



***PATIENT & FAMILY EDUCATION / NYU Medical Center***

**Bowel Resection**

**February 2000**

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## **BOWEL RESECTION**

You have been scheduled to be admitted to NYU Medical Center for bowel resection surgery. Please take time to read this handout which has information that should answer many of your questions. This handout discusses what you can expect during your stay in the hospital and when you go home. A brief overview of what to expect before and after surgery is on the next two pages. For those interested, more detailed information is included after the overview. It describes how the members of the healthcare team - physicians, nurses, social workers and nutritionist will work with you, the most important team member, to ensure a smooth transition home. Please share this information with your family members and/or friends.

It is anticipated that you will be ready for discharge 5 days after your surgery, although this will vary depending on your individual needs. Many people are surprised at how quickly their activity progresses after surgery. The health care team will be helping you with any concerns you have about discharge. Included in this booklet is a list of questions to help you plan for your discharge.



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### **ABOUT THE BOWEL:**

The term "bowel" refers to the small and large intestine. The small intestine is approximately 16 feet long and is composed of the duodenum, the first section that starts at the end of the stomach, the jejunum and the ileum. The large intestine is composed of the ascending or right colon, the transverse portion, the descending and the sigmoid colon. The rectum and the anus are the last portions of the colon. The function of the small intestine is to absorb nutrients from the food that we eat, while the large intestine is responsible for completing digestion and absorbing fluids from the contents in the intestine.

Surgery is performed on the bowel for a variety of reasons including treatment for inflammatory bowel disease (ulcerative colitis and Crohn's disease), diverticulitis, cancer or large polyps that cannot be removed through colonoscopy. In many cases, the diseased portion is removed and the remaining bowel is reconnected. In some cases, however, because the location of the problem or due to the disease itself, the sigmoid part of the colon and rectum need to be removed and an ostomy or surgical opening for elimination of waste must be created. Your surgeon has already discussed with you the possible options. If an ostomy is needed, you will be taught how to care for it



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### **PRE-ADMISSION TESTING**

Several days to a week before your surgery, you will be scheduled for an appointment at Pre-Admission Testing. At this appointment you will:

- Have an interview and an assessment with a nurse and a resident from your surgeon's service.
- Meet with an anesthesiologist who will explain the type of anesthesia you will have.
- Have blood tests, EKG and in some cases, a chest x-ray.
- Sign a consent form giving your permission for the surgery after it has been explained to you.
- Have additional tests if they are indicated.

### **BOWEL PREPARATION**

Because bowel surgery is safest when the intestine is free of stool, prior to surgery you will need to follow a clear liquid diet and take laxatives and/or enemas as prescribed by your surgeon.

### **ADDITIONAL PREPARATION**

- Shower the night before surgery.
- Take your medications as recommended by your physician the morning of surgery.
- Avoid aspirin, aspirin containing products and medications from the class known as non-steroidal anti-inflammatory agents for one week before surgery.
- Do not eat or drink anything after midnight the night before your surgery.  
You only need to bring slippers and a robe to the hospital. Please do not bring any valuables to the hospital.

### **DAY OF SURGERY**

You should report to the Admission Office at the time specified. Once, the admission process is completed, you will be directed to the Same Day Admission Unit where you will stay until you go to the operating room.



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- Immediately before you go to the Operating Room you will need to change into a hospital gown and remove all jewelry, dentures, etc.
- You will be given a sedative to help you relax.
- The surgery will generally take 3-6 hours (preparation and actual surgery).
- Your visitors can wait in the waiting area in the Tisch hospital lobby. It is advisable for one contact person to let the surgeon's office know where they can be reached so they can be contacted after surgery.

Immediately after surgery you will be taken to the Recovery Room on the 6th floor until the effects of the anesthesia wears off. Generally, from the Recovery Room you will be transferred to a Post Operative Care Unit on one of the surgical floors or to the Intensive Care Unit. The Post-Op Unit is a special 4-bed unit that has a nurse in continuous attendance. Visitors are not allowed in the Recovery Room but your family members or friends will be able to visit you soon after you are transferred to the Post-Op Unit or the ICU. You will be transferred to a bed on one of the surgical units as soon as your condition permits.



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The following are general guidelines regarding what you can expect during your stay in the hospital.

### **DIET:**

- Fluids will be given intravenously until you can tolerate liquids.
- You will not be able to resume a regular diet until bowel functioning returns.
- At first, you will be given liquids and advanced to solid foods as tolerated. If a special diet is needed, the nutritionist will give you specific instructions.

### **ACTIVITY:**

- The nursing staff will help you turn side to side the evening after surgery.
- Your nurse will show you how to use the incentive and to do coughing, spirometer, deep breathing and leg exercises. You should do these exercises every 1-2 hours while awake.
- You will be helped to get out of bed and sit in the chair the day of surgery.
- At first, you will walk short distances with assistance. You should gradually increase the distance and the frequency of these walks. Ask your nurse about having your family or friends help you with this.

### **MEDICATION:**

- Pain medications will be given to keep you comfortable. Taking pain medication will help you sleep, increase your activity and do coughing, deep breathing and leg exercises. At first, it will be given by injection, then in pill form. You will be asked to rate your pain before and after taking your medication to make sure you are comfortable.
- Other prescribed medication will be given by injection until you can eat.



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**CARE OF YOUR INCISION:**

- Initially your incision will be covered by a dressing that your surgeon will change.
- If the incision needs a dressing the nurse will change it as ordered.
- Look at your incision before you go home so that you can report any changes to your surgeon.
- Your nurse will discuss any special instructions regarding caring for your incision.

**OTHER INFORMATION:**

- Any drains and tubes (such as a foley catheter to drain your bladder or a nasogastric tube to drain your stomach) which were inserted during surgery will be removed as soon as indicated.
- Many patients are ready for discharge 5 days after surgery. However, this depends on your specific needs. If you have questions or concerns about your discharge plan, speak with your doctor, nurse or social worker.
- Specific instructions about discharge will be given to you before you return home.



## **GENERAL DISCHARGE INSTRUCTIONS**

The following are general guidelines. Individuals vary in their return to their usual activity. Your physician and nurse will review information that is specific for your individual situation.

### **ACTIVITIES:**

- Gradually increase your activities. Do not overexert yourself to the point of fatigue. If you become tired, rest more frequently.
- Stair climbing is permitted but should be limited to once or twice a day. Climb steps slowly and stop to rest every few steps.
- Do not lift anything over **5-10 pounds**.
- Driving, returning to work and resuming sexual activity should be avoided until after the first post operative visit with the surgeon. These activities will be discussed at this time.
- Unless instructed otherwise you can shower when you go home. Tub baths are not permitted. It is advisable to have someone available the first few times you shower.
- Riding in a car is permitted but you should stop frequently so you can stretch.

### **INCISION CARE:**

- Unless instructed otherwise when you shower, wash the incision site with soap and water and rinse thoroughly. Pat dry. Do not rub. It can be left open to the air and does not need a dressing. If clothing irritates the incision, a dry sterile pad can be placed over the incision.
- Inspect the incision every day and contact the doctor if you notice increased redness, drainage, swelling or separation of the edges of the incision.



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### **DIET:**

- If a special diet was prescribed, follow the instructions given to you by the nutritionist. Ask the nutritionist or your physician how long the special diet needs to be continued.

### **MEDICATIONS:**

- If you need medications, prescriptions will be given to you before you go home.
- Do not take any over-the-counter medication including laxatives unless advised to do so by your doctor.

## **CALL YOUR DOCTOR**

- **IF YOU HAVE FEVER OVER 101 DEGREES OR SHAKING CHILLS.**
- **IF YOU NOTICE SWELLING, BLEEDING, REDNESS OR DRAINAGE FROM THE INCISION SITE.**
- **IF YOU NOTICE THE EDGES OF THE INCISION ARE SEPARATING.**
- **IF YOU EXPERIENCE SEVERE CONSTIPATION, DIARRHEA, NAUSEA OR VOMITING.**
- **IF YOU HAVE AN INCREASE IN PAIN.**

### **FOLLOW-UP:**

- **CALL YOU SURGEON'S OFFICE FOR AN APPOINTMENT WHEN YOU GO HOME. HE/SHE WILL USUALLY WANT TO SEE YOU 7 TO 10 DAYS AFTER DISCHARGE.**
- **REFERRAL TO VISITING NURSE OR HOME CARE AGENCY IS USUALLY NOT NEEDED. HOWEVER YOU CAN DISCUSS THIS WITH THE HEALTHCARE TEAM.**