

Colorectal Surgery

Enhanced Recovery Programme



Discharge Information

Useful information

Name:

Consultant:

Date of Surgery:

Operation:

Date of discharge:



Complications after surgery

Problems related to your operation do not often happen once you leave hospital, but it is important that you know what to look out for. If you are worried about anything please get in contact with us using the contact details on the opposite page or discuss it with your GP.

Abdominal pain

It is not unusual to suffer from griping pains (colic) during the first week after surgery on your bowel. Often this comes on before your bowels begin to work properly. Pain usually lasts for several minutes and goes off between the spasms. Severe pain that lasts for several hours may indicate a leakage of fluid from the join in your bowel if you have one. This sometimes causes a fever as well. This problem does not happen very often, but can be serious. If you have severe pain lasting one or two hours, or if you have a fever and feel generally unwell within two weeks of leaving hospital you should immediately contact the ward using the telephone numbers provided.

Wound problems

It is not unusual for your wounds to be slightly red and uncomfortable during the first one or two weeks. Spreading redness, pain and swelling or leakage of dirty fluid from the wound may indicate infection in the wound. In most cases this can be dealt with by opening up the wound to let any infection drain out. If you feel unwell with a temperature or have a lot of surrounding inflammation then you may also require antibiotics. Please let us know if you have any wound problems and we can arrange for your wound to be reviewed.

Opening your bowels

In some cases you may go home before your bowels have properly worked. It can still take a few days before this happens. If you are getting uncomfortable bloating, being sick or your bowel has not worked after 3 days then please let us know. Do not take any medication to help with opening your bowels such as laxatives unless instructed to do so by your medical team. Once the bowel starts to work, the motions can sometimes be loose and frequent. This will usually get better with time.



Preventing blood clots (thrombosis)

When you go home you still have a slight risk of developing problems with blood clots in the veins in your legs (thrombosis). For this reason we advise you to continue to wear your elasticated stockings during the day for six weeks after you leave hospital. You should make sure that you get up and move about through the day and continue to take short walks.

Follow-up after surgery

After discharge you will be sent a planned appointment to be seen in the out-patient department. This is normally 6 to 8 weeks after you leave hospital. Your appointment may be with the doctor or the colorectal / stoma care team.

It takes up to three weeks for the bowel that was removed to be looked at under the microscope. Once your medical team has the results of this they may arrange to see you earlier than your planned follow-up to discuss the results.

Day to day activity following surgery

As a rule, following major surgery, you should build up your exercise gently, a little more each day. Start with short walks and build up, but try not to overdo it, and if you do feel tired, take time to rest.

After surgery you should not overstretch your abdominal muscles or lift heavy objects for about three months if it was an open procedure or six weeks if it was a laparoscopic (keyhole) procedure. There is no reason why you should not resume work, social activities or sports after this time, but be sensible about it and if you are unsure seek advice from your Consultant, Colorectal nurse or GP.

Driving

You may drive 6 weeks after your operation if you have an open procedure or 2 – 4 weeks after a laparoscopic (keyhole) procedure. However, safety is paramount. You must be able to perform an emergency stop. You can practice this when the car is stationary and if it does not hurt you are safe to drive. It may be advisable to discuss this with your insurance company.



Seat belts must be worn as normal, even when you have an abdominal wound or a stoma. A small hand towel placed under the seat belt may be helpful to relieve the discomfort when you are driving or travelling as a passenger until things have fully healed.

Going back to work

You may be able to return to work within 4 weeks of your operation. If your work is manual then you should leave it at least 6 weeks before going to work and start with lighter duties if possible. You may find that you tire easily for up to three months or more after surgery so make sure you are properly rested before going back to work and take things easy once you start.

Going on holiday

There is no reason why you should not go on holiday, but it is advisable to wait until after your first follow-up appointment, or check with your doctor prior to travelling. If you have travel plans discuss this with your colorectal nurse or doctor.

It is not recommended that you fly for at least 6 weeks after your operation because of an increased risk of blood clots developing in your legs. If you are flying within a few months of your operation then it is advisable to wear your protective stockings.

If travelling abroad, you should let your travel agent or insurance company know that you have had major surgery as this may alter the travel insurance you will need.

Diet

Initially you may feel like having only small portions, but your appetite will usually return the more active you become. It is important to obtain enough calories and protein to help with healing. If you are still finding it difficult to eat after a few weeks, you may benefit from high protein, high calorie drinks such as Build-up or Complan (available in supermarkets and chemists). Please let us know or see your GP if you are struggling to eat enough or losing weight without trying.



Following any type of surgery, it is advisable to have a healthy well balanced diet. However, some foods may disagree with you, make your bowels loose, produce more wind, give you pain or cause bloating. You may need to restrict these foods from your diet. It is about trial and error. Everyone is different and what works for one person may not work for another. It is important to chew your food well, as this will help aid digestion.

Passing urine and dehydration

Sometimes after bowel surgery you may experience a feeling that your bladder is not emptying fully. This usually improves with time. It is worth keeping an eye on the colour of your urine. If your water is clear or straw coloured then you are likely to be well hydrated. If your urine is darker then it may be a sign that you are getting dehydrated and need to drink more.

Sexual Activities

Once you have recovered from your operation, there is no reason why you cannot resume sexual activity. If you are unsure speak to your doctor or colorectal / stoma care nurse.

Deep pelvic surgery, such as operations of the rectum or anus can, in some instances, cause damage to the nerves connected to the sexual organs. In this case some men may find they are unable to get or sustain an erection, or may have problems with ejaculation. Some women may also suffer problems, such as painful intercourse or loss of sensation.

If you do experience any of the above problems, speak to your doctor or colorectal / stoma care nurse. These problems are often temporary or may have solutions. Your doctor or colorectal nurse can either give you advice or refer you to a specialist doctor or other agencies.

Psychological issues

Initially it is quite normal to feel tearful, tired or low in mood, and sometimes feel as if you cannot cope. However, if you do feel things are getting on top of you, speak with your colorectal nurse / stoma care nurse or GP and they will be able to advise you.



Some patients may have problems with relationships. This is not just with partners, but also with siblings, parents or children. If you are experiencing difficulties, contact your colorectal/stoma care nurse and he/she can give you advice or if appropriate put you in touch with the relevant agencies.

Has anyone else gone through this?

The answer is yes, you are not alone. Many other people have had your condition or something similar. If you would like to speak with another patient who has had a similar condition or surgery to yourself, please contact your Colorectal/Stoma Care Nurse and she may be able to put you in touch with someone who can help.

Financial Advice

We recognise the burden that illness can place on you and your family, especially with regards to finances. If you require further information around this area, please contact your Colorectal / stoma care nurse who can signpost you to the relevant support.

This booklet has been compiled by the colorectal department

It includes information you will need now that you have recovered sufficiently to be discharged home from hospital, and for future reference. The colorectal / stoma care nurses work as a team and any one of them will be happy to answer your questions.

Your Colorectal Nurse is
(Key Worker)

If you need to contact the colorectal /stoma care nurse the telephone numbers are as follows:- **01302 553141**

The office is open Monday to Friday 09.00 to 17.00. If there is no one in the office, your call will be taken by an answer machine. If you leave a message a colorectal/stoma care nurse will get back to you as soon as they are able.

Alternatively you can ring the hospital switch board (01302 366666) and ask for extension 3141. If the line is engaged then you can wait for the switch board to connect you when the line is free, rather than leaving a message on the answer phone.



If you have an urgent problem or it is out of hours then please contact your GP or the ward you were discharged from.

Ward 20: 01302 553149

Ward 21: 01302 553150





Please ask!

If you have any questions about your treatment, medicines or the care you are receiving, please ask! Please use the space below to write down any questions you may have for your doctor, nurse or therapist...

Patient Advice & Liaison Service (PALS)

PALS staff are available to offer advice or information on healthcare matters. The office is in the Main Foyer (Gate 4) of Doncaster Royal Infirmary. Contact can be made either in person, by telephone or email. PALS staff can also visit inpatients on all Trust sites.

The contact details are:

Telephone: 01302 553140 or 0800 028 8059

Minicom (Text talk): 01302 553140 Email: pals.dbh@dbh.nhs.uk