Pre and Post-Op Colon Surgery Instructions

Prior to Your Operation:

Almost everyone will need an appropriate bowel prep prior to their colon surgery. We usually recommend eating lightly for 3-5 days prior to the surgery. Limit the amount of fiber in your diet during this time period. Avoid things like beans, nuts, bran, whole grains, raw fruits and vegetables, raisins, seeds (like sunflower seeds) tomatoes, and salads.

Make sure you are drinking plenty of fluids leading up to the day of your surgery and then as well, the day that you are prepping. Avoid drinks that are red in color.

For help with the bowel prep – please see the separate instruction sheet.

All aspirin and aspirin like drugs (ibuprofen (Motrin), Aleve, Indomethacin) must be stopped 7-10 days prior to surgery. Please make sure your surgeon is aware of any other blood thinning medicines.

Your surgeon may order some specific labs related to your surgery.

There will be an opportunity to meet with the anesthesiologist prior to the operation to discuss the anesthesia for your surgery. Depending on the location of the surgery, that may be the day of the surgery or several days prior.

Day of your surgery:

You are not to eat or drink anything after midnight the day prior to your surgery.

If you are on regular medications like blood pressure medicines, you should take these with a sip of water only. Please do not take oral diabetes medicines and talk with your primary care doctor as to how much insulin you should take if you are on insulin.

You are to come to the facility at the designated time to be prepared for surgery. You will have a chance to meet with your surgeon in the holding area prior to the surgery.

If you are having a left colon resection (Sigmoid colectomy, left colectomy, or surgery that involves the rectum), you need to use one fleets enema the morning of your operation, prior to coming to the hospital.

Post-OP Instructions and Care:

Most patients can expect a 3-5 day hospitalization after their surgery.

Regardless of whether your surgery is done laparoscopically or through an open operation, the incisions will be closed with either staples or sutures (covered with glue or steri-strips). In either case, by the time you go home from the hospital, you will not need to cover the incisions. If there is glue or steri-strips, expect that they will fall off on their own.
own, but if remains after 8-10 days, you may remove them. They are easiest to remove in the shower.

If you do not have a drain after your surgery, you may shower the day after your surgery. This, of course, will be while you are in the hospital. If you have a drain after the operation, you will need to wait till the drain is removed. Please do sponge bathe in the mean time. Once you are allowed to shower you may get the incisions wet and wash with normal soap and water. Do not submerge in the water (bath, pool, ocean, hot tub etc) for 1 week after your surgery. If you have staples, do not submerge until the staples are out. Most drains are removed prior to leaving the hospital.

Everyone will be advanced to eating regular foods prior to leaving the hospital. Expect a limited diet in the hospital – advanced on an individual basis. We will continue the low residue diet for another two weeks after surgery and then advance to a high fiber diet and encourage you to get 30-40 grams of fiber in your diet on a daily basis. (see fiber food log)

Some patients may have some loose stools when function returns and some may have difficulties moving their bowels at all. These alterations are short lived and most patients return to their normal function within 2-4 weeks after surgery.

Everyone will be given a prescription for pain medication to take after the operation. The prescription can be requested prior to surgery so that you have it at home after your operation. The medication is usually a narcotic and can cause some constipation. If you are having constipation, we usually recommend taking a stool softener with the narcotic to help with this. Some examples are Colace or Surfak. Do not take laxatives unless prescribed by your surgeon. You may also take ibuprofen (if this does not upset your stomach) or Tylenol if you do not need something as strong as the narcotics, or even as an adjunct to them.

Regardless of whether your operation is done open or laparoscopically, you need to limit your activity after surgery. If done open, there is no heavy lifting or straining (no more that 10 lbs) for 4-5 weeks after surgery. If done laparoscopically, you may return to normal activities after 2-3 weeks. Most patients can return to work after 2 weeks from their surgery date.

There are certain things to expect after the operation. Shoulder pain can be a part of any laparoscopic surgery. This is referred pain to the shoulder from the gas used during the surgery. It is most often the left shoulder, but may be the right side too. It can be felt in the shoulder blade are as well. It usually goes away in the first 24-36 hours and is best managed with anti-inflammatories like ibuprofen and activity (walking). If you are concerned – do contact your surgeon or your primary doctor. Feeling “gassy” or “crampy” may also be seen after intestinal surgery. The small intestines can sometimes react to the operation by “going to sleep”. As they return to function, you may feel bloated. This will pass in the first week or so.

Most patients will be given an appointment to follow-up in the office after surgery, when they are given their surgery date. If you were not given an appointment, please call the
office to make one for 7-10 days after the surgery. The office number is (954) 966-8559.

There is a physician on call for you 24 hours a day. In case of an emergency you may call the office at the above number or please proceed to your nearest emergency room, or call 911. You should notify your surgeon if:

- You have fever over 101 degrees F
- You have worsening pain, not relieved with the pain medications
- You have nausea or vomiting that persists, worsening bloating
- You have redness around the incisions that is worsening or drainage from the incisions