PATIENT & FAMILY EDUCATION / NYU Medical Center

Laparoscopic Bowel Resection

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INTRODUCTION

You are scheduled for admission to NYU Hospitals Center for a **Laparoscopic Bowel Resection**. Please read this handout, which discusses what you can expect during your stay in the hospital as well as after you go home. It describes how the members of the health care team - doctors, nurses and others - will work with you, the most important team member, to ensure a smooth transition to home. Please share this information with your family members and/or friends.

Bring this information packet to the hospital, as staff will be reviewing it with you.

It is anticipated that you will be discharged **4** days after your surgery although this will vary depending on your individual needs. Many people are surprised at how quickly they can return home 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. If you have any questions, please speak with your doctor or nurse.

BEFORE SURGERY

MD OFFICE:

You will be given a pre-admission packet in your doctor's office containing information necessary to complete the admission process. This packet includes the following forms:

- Personal and insurance information for the admitting office
- Health care proxy
- Health history that you will need to complete and bring with you to Pre-Admission Testing

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.

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ADDITIONAL PREPARATION

- Discuss the need for blood transfusions with your surgeon. If transfusions are likely, he/she may recommend that you donate your own blood in advance. If this is not possible, family members or friends may be able to donate for you. Please read the information on blood donations.

- Avoid aspirin, products containing aspirin and medications from the class known as non-steroidal anti-inflammatory agents, such as Ibuprofen, Motrin, Alleve, Advil, or Naproxen for one week prior to surgery. However if you are taking aspirin once a day for heart, vascular or neurological reasons, check with your doctor for specific instructions.

- If you are taking Coumadin (warfarin) check with your doctor for specific instructions.

- Your physician or anesthesiologist will specifically order any medications to be taken the morning of surgery. Take these medications with a sip of water. If you are taking diuretics (water pills) or diabetic medications, make sure you get specific instructions.

- You only need to bring slippers, a robe, toothbrush, and toothpaste to the hospital; your family can bring other items once you are assigned a room.

- Please do not bring any valuables, such as furs, jewelry, cash, or credit cards, to the hospital. Leave rings and good watches at home.

- Do not eat or drink anything after midnight the night before your surgery.

- Shower the night before or morning of surgery.

DAY OF SURGERY

You should report to the Same Day Admission (SDA) Unit, 400 East 34th Street, 6th floor, at the time specified. You will be admitted and final preparation for surgery will be made.

- Immediately before you go to the Operating Room (OR) 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 SDA Waiting Area (maximum of 2 visitors), or the Stoler Family Waiting Area on the 1st floor of Tisch Hospital. It is advisable for one contact person to let the surgeon's office know where he/she can be reached so he/she can be contacted after surgery.

Immediately after surgery you will be taken to the Post-Anesthesia Care Unit (PACU) on the 6th floor until the effect of the anesthesia wears off. Generally, from the PACU 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 PACU 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.

WHILE IN THE HOSPITAL

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 spirometer and to do coughing, 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 after 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:

- You need to let the staff know your level of pain/discomfort after surgery so the nurse can give you the pain medication the surgeon has ordered.

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- To help the staff assess your pain level you will be asked to rate your pain on a scale of 0 -10 with 0 being no pain and 10 being unbearable pain. Taking pain medication before the pain is excessive provides better relief.

- Right after your surgery you will receive your pain medication either into a muscle, into a vein using a process called Patient Controlled Analgesia (PCA), or through a spinal catheter (epidural).

- Your surgeon will determine the most appropriate method for your specific needs. As your level of discomfort decreases and you are able to tolerate liquids and food, you will receive pills for pain management.
- Other prescribed medication will be given by injection until you can eat.

CARE OF YOUR INCISION:

- Initially, a dressing that your surgeon will change will cover your incision.
- 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 **4** 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.

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.

WHEN TO CALL YOUR DOCTOR

Call your surgeon if you have any of these possible danger signs:

- Fever over 100.8 degrees or shaking chills.
- Increased swelling, bleeding, redness, or drainage from the incision site.
- The edges of the incision are separating.
- Severe constipation, diarrhea, nausea, or vomiting.
- An increase in pain.
- Any unusual symptoms.

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.

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 three sections. The three sections are: the duodenum, the jejunum, and the ileum. Partially digested food moves from the stomach into the small intestine. Here enzymes and bile break it down. Nutrients are absorbed and the liquid waste passes into the large intestine or colon. Water and electrolytes are reabsorbed as the waste passes through the large intestine. The sections of the large intestine (colon) are: the ascending colon, the transverse colon, the descending in colon, the sigmoid colon, and the rectum. Stool is passed through an opening called the anus.

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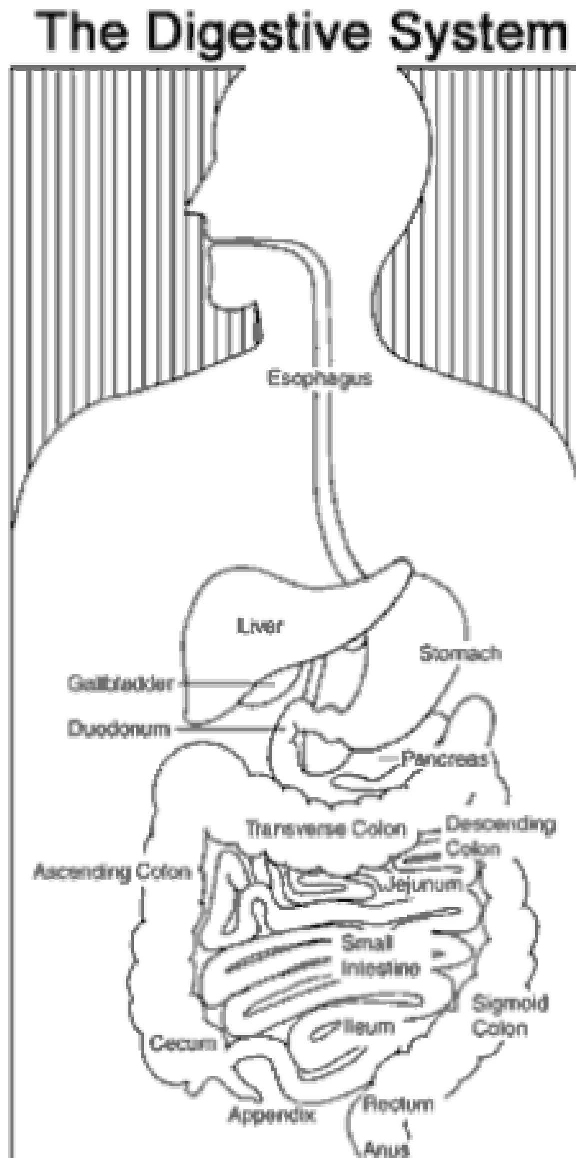

Surgery is performed on the bowel for a variety of reasons including treatment for inflammatory bowel disease (ulcerative colitis and Crohn's disease), diverticulitis, cancer, and large polyps that cannot be removed through colonoscopy. In many cases, the diseased portion is removed and the remaining bowel is reconnected. In some case, however, due to the location of the problem or due to the disease itself, a portion of the bowel may need to be removed and an ostomy or

surgical opening for elimination of waste must be created (this may be temporary or permanent.). Your surgeon will explain to you the possible options. If an ostomy is needed, you will be taught how to care for it.