

Centre intégré de santé et de services sociaux de Laval

COLORECTAL SURGERY PASSPORT



This booklet will help you understand and prepare for your surgery. Read it with your family. Please bring this booklet with you for your appointment at the pre-admission clinic and on the day of your surgery.

ERAS

Enhanced Recovery After Surgery

2018

Québec 

We would like to thank the Surgery Recovery Program at the McGill University Health Centre (MUHC) for allowing us to use the layout and educational content of the program in the production of this booklet.

This booklet was developed by the Enhanced Recovery After Surgery (ERAS) committee of the Centre intégré de santé et de services sociaux (CISSS) de Laval in partnership with the Nursing Directorate, the Professional Services Directorate and the Multidisciplinary Services Directorate, as well as surgeons and anesthesiologists.

We would also like to acknowledge the volunteer patient partners of the ERAS committee for their contribution.

In addition, we are grateful to the MUHC Patient Education Office for its ongoing support throughout the development of this booklet, including its design, layout and illustrations.

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Legal deposit - Bibliothèque et Archives nationales du Québec, 2018.

ISBN : 978-2-550-84587-4 (print version)

ISBN : 978-2-550-84589-8 (PDF)



Important !

The information provided in this booklet is for educational purposes only. It is not intended to replace the advice or instruction of a healthcare professional or be a substitute for medical care. If you have any questions about your care, please contact a qualified healthcare professional.



This document is also available on the
MUHC Patient Education Office website
www.muhcpatienteducation.ca
www.lavalensante.com



What to bring to the hospital

- This passport
- Your hospital card.
- An up-to-date list of the medications you take provided by your pharmacist.
- Machine for breathing exercises (Respirex). The nurse will give it to you during your appointment at the pre-admission clinic.
- Sturdy walking shoes.
- Non-slip slippers, housecoat and comfortable clothing.
- Glasses, contact lenses, hearing aid or dentures, if needed. Bring them in a bag or container labelled with your name.
- Your health insurance card (valid, not expired).
- 2 packs of chewing gum (choose appropriate variety if you wear dentures).
- Your medications, drops, creams and pumps in their original packaging.
- Paper and notepad.
- Cane, crutches or walker, if needed (labelled with your name).
- Sanitary pads or incontinence briefs, if needed.
- Tissues, toothbrush, toothpaste, soap, comb, hairbrush, deodorant and shaving supplies



Please leave all jewellery and other valuables at home. The hospital is not responsible for lost or stolen items (lockers are not locked). Rings will need to be cut off if not removed.



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Care pathway: Colorectal surgery ERAS

When you are admitted to the hospital for your bowel surgery, you will be part of the Enhanced Recovery After Surgery (ERAS) program. The goal of this program is to help you recover quickly and safely.

At the surgeon's office:

- You will sign the consent form authorizing your pharmacy to send your list of medications to the hospital.

At home, waiting for surgery:

- Carefully read your surgery passport with your family.
- Write down any questions and comments at the end of this passport.
- Start getting ready for your surgery (page 12).
- Start planning your return home after surgery.
Ask your family for help if needed.
 - Prepare meals in advance.
 - Organize help for housework and errands once you get back home.
 - Arrange transportation to your medical appointments once you are discharged.
 - Decide who will come with you to your medical appointments.
 - Plan on having someone stay with you at home for a few days if needed.
- Wait for the pre-admission clinic to call you with the date of your appointment.





Care pathway: Colorectal surgery ERAS

- Before your appointment at the pre-admission clinic:**
 - Prepare your medical history (page 17).
 - Review your passport and finalize your questions.
 - Make sure someone comes with you to this appointment.

- During your appointment at the pre-admission clinic:**
 - Bring your passport and list of medications from the pharmacy.
 - Arrive on time accompanied by a friend or family member.
 - Ask your questions and write down the answers and instructions, as needed.
 - Discuss your plan for your return home with the nurse and ask for advice, as needed.

- After your appointment at the pre-admission clinic:**
 - Continue getting ready for surgery (page 12).
 - Be sure to follow all the nurse's instructions.
 - Practise your breathing exercises (page 43).
 - Do the other examinations and go to your other appointments, if the nurse has instructed you to do so.
 - Continue preparing your return home.
 - Call the pre-admission clinic at 450 975-5566 if you have problems or questions.

- A few days before surgery:**
 - Start your checklist (page 3).
 - Continue preparing your return home.
 - Call the pre-admission clinic at 450 975-5566 if you have problems or questions.



Care pathway: Colorectal surgery ERAS

- Night before the surgery**
 - Make sure you follow the instructions correctly (fasting time and drinking) (page 25).
 - Confirm arrangements made with family for your return home.

- Day of the surgery**
 - Bring your passport.
 - Make sure you correctly follow the instructions (fasting time and drinking) (page 32).
 - Take your medications according to the instructions provided (page 34).
 - Complete your checklist (page 3).
 - Arrive on time.
 - Come accompanied by one adult only.



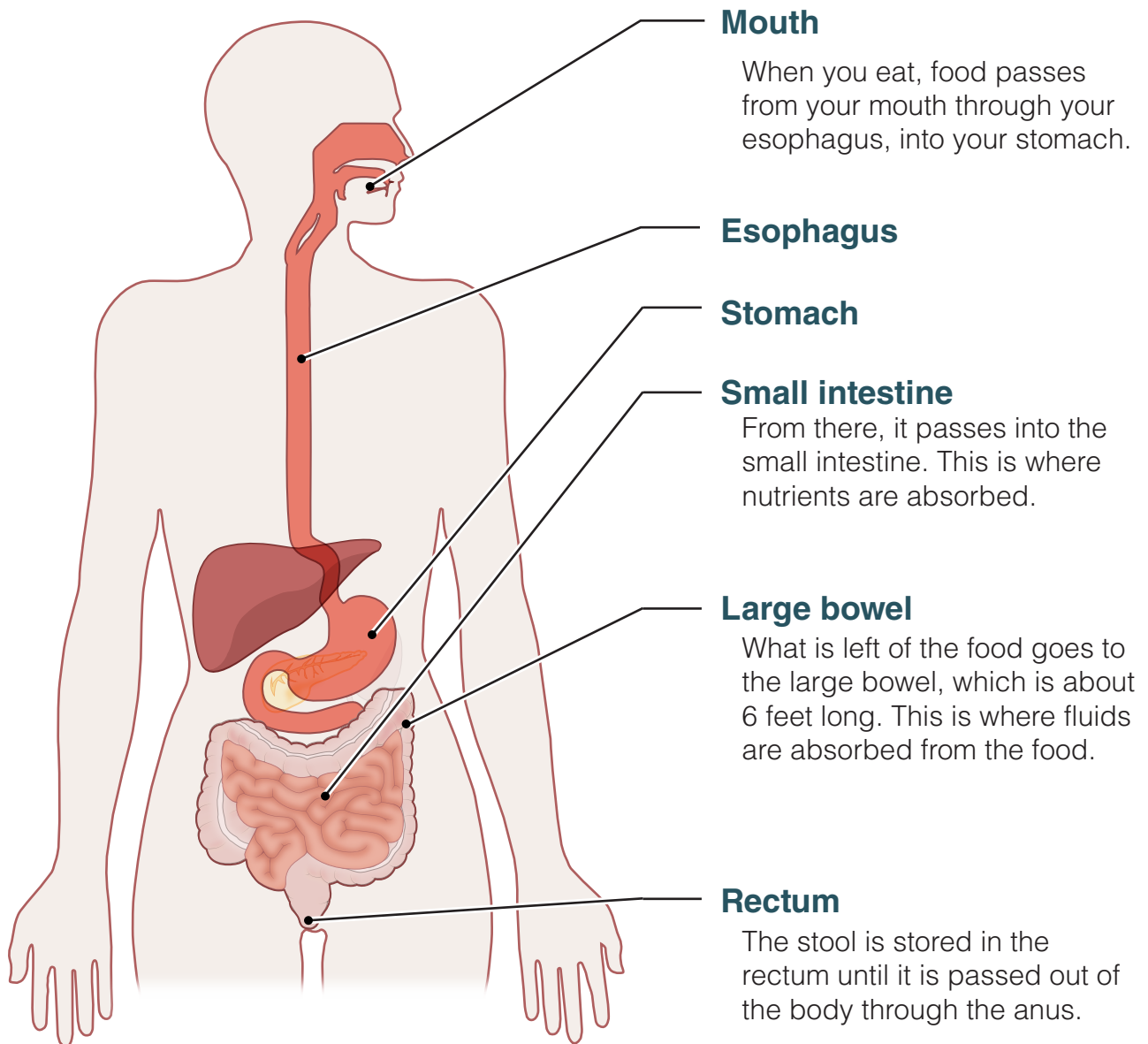
This booklet will help you understand and prepare for your surgery.

It explains how you can play an active role in your recovery and gives you daily goals to reach. You should read this booklet with your family before your appointment at the pre-admission clinic.

Bring this booklet with you to your appointment at the pre-admission clinic and on the day of the surgery.



What is the bowel?



Mouth

When you eat, food passes from your mouth through your esophagus, into your stomach.

Esophagus

Stomach

Small intestine

From there, it passes into the small intestine. This is where nutrients are absorbed.

Large bowel

What is left of the food goes to the large bowel, which is about 6 feet long. This is where fluids are absorbed from the food.

Rectum

The stool is stored in the rectum until it is passed out of the body through the anus.

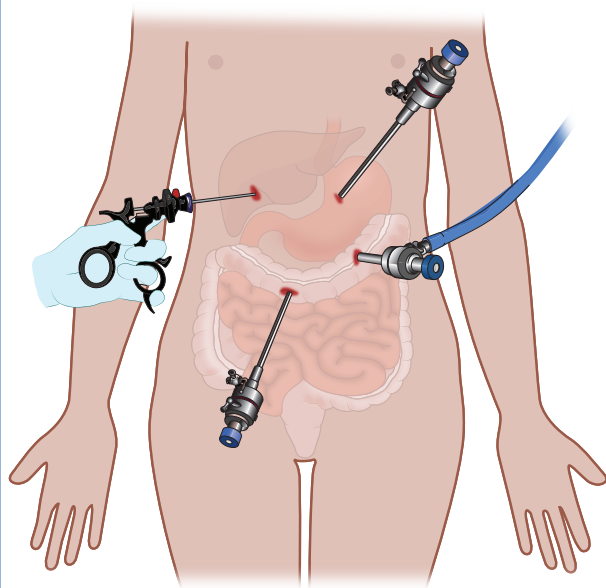


What is a bowel surgery?

Bowel surgery, also called colorectal surgery, is the removal of a diseased part of the bowel located between the stomach and the anus.

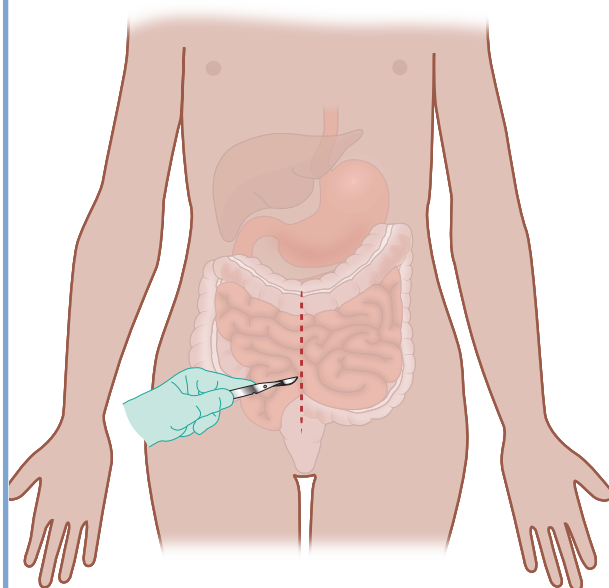
The surgery can be done in 2 ways:

By laparoscopy/camera:



The surgeon makes 4 to 6 small cuts in your abdomen. The surgeon then inflates your abdomen with gases and uses instruments and a camera to remove the unhealthy part of the bowel and reconnect the healthy parts.

By laparotomy/open



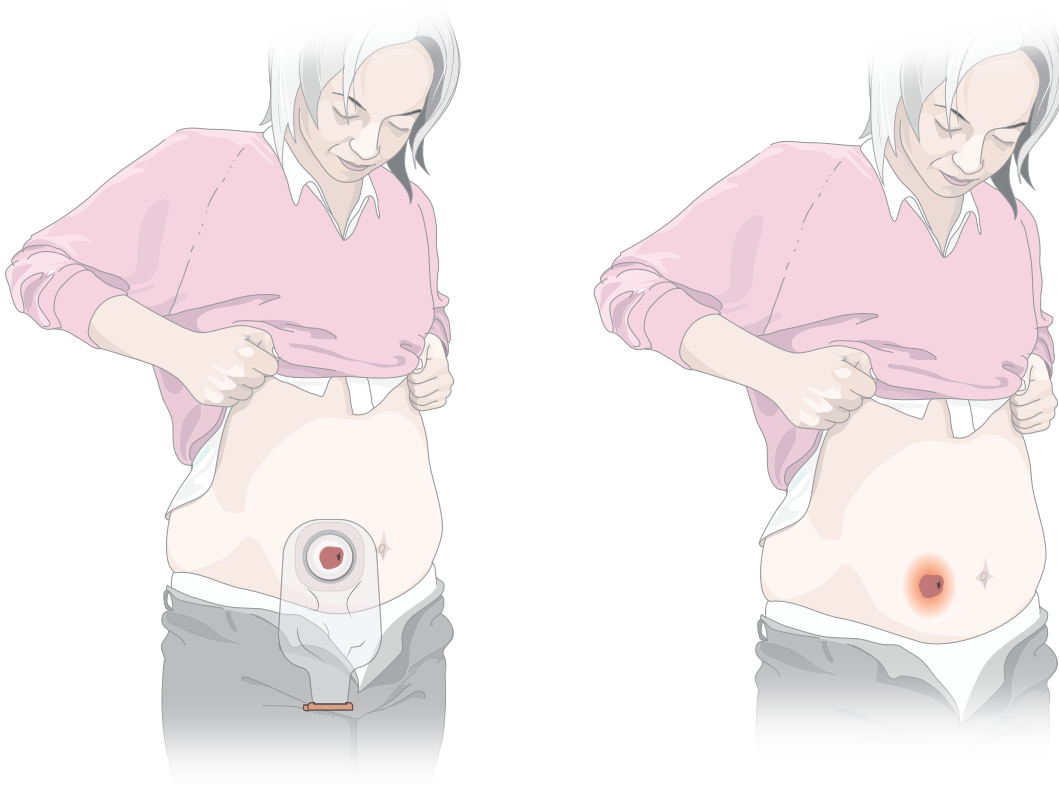
The surgeon makes an incision in your abdomen (10-20 cm) to do the surgery.



What is an ostomy?

Some patients may need an ostomy (or bag) after their surgery. An ostomy is an opening in the abdomen created during surgery, where the bowel is brought out and attached to the skin.

A special pouch is then attached to the skin over the ostomy to collect stool from the body.



Your surgeon will tell you if you need an ostomy. Before your surgery, you will meet with a nurse called an Enterostomal Therapy nurse, who specializes in ostomy care. During this appointment, you will discuss how to care for your ostomy once you are home.



Preparing for your surgery

Exercise

Exercise helps you be as fit as possible before your surgery. If you are already exercising, keep up the good work. If you are not, start slowly adding physical activity into your daily routine.

Exercise does not need to be strenuous to be useful. In fact, a 15 minute walk every day is far better than not exercising at all.

Go to the Exercise section of this booklet (page 42) for a description of the exercises you will need to do after surgery. You can start practising them at home now.

Also start doing the breathing exercises a few days before your surgery. Go to page 43 for more information. The machine (Respirex) will be given to you during your appointment at the pre-admission clinic.





Preparing for your surgery

Smoking

We strongly urge you to stop smoking completely 2 to 4 weeks before your surgery.

This will reduce your risk for pulmonary complications after your surgery. In addition to reducing your risk for lung problems, quitting smoking or reducing your use of tobacco can help heal your surgical wound and help you better manage the pain after your surgery.

Don't hesitate to ask a nurse at the pre-admission clinic for help.



If you need help to stop smoking, contact:

- Your CLSC at:
450 978-8300, option 1, ext. 13169
(for Laval residents).
- Your pharmacist or family doctor.
- The quit smoking centre nearest you:
1 866 JARRETTE (527-7383)
jarrete.qc.ca
- See suggestions on page 58.



Preparing for your surgery

Alcohol

Avoid drinking alcohol for **7 days before your surgery**. Alcohol can interact with certain medications you may be given during your surgery and increase the risk of bleeding and complications.

If you need help to cut back on your drinking before your surgery, ask the nurse at the pre-admission clinic for help.



To get help now:

Contact the regional helpline

Alcochoix+ Laval au **450 622-5110, ext. 64005**

(for Laval residents)

www.alcochoixplus.gouv.qc.ca

Planning your return home

Make sure you have made all the necessary arrangements for your return home after your discharge. You may need your friends and family to help with meals, laundry, housework, bathing and errands.





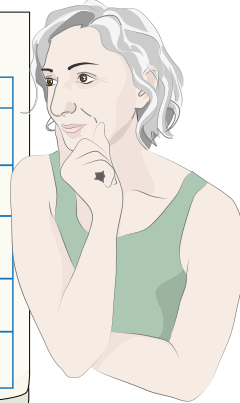
Preparing for your surgery

Planning your return home

Patients are generally discharged from the hospital about 3 days after surgery.

If you are worried about your return home, tell the nurse at the pre-admission clinic.

September						
Sun	Mon	Tues	Wed	Thur	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	



Transportation

You must arrange a ride home once you are discharged from the hospital.





Before your appointment at the pre-admission clinic

Your file will be transferred to the hospital's pre-admission clinic. We will call you to let you know the date and time of your appointment at the pre-admission clinic.

Arrange to have someone with you during this appointment.

Name of the person accompanying you:

Date and time of your appointment:



You need to be well prepared for this appointment. Take the time to fully answer the questions on the following page. The nurse will ask you questions about your medical history.



Medical history

Please fill this out before your appointment at the pre-admission clinic. Remember to bring it with you to your appointment.

Have you had surgery in the past? yes no

If so, which surgeries have you had and when (the years):.....

Have you ever had problems with general or spinal anesthesia after surgery? yes no

If so, please describe:

Have members of your family had problems with general or spinal anesthesia after surgery? yes no

If so, please describe:

Are you under the care of a specialist? yes no

If so, please provide the physician's name:

Telephone number:

Date of your last appointment:

Medical specialty:

Do you have diabetes? yes no

If so, please write down your blood sugar values of the last few days.

Date	time	Value



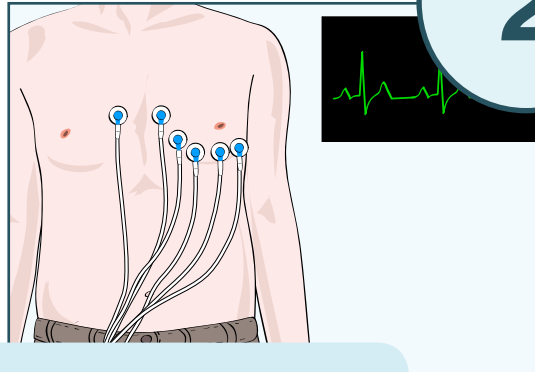
During your appointment at the pre-admission clinic

You will:



1

Meet with a nurse of the pre-admission clinic. The nurse will tell you how to get ready for your surgery and what to expect while you are in the hospital.



2

Have an ECG (electrocardiogram) if the nurse thinks it is necessary.



During your appointment at the pre-admission clinic

3



Have blood tests. You will be referred to the hospital's blood testing centre. A blood sample will be taken to determine your blood type in case the blood bank is needed during surgery due to major bleeding. The nurse at the pre-admission clinic will give you more information about this.

4



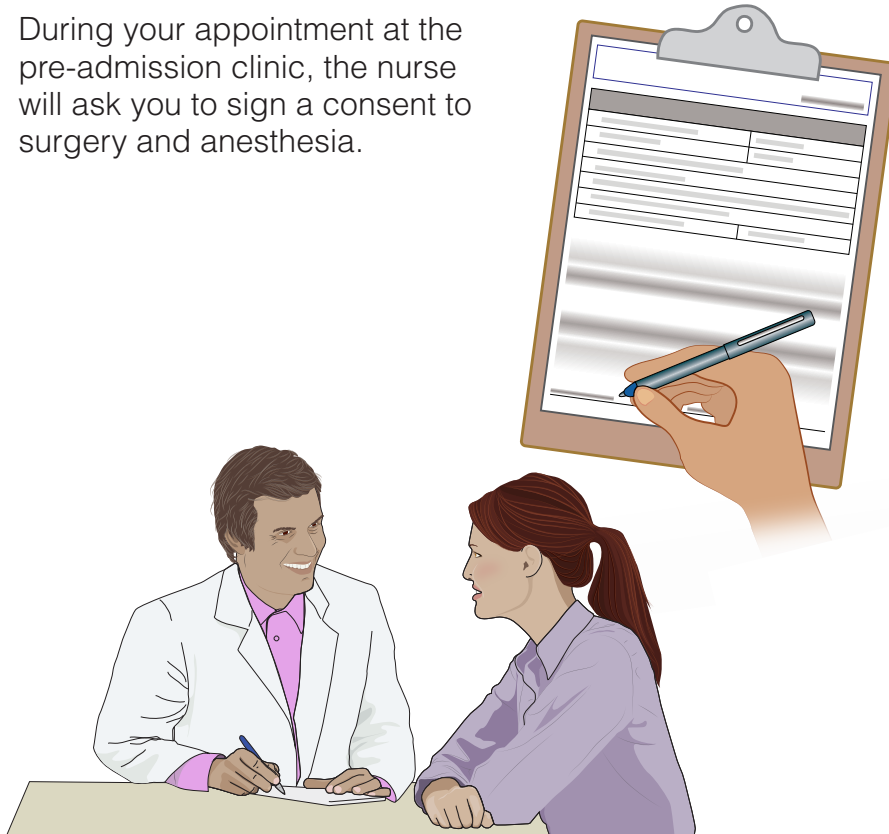
The nurse will tell you if you need to have other tests or meet other doctors or health professionals.



During your appointment at the pre-admission clinic

Consent to surgery and anesthesia

During your appointment at the pre-admission clinic, the nurse will ask you to sign a consent to surgery and anesthesia.



This indicates that when your surgeon told you about the surgery, he or she also clearly explained the reason for it, the procedure itself, the possible risks and the expected outcomes.

If you need more information, it is important for you to ask your surgeon. The nurse at the pre-admission clinic can help you get in touch with your surgeon.



Medications to stop or continue taking

During your appointment with the surgeon or nurse at the pre-admission clinic, you will be told if you need to stop or keep taking the following medications before your surgery.

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Aspirin™ | <input type="checkbox"/> Asaphen™ | <input type="checkbox"/> Rivasa™ | <input type="checkbox"/> Entrophen™ |
| <input type="checkbox"/> Novasen™ | <input type="checkbox"/> Persantin™ | <input type="checkbox"/> MSD™ | <input type="checkbox"/> ASA |
| <input type="checkbox"/> Aggrenox™ (Dipyridamole/ASA) | | | |
| <input type="checkbox"/> Stop _____ days before surgery.
<input type="checkbox"/> Do not stop. | | | |

-
- Plavix™ (clopidogrel)**
- Stop _____ days before surgery.
- Do not stop.

-
- Prasugrel (Effient)™**
- Ticlid (Ticlopidine)™**
- Ticagrelor™ (Brilinta)**
- Stop _____ days before surgery.
- Do not stop.

Anti-inflammatoires

(e.g., Advil™, Ibuprofen™, Motrin™ Including for children, Celebrex™, Maxidol™, Aleve™, Naprosyn™, etc.)

Stop 2 days before surgery.

All natural health products (glucosamine, omega-3, vitamin E, etc.)

Stop 7 days before surgery.



If you take:

- **Coumadin™**
- **Sintrom™**
- **Pradaxa™**
- **Xarelto™**
- **Eliquis™**
- **Lixiana™**

A healthcare professional will call you about 1 to 3 weeks before the surgery and may ask you to do a blood test.

After receiving the results, the professional will call you back to let you know when to stop this medication.

These instructions are mandatory. Please follow them carefully.

If you need to, you can take Tylenol™, extra-strength Tylenol™, acetaminophen or Tempra™ until midnight on the evening before surgery.



After your appointment at the pre-admission clinic

Date and time of admission

You will get a call from a staff member at the hospital's pre-admission clinic. The secretary will tell you the date of your surgery. We will call to tell you the time you should arrive at the hospital 24 to 48 hours before your surgery.



Date of the surgery:

Time of arrival:



IMPORTANT

If, one week before your surgery, you experience any of the following symptoms or situations:

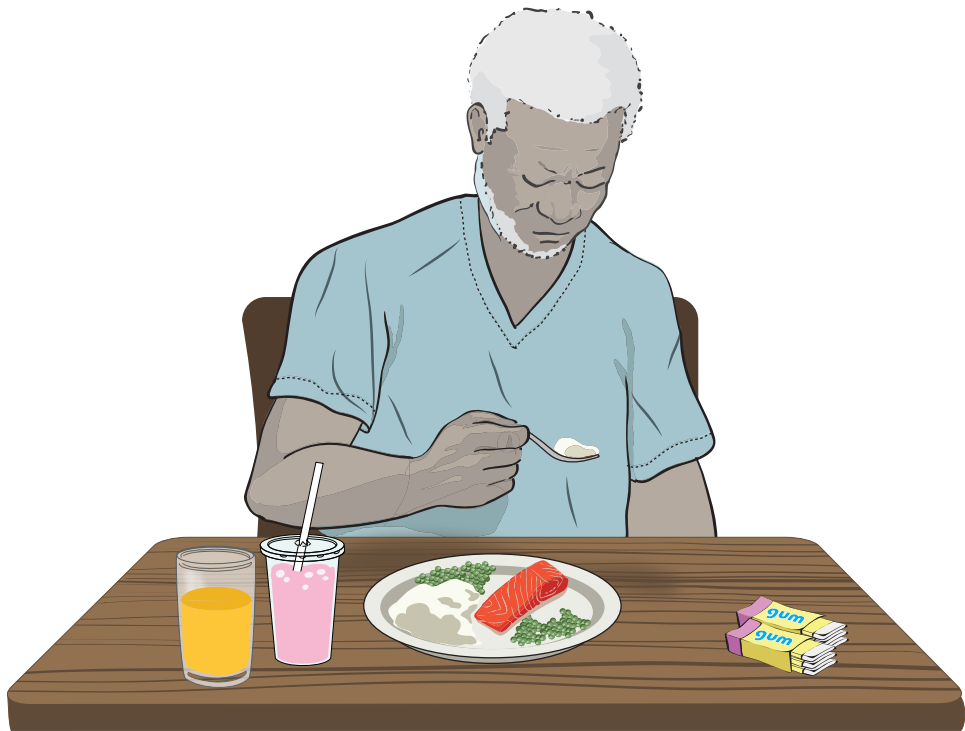
- Sore throat, cold or flu
- Contagious disease (e.g. chickenpox) or recent contact with someone who has a contagious disease
- Possible or confirmed pregnancy
- Use of antibiotics
- Fever
- Other issue

Call 450 975-5409 to inform the pre-admission clinic right away.



Preoperative diet

The nurse may ask you to follow a special diet before your surgery. The goal of this diet is to give you the strength and nutrients you need for a quick recovery.





Suggestions to increase your protein intake



You can also take nutritional drinks such as Ensure or Boost to supplement your diet.



Add this	To this
Skim milk powder or protein powder supplement (Beneprotein by Nestle)	Cooked cereal, scrambled eggs, sauces, mashed potatoes, soups, cream sauces, milk, milkshakes, creamy desserts, flans, etc.
Milk (2% or 3.25% fat)	Hot cereal, soups, casseroles, hot chocolate (instead of water)
Soy drink	Smoothies, soups (plain soy drink)
Greek yogurt	Fresh or canned fruit, vegetables, potatoes, rice, pancakes, casseroles, stews, soups, vegetable or fruit dips
Hardboiled eggs	Sandwiches, salads, vegetables, potatoes, sauces and soups
Peanut or nut butter	Cookies, milkshakes, sandwiches, crackers, muffins, fruit slices, toast and ice cream
Tofu	Milkshakes, soups, casseroles, stir fries and salads
Dried peas and beans, canned legumes and lentils (depending on your tolerance)	Casseroles, soups, stews, salads, rice, pasta and dips
Seeds and nuts (depending on your tolerance)	Salads, cereal, ice cream, yogurt
Pieces of red meat, chicken, seafood or cooked fish	Salads, soups, scrambled eggs, quiches, baked potatoes, pasta

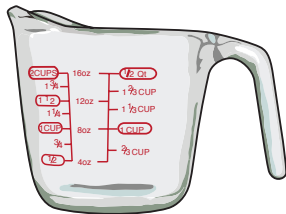


Night before the surgery

The nurse will tell you if you need to follow these instructions on drinking:

- YES, I need to drink these beverages the night before the surgery (choose only one type of beverage).
- NO, I don't need to drink these beverages the night before the surgery.

Choose **ONLY ONE** of the following beverages to drink during the evening:



Try to drink the quantity indicated

Apple juice

1000 ml



OR

Commercial iced tea

1000 ml



OR

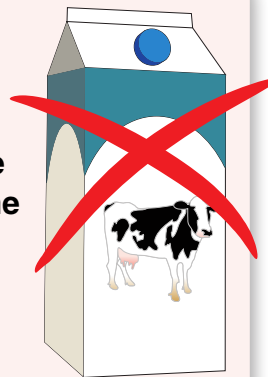
Grape juice

1000 ml



Do not drink milk or milk products. Do not eat solid food or take nutritional supplements, such as Ensure or Boost, after midnight on the evening of your surgery.

Do not drink calorie-reduced beverages.





Intestinal preparation

When you meet the nurse at the pre-admission clinic, she will tell you if you need to do an intestinal preparation before your surgery. She will give you instructions on how to proceed.

Your surgeon may prescribe one of these options:

- Fleet enema (refer to instructions on page 27).
- Bi-peglyte (refer to instructions on page 28).
- Other type of bowel preparation (the nurse at pre-admission you will give you the instructions you need).



An enema is sometimes administered to clean part of the bowel before surgery.

- You need to do 2 enemas.

OR

- You need to do 1 enema.

OR

- You do not need an enema.





Intestinal preparation

Fleet enema

If the nurse has instructed you to do so, go to any pharmacy and buy “Fleet enema or enemas”. If you need to do two enemas: do the first one at 8 p.m. the night before your surgery. Do the second one on the morning of the surgery, about 1.5 hours before you leave home.

How to do a Fleet enema:

- 1 Choose a comfortable position (see image below).



- 2 Take off the protective shield from the pre-lubricated rectal tip.

- 3 Gently insert the rectal tip into the rectum.

- 4 Squeeze the bottle steadily to slowly inject the liquid into the rectum.



- 5 Remove the rectal tip from the rectum.

- 6 Maintain the position until urge to empty your bowels is strong.

- 7 Go to the toilet to empty your bowels.

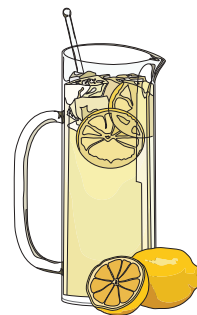


Intestinal preparation

Bi-peglyte

When using Bi-peglyte, only a strict liquid diet is permitted on the evening of the surgery:

- Water
- Broth: chicken or beef
- Pulp-free juice (apple, white grape, lemonade, white cranberry)
- Soft drinks (Ginger ale, Sprite, 7-Up)
- Jell-O and popsicles (except red and purple)
- Herbal tea, tea, coffee (no cream, no milk).



You cannot have any solid food or milk on the day of your surgery.



Intestinal preparation

Bi-peglyte

Do not drink the following liquids the day before the surgery:

- NO red or purple beverages
- NO alcohol
- NO milk products or substitutes
- NO opaque liquids



Precaution:

You may have abdominal bloating or swelling before your first bowel movement. If the swelling or discomfort continues, stop drinking the Bi-peglyte formula temporarily or drink each 250 ml serving with more time in between (more than 10 minutes apart) until your symptoms disappear.

If you have nausea, you can take one tablet of Gravol™ (dimenhydrinate).



Important

If you are not able to do your bowel preparation, please contact the on-call surgeon. Call the reception at Hôpital de la Cité-de-la-santé at:

450 668-1010 and press 0



Intestinal preparation

Bi-peglyte

Day Before surgery

Step 1:



Morning

Prepare the Bi-peglyte formula:

- Dissolve the entire contents of 1 pouch in 1L (32 ounces) of water.
- Mix for 2 or 3 minutes until a clear solution forms.

Repeat steps a) and b) with the second pouch. Refrigerate both solutions to improve their taste. Do not drink them now.

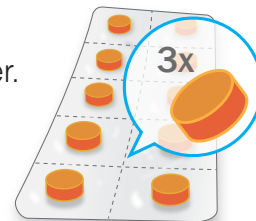
Step 2:



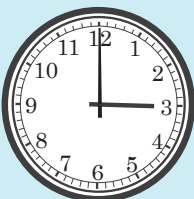
Afternoon

Around 1 p.m., take the 3 bisacodyl tablets with water.

Do not chew or crush the tablets. Do not take antacids within one hour of taking the bisacodyl tablets.



Step 3:



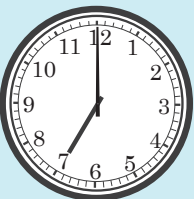
Around 3 p.m.

Quickly drink a glassful (approximately 250 mL) of the first solution every 10 minutes (total of 4 glasses) until the 1L solution is finished.

Place a checkmark after drinking each glass.



Step 4:



Around 7 p.m.

Quickly drink a glassful (approximately 250 mL) of the second solution every 10 minutes (total of 4 glasses) until the 1L solution is finished.

Place a checkmark after drinking each glass.





Morning of the surgery

Follow the nurse's instructions:

- You need to fast** (not drink or eat anything after midnight the day before surgery). Do not chew gum or eat candy. You can brush your teeth, but do not swallow the water.



OR

- You can drink clear liquids** before surgery.

Only clear liquids are allowed:

- Pulp-free juice (mandatory)
- Black tea or coffee (no milk)
- Water



You can drink ONLY these clear liquids and nothing else.

When to stop drinking clear liquids.

You must stop drinking clear liquids the morning of the surgery. The exact time depends on your arrival time at the hospital. Remember that we will give you your arrival time by phone 24 to 48 hours before surgery.

I must arrive at the hospital at...	I need to stop drinking clear liquids at...
Before 10 a.m.	6 a.m.
After 10 a.m.	8 a.m.
I am on stand-by at home, I do not have a time yet, I am on call.	11 a.m.



Important: These instructions are meant to ensure your safety during the surgery and to prevent serious complications. If you did not follow the instructions correctly, you must tell the nurse when you arrive.



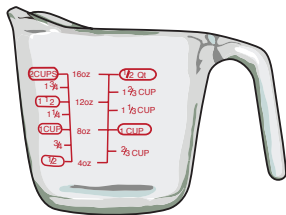
Morning of the surgery

Follow the nurse's instructions:

The nurse will tell you if you must follow these instructions about drinking:

- Yes, you need to drink these beverages the morning of the surgery (choose only one kind).
- No, you do not need to drink these beverages the morning of the surgery: you must fast (not eat or drink anything after midnight the day before surgery).
- If you are diabetic, you can drink water, coffee and tea (no milk) until 6 a.m. (refer to the instructions on page 31 on when to stop drinking).

Drink **ONLY** one of these beverages the morning of the surgery:



Try to drink the amount indicated.

Apple juice

500 ml



OR

Commercial iced tea

500 ml



OR

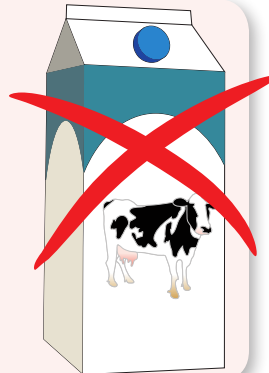
Grape juice

500 ml



Do not take milk, milk products, solid foods or nutritional supplements such as Ensure or Boost.

Do not drink low-calorie beverages.





Morning of the surgery

Disinfectant soap (Dexidin 4%)

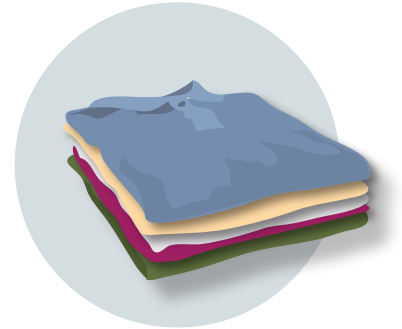


1

Take a shower with the disinfectant soap. You can buy this at your pharmacy or at the gift shop at the main entrance to the hospital in Block C or Block D. Wash your body from chin to toe.

2

Put on clean clothes.



3

Do not apply makeup, nail polish (fingers or toes), cream, deodorant or perfume, or wear jewellery or body piercings.



4

Do not shave the surgical area.





Arriving at the unit

Arrive at the admitting service room number **RC.5, C Block** on the main floor. We will tell you the time of your surgery when you arrive at the hospital ward. We will direct you to the same-day surgery unit or the hospital ward. A volunteer will give you instructions.

Only one person can go with you.





Arriving at the unit

Once you get to the hospital ward or day surgery unit, a nurse will help you prepare for surgery:

1



A nurse will give you a hospital gown to wear. You must remove all your clothing before leaving for surgery). She or he will help you store your personal belongings in a safe place.

2



They will do blood tests or other tests if needed.

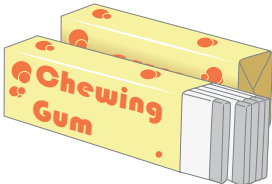
3



They will make sure you have followed all the instructions given to you (drinking, fasting).

4

They will ask you to take out your pack of gum so she can place it in your file.





Arriving at the unit

Once the surgeon is ready for you:

You must go to the bathroom to urinate before you leave. We will direct you to the operating room.

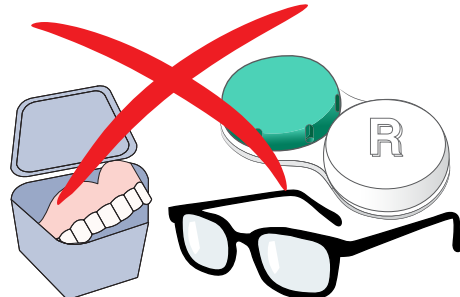
The anesthesiologist will meet with you when you get to the operating room in order to discuss the best type of anesthesia and pain relief that will be right for you.

For more information about anesthesia, refer to the **“Anesthesia and the management of postoperative pain guide”** which the nurse will give you during your appointment at the pre-admission clinic.



When you leave for the operating room, you must remove:

- Glasses or contact lenses
- Underwear, jewellery and body piercings
- Wig, dentures and hearing aids

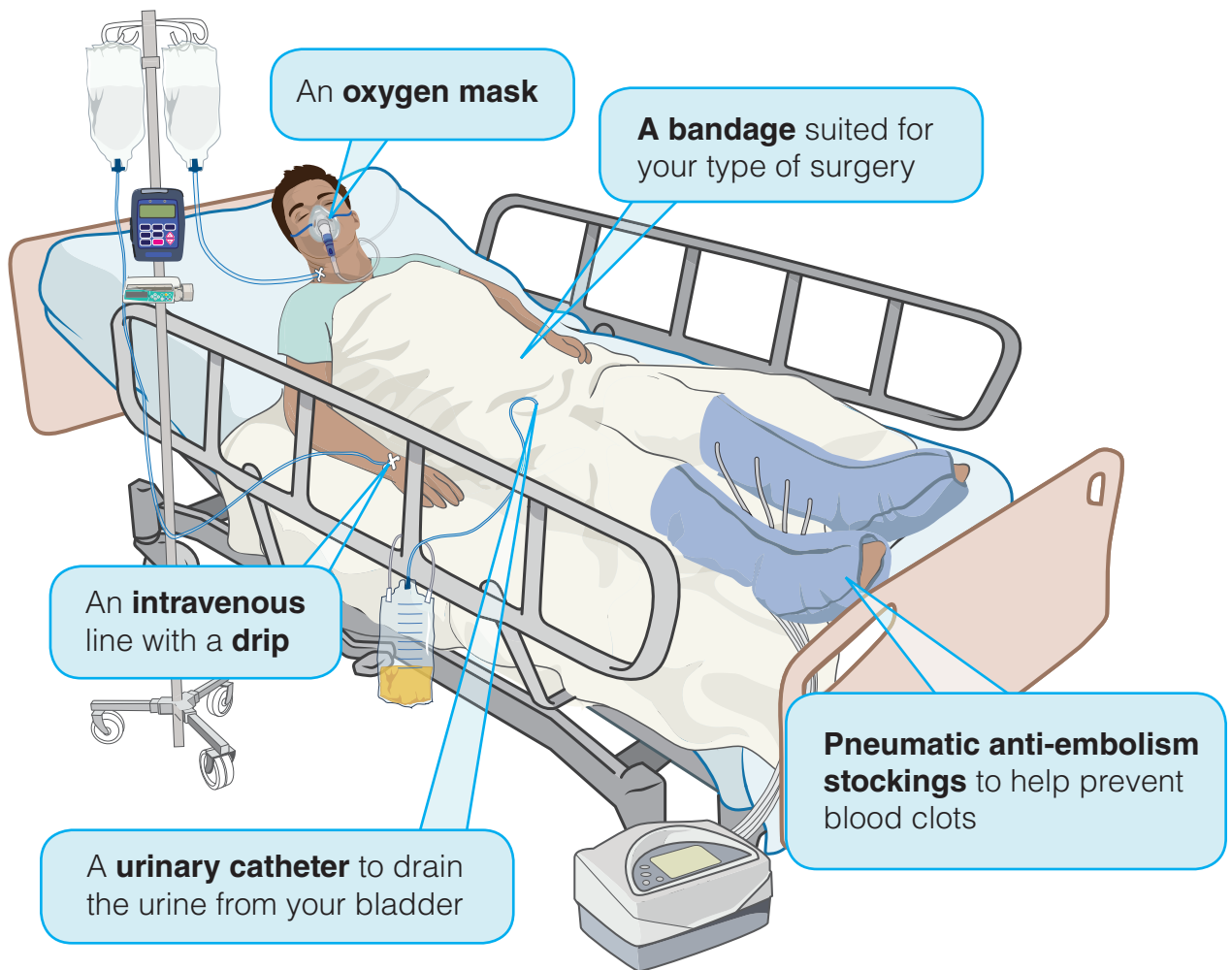




In the recovery room

You will wake up in the recovery room. **Visitors are not allowed in the recovery room.** The staff will make sure you are comfortable in your bed or on your stretcher.

You will have:





In the recovery room

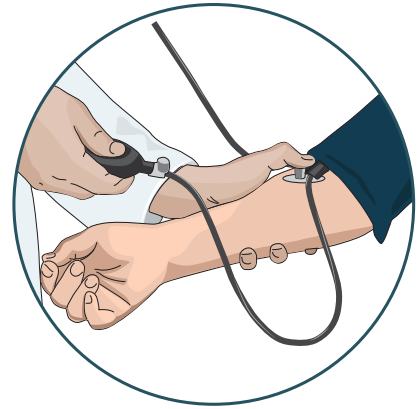
You will not be allowed to eat or drink right away. The nurse will let you do so once your condition is stable.

Once your condition is stable and your pain is under control, we will transfer you to the hospital ward.

In your hospital room, you can have 2 visitors at a time (until 8:30 p.m. at the latest).

The nurse will:

- Check your vital signs several times.
- Check your bandages and drains, if you have any.
- Assess your general condition and level of pain.
- Tell you if you can start chewing gum.





Pain control

You could have one of the following:

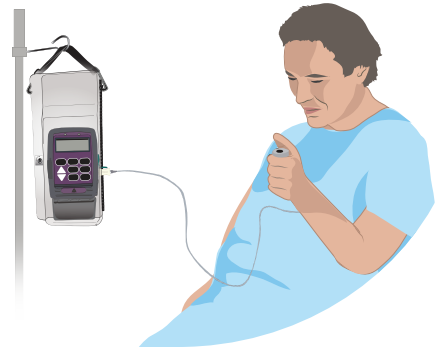
An epidural

A small tube is inserted in your back to give continuous pain medication. The epidural stays in place for 24 to 48 hours after surgery.



PCA (patient-controlled anesthesia) pump

You get a dose of medication your IV every time you push a button. The PCA pump stays in place for 24 to 48 hours after surgery.



Pain medication

Once we stop the epidural or pump or if you did not have these, you will get medications to control your pain.

- Tablets (pills) will be given to you as soon as you can tolerate them or once you start eating again.
- Injections (shots) can also be given if your pain is too strong.

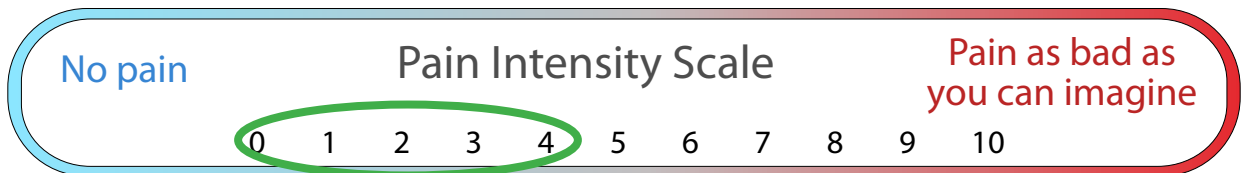




Pain control

Pain relief is important because it helps you:

- Breathe better
- Move better
- Sleep better
- Eat better
- Recover faster
- Do the things you enjoy



You will be asked to rate your pain on a scale from 0 to 10.

Our goal is to keep your pain score below 4/10.

Pain levels are different for each person. It is normal to feel pain after surgery.

You will not become addicted to the pain medication used to help you after surgery. The pain medication that will be prescribed to you by your surgeon will help you control your pain.

If you had a laparoscopic surgery (with a camera), you may have shoulder pain caused by the gas used to inflate your abdomen. Movement helps to lessen this pain.



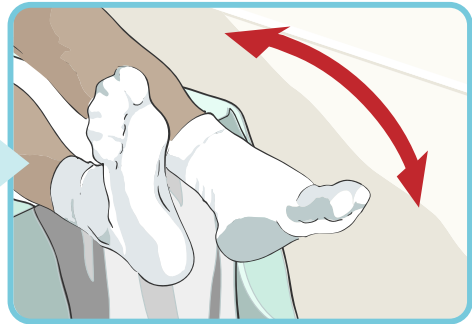
Exercises

After surgery, lying in bed without moving can lead to problems such as pneumonia, blood clots and muscle weakness. The following exercises will help you prevent these complications. You can start them as soon as you wake up and continue them while you are in the hospital.

Leg exercises

These exercises help the blood flow in your legs.
Repeat them 4 or 5 times every 30 minutes while you are awake.

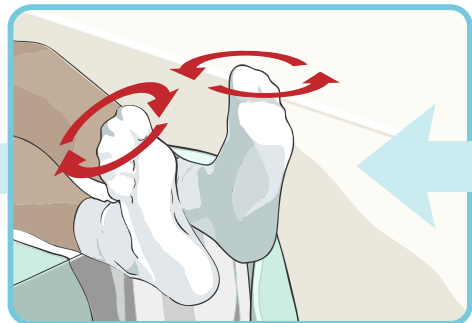
**Repeat 4 or 5
times every
30 minutes**



Wiggle your toes and bend your feet up and down.



Stretch your legs.



Rotate your feet to the right
and to the left.

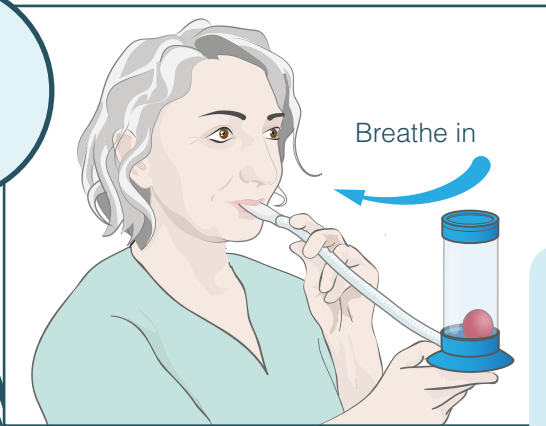


Exercises

Deep breathing and coughing exercises (Respirex)

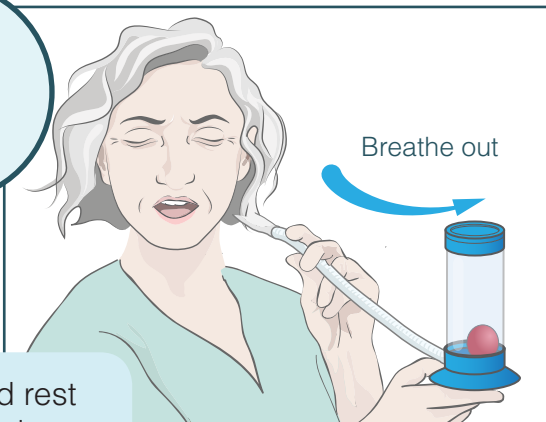
An inspirometer is a simple machine that helps you breathe deeply. It can help prevent pneumonia.

1



Put your lips firmly around the mouthpiece. Breathe in deeply. Try to keep the ball in the air as long as possible.

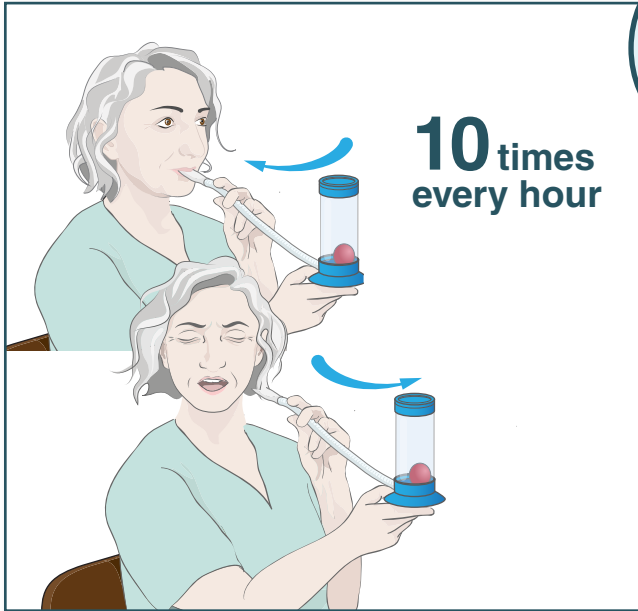
2



Breathe out and rest for a few seconds.



Exercises



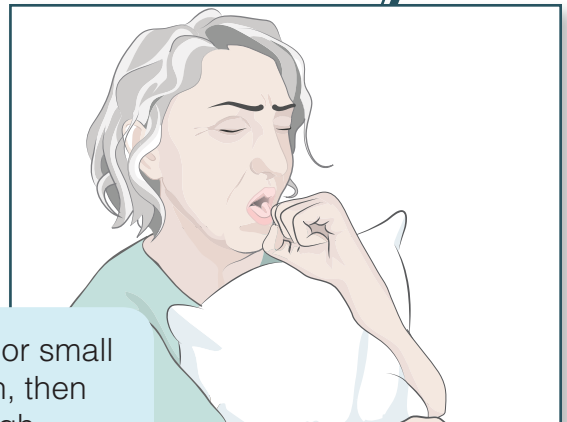
3

Repeat 10 times every hour.

4



Deep breathing and coughing exercises help prevent pneumonia.



If you need to, hold a pillow or small blanket against your incision, then take a deep breath and cough.



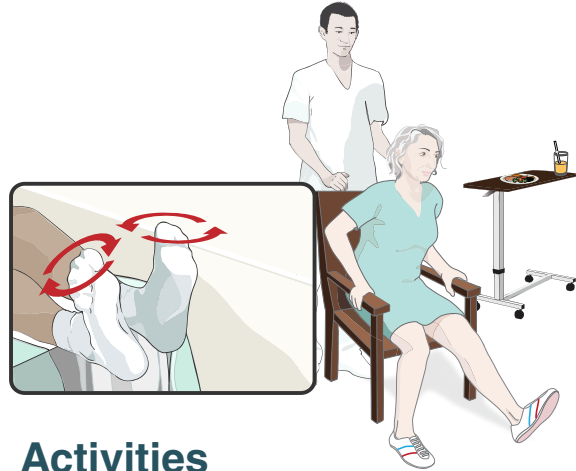
Returning to your room

To help you recover quickly after surgery and prevent complications, you will need to reach these daily objectives.



Breathing

- Do your breathing exercises to prevent lung problems (page 43). Do them 10 times every hour.



Activities

- Do your leg exercises (page 42).
- Get up and sit in the chair with help.

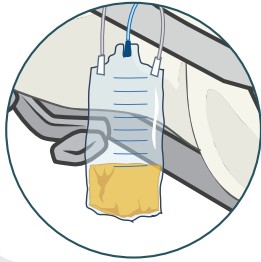


Meals

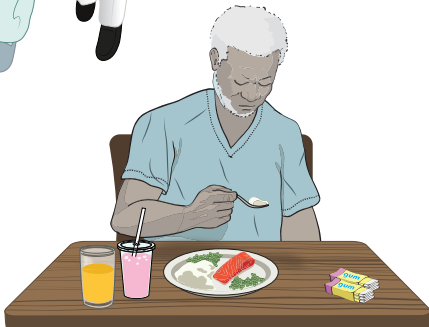
- Drink liquids and protein beverages.
- Chew gum for 30 minutes to help stimulate your bowels.
- Eat solid food, if tolerated.



Day 1 after surgery



**3x /
day**



Activities

- If you have a urinary catheter, we will remove it this morning.
- Once it has been removed, get up and go to the bathroom to urinate. Ask for help the first time you go and as needed after.
- The nurse will give you a container to place on the toilet to measure the amount of urine you produce. When you urinate, write the amount on the dosage sheet. The nurse will tell you how and when to do this.
- Ideally, you should be out of bed 6 to 8 hours a day.
- With help, get up and walk in the hallway at least 3 times a day. It is important to switch from the bed to the chair many times during the day.
- Sit in the chair for meals.

Breathing

- Do your breathing exercises at least 10 times every hour.



Day 1 after surgery

Pain

- If your pain is more than a 4 on the pain scale, tell the nurse right away.



No pain

Pain Intensity Scale

Pain as bad as
you can imagine

0 1 2 3 4 5 6 7 8 9 10



3x /
day

Meals

- Continue to drink protein-enriched beverages.
- Eat solid food.
- Chew gum for 30 minutes 3 times a day to help stimulate your bowels.



**You will go home in 2 days.
Confirm the arrangements you
have made for your return home.**



Day 2 after surgery:



Breathing

- Do your breathing exercises at least 10 times every hour.



Activities

- With help, get up and walk in the hallway at least 3 times a day. It is important to switch from the bed to the chair many times during the day.
- Sit in the chair for meals.

Bowel movements

Your bowels will start to work normally a few days after surgery. At first, you will have gas. Move and walk to help pass gas and help your bowels recover.

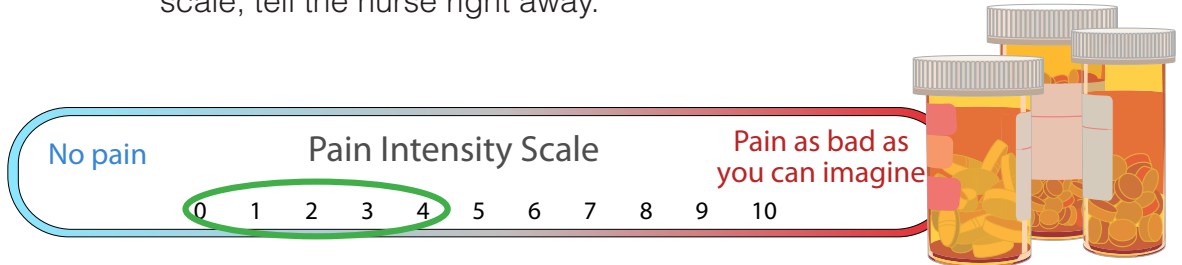
Your first bowel movement will be loose. This is normal. You may even see a few drops of blood in your stool at first.



Day 2 after surgery:

Pain

- If your pain is more than a 4 on the pain scale, tell the nurse right away.



Meals

- Continue to drink protein-enriched beverages.
- Eat solid food.
- Chew gum for 30 minutes 3 times a day to help stimulate your bowels.



**You will go home tomorrow.
Make sure you have a ride home
when you are discharged tomorrow.**



Day 3 after surgery: Going Home

Activities

- On day 3 after surgery, continue doing the same activities as the day before. You may do more activities if you are able to.

Plan to go home

You will be able to leave once all the health professionals have approved your discharge.

This will happen when:

- your pain is under control with medication
- you are urinating normally
- you have gas
- you are able to get around normally and safely



Wait to see the nurse before you leave. The nurse will give you documents and explanations.

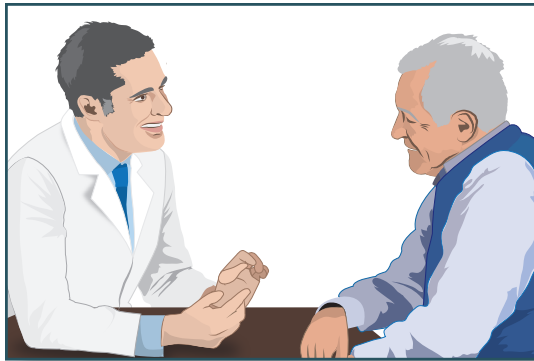
If you cannot leave the hospital at the expected time, we might ask you to sit in a departure chair until you are ready to leave. We need to prepare the room for the next patient.



Discharge from the hospital

Ask an adult to pick you up from the hospital, since you cannot drive after the surgery. You need to make arrangements in advance for a ride.

If you live alone, it is a good idea to have another adult stay with you for the first 24 hours.



Before you leave the hospital, we will give you a prescription for your medication. We will also give you information for your follow-up medical appointment. You must keep this appointment even if you are feeling well.

Name of the surgeon:

Date and time of appointment:

We can fill out a proof of hospitalization and/or medical certificate for sick leave. Please tell your surgeon if you need these documents.



Discharge from the hospital

Insurance forms

If you need to have your insurance forms filled out, please bring them with you and leave them in the white box in front of room **RC-49** (general surgery outpatient clinic). You can go there 24 hours a day, 7 days a week.

You must write your name, telephone number and patient record number (on the right on your hospital card) and the name of your surgeon.



We will call you within 7 to 10 business days to give you an appointment to pick up your completed forms.

If you have staples in your abdomen, the nurse will explain how to get them removed at a CLSC.





Instructions

Pain relief

It is normal to have pain for a few weeks after surgery. To lessen your pain, carefully follow the doctor's prescription and the pharmacist's advice.

Unless otherwise indicated, take acetaminophen (Tylenol) regularly. If the pain is stronger, take narcotics according to your prescription.



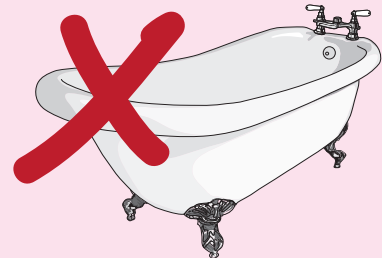
Hygiene

You can shower as soon as you get home:

- Let the water flow over your incision, but do not rub it;
- You cannot take a bath for 2 weeks after your surgery.
- It is normal for the wound to be a bit red and sensitive during the first two weeks.



Do not take a bath for 2 weeks after surgery.





Eating and drinking

Once you get home, you can start eating normally, depending on how you feel.

If you have nausea (upset stomach), start with clear liquids and gradually increase the quantity, based on how you feel.



**7 to 8
glasses
a day**

To prevent constipation that can happen from taking pain medication:

- Drink 7 to 8 glasses of water per day (if there are no medical restrictions).
- Walking is good for healthy bowel function.



If you have followed these instructions and you still have not had bowel movements for 3 days, consult a health professional (family doctor, pharmacist, Info-Santé 811).



Activities and exercises

Continue walking several times a day. Gradually increase the distance and intensity of your walks until you reach your normal level of activity.

For most patients, the return home goes well. Family and friends can help with:

- Transportation
- Meals
- Grocery shopping
- Housework
- Laundry



You cannot drive:

- **For the first 24 hours after surgery.**
- **When you are still taking pain medication (narcotics)**



- **Do not lift more than 10 pounds / 5 kilograms for 4 to 6 weeks after your surgery.**

If you no longer have pain, you can usually restart most of your activities, including sexual activity.

Your surgeon will decide when you can go back to work. This will depend on your recovery and the type of work you do.



Complications



If you have difficulty breathing

Call **9-1-1** immediately or go to the Emergency Room.



911

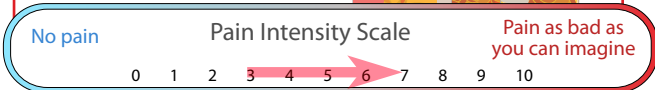
If you have one or more of these signs and symptoms:

Your incision is warm, red or leaking.

You have nausea or vomiting and cannot tolerate liquids.

You have a fever (38°C/100.4°F).

Your pain increases and the medications do not help.



Call a nurse at Info-Santé at **811 any time, 24 h/day or go to the Emergency Room.**

For any other information:

You can contact the nurse at:

The general surgery clinic: 450 975-5562

Monday to Friday: 8:30 a.m. to 3:30 p.m.

*Expect the nurse to call you back 24 to 48 hours after calling.



Available resources

Outpatient clinics

Pre-admission clinic (preoperative only)	450 975-5566
General surgery outpatient clinic	450 975-5562

CLSC

Laval region

CLSC Reception first line	450 627-2530, ext. 64922
CLSC du Marigot	450 668-1803
CLSC des Mille-Îles	450 661-2572
CLSC du Ruisseau-Papineau	450 682-2952
CLSC du Sainte-Rose	450 622-5110

Laurentides region

Centre intégré de santé et de services sociaux des Laurentides	450 436-8622
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Lanaudière region

Centre intégré de santé et de services sociaux de Lanaudière	450 759-1157
	1 800 668-9229



24 hours a day, 7 days a week

For emergencies dial 911
 For Info-Santé dial 811



Find us online:

www.lavalensante.com



Suggestions to help you quit smoking

There are 4 steps to quitting smoking:

- 1 Preparing to quit
- 2 Choosing a quit date
- 3 Coping with withdrawal
- 4 Preventing relapse

- Stop smoking now. You're already on your way to ending your addiction to tobacco.
- Take it one day at a time. Imagine yourself as a non-smoker. Be proud of your efforts.
- Ask your family and friends not to smoke around you.
- Encourage a family member or friend to quit smoking at the same time as you.
- Join a group for people who are trying to stop smoking.
- Ask your doctor about available quit-smoking aids, such as nicotine patches.

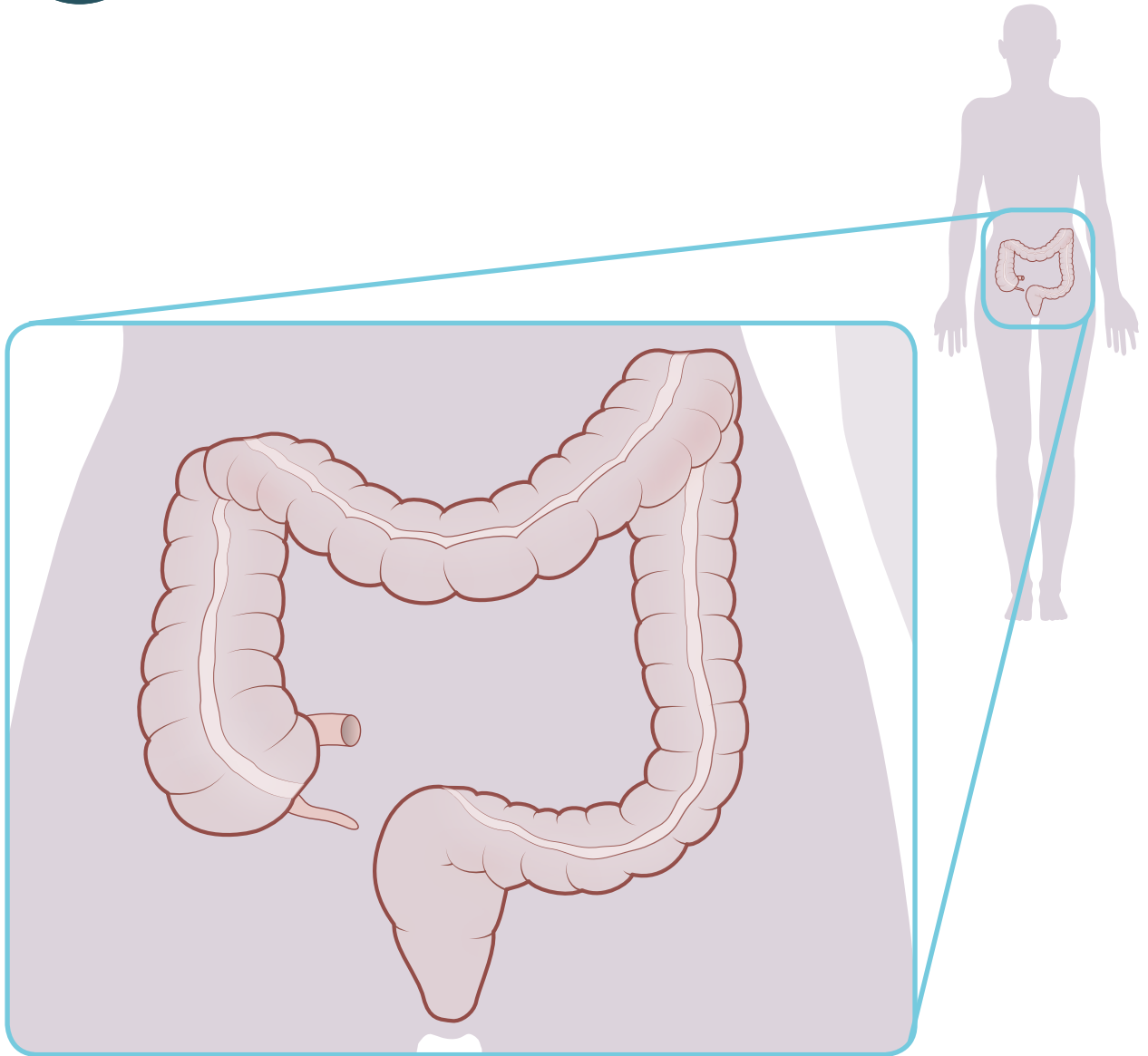


**For more information, call
Cible Santé**

450 978-8300, option 1, ext.13169
1 866-JARRETE (527-7383)
jarrete.qc.ca



Reference diagram



Notes & questions



A series of horizontal dotted lines for writing notes and questions.

**Centre intégré
de santé
et de services sociaux
de Laval**

Québec 

Hôpital de la Cité de la Santé

1755, Boulevard René-Laennec

Laval (Québec) H7M 3L9

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