

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

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After Major Abdominal Bowel Surgery Instructions

You have had your surgery. After the surgery, Mr Yap has talked to your contact person with instructions. A *responsible adult must take you home*.

Diet

- For 4 weeks after your operation you should eat a low residue diet. This means avoiding fibrous foods such as bran, nuts and raw fruits and vegetables. **If you can't cut it with a fork, please avoid!** In addition, you should avoid spicy/greasy foods and carbonated drinks. After this period, start a *high fibre diet* with added fibre from cereal and whole grain breads, including a fibre supplement such as Metamucil, Benefiber or psyllium.
- As your bowels have changed, please try eating 5-6 small meals each day rather than 3 larger meals.
- Drink 6-8 glasses of fluid daily.

Activity

- Expect to be more tired than usual. Limit your strenuous activities for 6 weeks. Daily walks, climbing stairs & light jogging is encouraged.
- Avoid activities that put a strain on the abdominal muscles such as sit-ups, sprinting, and sex. Do not lift anything over 5 kg for 6 weeks. Avoid any activity that causes much pain.
- If you live alone, make plans with family or friends in advance to stay with you and help prepare meals.
- Do not drive for 2 weeks, do not go alone the first time and do not go far. You must not be on strong painkillers to drive.

Bowel Habits

- Your bowel habits may vary for some weeks after surgery. Frequent and/or loose stools are common. It takes your body time to adjust after an operation. Avoid foods which seem to cause diarrhea or gas.
- It is normal to notice some blood or mucus with your bowel movements.
- Strong pain killers like oxycodone can cause constipation. To avoid this, take one stool softener twice a day.
- Frequent stools may be associated with irritation of the skin around the anus. You should take care to gently cleanse after each movement using unscented baby wipes, then pat dry. You can also use a bidet if you have one. Avoid toilet paper as it tends to be irritating to the skin. If you are experiencing irritation or discharge, take a warm tub bath for 5-10 minutes after movements and then rinse off in the shower. Avoid soaps or creams to the area. Pat dry.

Smoking & Alcohol

- Do not smoke:** If you have been smoking, **stop**. Smoking interferes with healing and increases your risk of complications including infection, hernias, pneumonia, chronic lung disease such as emphysema and lung failure, and cancer. If you need help quitting, talk to your GP.
- Avoid** alcohol in the first two weeks after surgery. Once you are not taking pain relief, drink no more than one standard alcoholic beverage a day.

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

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

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Pain and Medications

- **Stool softeners** – Take a Movicol sachet, once a day. You may increase this up to two sachets, twice a day if you are straining or have hard stools.
- These supplements are available at all pharmacies without a prescription.
- **Over the counter pain medications** – 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 – 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.*
- **Loperamide (Gastrostop)** – Only use if you have been told to take this to lessen the diarrhoea or thicken the stoma output. Started with 1-2 tablets in the morning and increase slowly, up to four times a day. Do not exceed 8 tablets a day unless instructed.

Wound Care

Closed wounds

- Please shower/bath each day. Do not submerge your incision for 2 weeks. If you have a dressing on your wound, it can go in the shower and pat dry afterwards. **Take them off after 5 days or until if they start to peel off.**
- Keep them clean and dry. Once they are uncovered, you may leave the wound uncovered unless there is discharge. Plain dry gauze may be kept over the wound to absorb any discharge. Do not wear a belt or tight pants against a recent wound.

Open wounds

- You may rinse the wound in the shower as above.
- If you have been instructed to pack the wound, this should be done once a day or when the dressing is soiled. Please gently pack with opened, dampened gauze sponges, covered with dry gauze or pads. Over time, the wound will get smaller and heal.
- A little yellow or red discharge staining the gauze is normal.

Special Instructions for Stomas

- The stoma therapy nurses will have spent some time with you and should be your first point of call for any concerns.
- If you are losing more than 1L of fluid from the stoma a day or it is as thin as tea, you need to keep your hydration up and seek medical advice.

Things to Watch For

- Heavy wound bleeding/discharge.
- Heavy bleeding from your anus.
- New pain, fevers, feeling faint, or persistent nausea or vomiting.

Follow up

- Postoperative office visits are essential to ensure proper healing. A follow-up appointment may have been made for you before discharge. If you did not have an appointment scheduled, call the office to make one within 2-4 weeks.
- If you have any questions/concerns, please contact Mr Yap or the rooms.
- If you cannot reach your surgeon or you need immediate attention, please go to your nearest emergency room.