
- Take any other medications as you have been instructed (eg. antibiotics)

Activity

- Please walk several times each day.
- Prolonged sitting can cause soreness.
- You may resume normal activities as soon as you wish. Do not drive if you are on strong painkillers.
- Avoid straining or heavy lifting (more than 5kg) until your next visit.
- You may return to work when you feel able. Most people take off 1-3 days.

Things to Watch For

- Slight oozing or spotting when you have bowel movements or on the gauze dressing is normal. If you notice heavy bleeding that is continuous, apply pressure and contact the office.
- It is not uncommon to have difficulty urinating after surgery. If you have not urinated at all by the first evening after surgery, please call your surgeon or go to your nearest emergency room.
- Some redness and discharge around and from the wound is normal. If you notice increasing redness, swelling, foul smelling drainage, or fevers, new dizziness or feeling faint please call your surgeon.

Follow up

- A follow-up appointment has usually been made for you – see bottom of the first page. If not, please call for a follow up appointment in 4 weeks.
- If you have any questions or concerns, please do not hesitate to contact Mr Yap's office.
- If you cannot reach Mr Yap or you need immediate attention, please go to your nearest emergency room.