

Your Guide to Colorectal Surgery -

Preparing and Recovering from Surgery

Patient Name

Your Surgeon

Your Surgeon's Office

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Abdominal Surgery Instructions
ENHANCED RECOVERY AFTER SURGERY

Your surgeon has determined that you a good candidate for our Enhanced Recovery after Surgery (ERAS) Program. This program uses the best practices in surgical care. It will help you recover and get home as quickly and as safely as possible after your surgery. Please read this handout about ERAS to get the most out of the program. Information on the ERAS program is also available at <http://eras.surgery.ucsf.edu>

OUR APPROACH TO RECOVERY AFTER COLON AND RECTAL SURGERY

Your surgical team will:

- Use the most modern anesthesia methods
- Promote return of bowel function as quickly as possible
- Use best practices for diet, bowel preparation, antibiotics and hydration.
- Encourage you to walk early after surgery
- Provide alternatives to narcotics to effectively treat pain.
- Help you start drinking and eating soon after surgery with easy-to-digest liquids and foods

WHY IS THIS IMPORTANT?

- Simple things matter!
- **Complications can help be prevented by getting out of bed, sitting in chair and walking**
- YOU CAN HELP AVOID:
 - Pneumonia
 - Blood clots
 - Bed sores
 - Prolonged “sleeping bowels” or ileus

Important Contact Numbers

Surgery Phone Numbers		
Colorectal Surgery Office (General Questions and Concerns)		415-885-3606
Rebeca Salmon (Outpatient Nurse Practitioner and Wound/Ostomy Nurse)		415-885-3613
Anisha Bhatia (Outpatient Nurse)		415-476-3742
Stephanie Tillery (Practice Assistant to Dr. Mika Varma & Dr. Emily Finlayson)		415-885-7676
Jian Wei (Practice Assistant to Dr. Ankit Sarin & Dr. Elizabeth Wick)		415-514-4818
Karen Arzave (Practice Assistant to Dr. Hueylan Chern & Dr. Edward Kim)		415-885-3621
PREPARE Clinic		415-885-7670
Pre-Op		415-476-0989
Recovery Room (Post Anesthesia Care Unit)		415-476-0994
Hospital Phone Numbers UCSF Medical Center at Mission Bay (415) 353-3000 UCSF Medical Center at Mount Zion (415) 567-6600 UCSF Medical Center at Parnassus (415) 476-1000		
Operator Services Phone: (415) 476-1000 Hours: 24 hours daily		
Other Contacts and Resources		
Exercise Classes	415-885-3693	http://cancer.ucsf.edu/support/crc/exercise-classes
Exercise Consultation	415-514-6430	https://www.ucsfhealth.org/services/cancer_exercise_counseling/
Nutrition Consultation	415-502-5547	http://cancer.ucsf.edu/support/crc/nutrition-counseling-and-workshops
Financial Counseling (insurance questions and cost estimates for treatments)	415-353-1966	https://www.ucsfhealth.org/billing_and_records/
Financial Services (understanding medical bills, arranging payment plans or requesting financial assistance)	866-433-4035	https://www.ucsfhealth.org/billing_and_records/
Imaging Library (to obtain copies of CDs with images from Radiology)	415-353-1640	http://radiology.ucsf.edu/
Interpreting Services	415-353-2690	https://www.ucsfhealth.org/services/interpreters/
Medical Records (to obtain hardcopies of your records)	415-353-2221	https://www.ucsfhealth.org/billing_and_records/
My Chart	415-514-6000	https://www.ucsfhealth.org/ucsfmychart/
Social Work	415-885-3693	http://cancer.ucsf.edu/support/support-services
Surgery Wellness Program	415-476-3474	http://geriatric.surgery.ucsf.edu/wellness-program
Transportation and Parking	415-476-1511	www.campuslifeservices.ucsf.edu/transportation/
UCSF Shuttle Service	415-476-4646	http://www.campuslifeservices.ucsf.edu/transportation/shuttles/
Wheelchair Escort Parnassus	415-353-1664	
Wheelchair Escort Mission Bay	415-476-1540	

Patient Name: _____

Date of Surgery: _____

Your Surgery Checklist

Use this summary checklist as a guide to what you need to do to prepare for your surgery and recovery.

Check When Done	Action
ONE MONTH BEFORE SURGERY	
	<input type="checkbox"/> View any assigned video education programs
	<input type="checkbox"/> Gather your medical records to bring with you to your PREPARE visit
	<input type="checkbox"/> Meet (in person or on the phone) with anesthesia providers to discuss surgery during your PREPARE appointment. You will review your medical history and will be told if you need to stop or change any medication before surgery.
	<input type="checkbox"/> Complete any blood work or additional tests that your surgeon requested.
A FEW DAYS BEFORE SURGERY	
	<input type="checkbox"/> Receive phone call reminding you what time to arrive for your surgery, review medications to take the day of surgery and answer last-minute questions.
	<input type="checkbox"/> Ensure you have all the supplies needed for your bowel preparation. (PAGE 10)
	<input type="checkbox"/> Ensure you have your medicated liquid soap for your skin preparation.
	<input type="checkbox"/> Ensure you have your carbohydrate drink for the morning of surgery (PAGE 12)
ONE DAY BEFORE SURGERY	
	<input type="checkbox"/> If your surgeon prescribed a bowel preparation, start the preparation one day before surgery, in the morning. Follow the instructions on page 10.
	<input type="checkbox"/> The night before your surgery, shower, dry off and use the medicated liquid soap, following the instructions on page 12.
MORNING OF SURGERY	

	<input type="checkbox"/> Take medications as instructed.
	<input type="checkbox"/> Use the medicated liquid soap, following the instructions on page 12 for proper use.
	<input type="checkbox"/> Drink a Resource Boost Breeze (Page 12) or approved alternative beverage two hours prior to your arrival to the hospital.
AFTER SURGERY	
	<input type="checkbox"/> Get out of bed and to a chair within 6 hours after your surgery.
	<input type="checkbox"/> You may receive juice or water and can drink clear liquids as soon as you feel up to it.
	<input type="checkbox"/> Take all medications that have been prescribed to you to control your pain. If you are still experiencing pain, let the nurses know, and they can help you control your pain and remain comfortable.
FIRST DAY AFTER SURGERY	
	<input type="checkbox"/> Spend at least six hours out of bed. Walk at least three times in hallway. Get help from nurses for the first time you get out of bed
	<input type="checkbox"/> Drink clear liquids as you feel up to it. You may be offered soft or solid food if you feel well.
	<input type="checkbox"/> Your intravenous fluids will probably be stopped.
	<input type="checkbox"/> Take all medications that have been prescribed to control your pain. If you are still experiencing pain, let the nurses know, and they can help you control your pain and remain comfortable.
	<input type="checkbox"/> Your urinary catheter may be removed.
If ostomy:	<input type="checkbox"/> Participate in your ostomy care. Describe your plan for care after discharge.
SECOND DAY AFTER SURGERY	
	<input type="checkbox"/> Spend at least six hours out of bed. Walk at least five times in the hallway.
	<input type="checkbox"/> You will be placed on a soft diet and will advance to more solid food as you feel up to it.
	<input type="checkbox"/> Take all medications that have been prescribed to control your pain. If you are still experiencing pain, let the nurses know, and they can help you control your pain and remain comfortable.
	<input type="checkbox"/> Your urinary catheter will be removed if not already done. Ask if it has not been addressed by your care team.
If ostomy:	<input type="checkbox"/> Ask your nurse to demonstrate how to empty ostomy. <input type="checkbox"/> Ask your nurse how to record ostomy liquid.

		<input type="checkbox"/> Identify measures you can take to prevent dehydration from your ostomy.
SUBSEQUENT DAYS AFTER SURGERY		
		<input type="checkbox"/> Spend much of the day out of bed and walking.
		<input type="checkbox"/> Start to eat solid food.
		<input type="checkbox"/> Your pain should be well-controlled on pain medication. Discuss your pain management plan for discharge with your care team.
		<input type="checkbox"/> You are ready to be discharged if you are drinking and eating well (no nausea), passing gas, and your pain is well-controlled.
		<input type="checkbox"/> Verbalize understanding of signs and symptoms of infection, and what to do if you think you have an infection.
		<input type="checkbox"/> Identify actions you can take to prevent dehydration. Discuss this with your nurse.
	If ostomy:	<input type="checkbox"/> Demonstrate to your nurse how to keep track of your ostomy output. <input type="checkbox"/> Verbalize to your nurse what medications you can use to make your ostomy output thicker and prevent dehydration. <input type="checkbox"/> Demonstrate how to apply a new ostomy bag. <input type="checkbox"/> Check that you have ostomy supplies for use at home.

Before you leave the hospital, you should have:

- Hospital discharge instructions
- An outpatient appointment with your surgeon within three to four weeks of discharge
- Prescription for pain medication and any other medications you need
- Sign up with Meds to Beds Program to get your medications prior to discharge
- A hospital bag containing all ostomy supplies, if needed


Pre-Surgery Planner

Instructions:

Mark the date of your surgery in the **last** row of the calendar on the appropriate day of the week. Use this calendar to mark and track each of your appointments leading up to surgery (for example, anesthesia clinic, primary care provider, etc.), and any reminders for the activities you will need to do in the days leading up to your surgery.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

BEFORE YOUR SURGERY - AT HOME PRIOR TO SURGERY

- 
- Continue regular exercise up until the date of your surgery (next page)
 - If you smoke, quit today. Quitting smoking is the best way to avoid breathing problems! Quitting smoking will help you heal!
 - **UCSF MyChart** is a website that is an easy, confidential way to stay in touch with UCSF Medical Center. This is a secure online resource to communicate with your providers. Sign-up for it at <https://ucsfmychart.ucsfmedicalcenter.org>
 - Several Days before surgery you will receive a phone call from the PREPARE clinic to set up a phone consult or an in-person pre-operative clinic appointment. The number for the PREPARE clinic is 415-885-7670 in case you need to schedule a visit.
 - Confirm the location that your surgery will take place: is your surgery scheduled for Parnassus or Mission Bay?
 - Purchase Boost Breeze or Ensure Clear (a nutritional drink). You will need to drink this before you come to the hospital. (More details below.)
 - Arrange to have someone take you home after you are discharged. This may be two to three days after surgery.
 - The colorectal office will obtain the authorization for your procedure from your insurance company.

Housing and Lodging Information

- A short term housing guide can be provided by your surgeon's practice manager or online at <http://eras.surgery.ucsf.edu> for a more detailed list of housing options in San Francisco, or you may visit www.housing.ucsf.edu for more information.
- Also Visit: http://campuslifeservices.ucsf.edu/housing/services/off_campus_housing/short_term_housing to download a PDF copy of UCSF Short-Term Lodging Guide for 2016-2017)
- The Family Link: (lodging for family members of patient's) <http://thefamilylink.com/Index.html>
- Air B&B: Find affordable rooms/apartments for rent in San Francisco using www.airbnb.com
- VRBO/HomeAway: Find affordable rental properties in or near San Francisco www.vrbo.com
- UCSF Hoptel Lodging Accommodation: Program is only for Medi-Cal patients who live greater than 50 miles away.
 - When overnight lodging assistance is needed to attend medical appointments at UCSF. Night prior to appointment/ surgery or night of appointment only. If you have 2 consecutive days of appointments, you can have 2 nights of lodging. Maximum of 2 nights. Lodging cost is covered under UCSF Hoptel Medi-Cal benefit.
 - The patient must be in the room (family members can accompany patient)
 - Reservation must be completed by UCSF Social Worker

For additional information, call Housing Services:

- Housing Services at Mission Bay: phone (415) 514-4550
- Housing Services at Parnassus: phone (415) 476-2231

Exercises Before Surgery that Can Aid Recovery

Walking:

At least 20 minutes, 5 times/week

This should be in addition to normal activity



Mini squats

Stand at counter, using fingers for balance as needed

Place feet hip width apart

Sit down and back as if you are sitting in a chair

Do not let your hips drop below your knees

Repeat 10 times, 2 times/day



Heel raises

Stand at a counter, use fingers for balance as needed

Raise up on your toes, lifting heels off the ground

Stay for 1-2 seconds and SLOWLY lower your heels

Repeat 15 times, 2 times/day



Single leg stance

Stand at counter, using fingers for balance as needed

Lift LEFT leg and hold for 30 seconds

Lower and repeat with RIGHT leg

If that gets too easy, try to hold your balance without using your hands for balance, or close your eyes

Perform 2 times/day for 30 seconds on each leg



BOWEL PREPARATION DAY BEFORE SURGERY

To get ready for surgery you will need to prepare your intestine. Your colon needs to be clean and free of stool with fewer bacteria than usual. Most people can do this the day before their operation. If you tend to be constipated, you should start sooner. If the colon is not sufficiently clean, the surgeon may need to reschedule the procedure. If you have any questions, please call the Center for Colorectal Surgery at 415-885-3606.

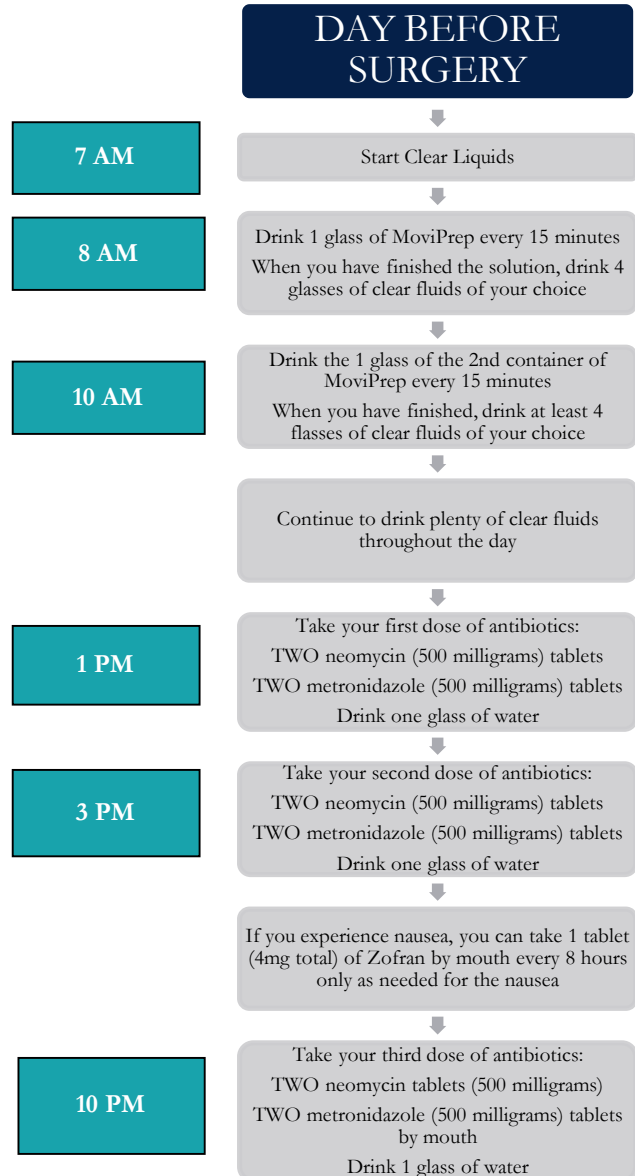
You should have received the prescriptions listed below for your bowel prep. You will need to fill these prescriptions at a pharmacy a few days before your surgery:

1. Moviprep (Packet containing powder) or Golytely (4 Liters solution)
2. Neomycin sulfate, 500-milligram tablets (six tablets), antibiotic
3. Metronidazole, 500-milligram tablets (six tablets), antibiotic
4. Zofran 4 mg tablets (may be prescribed to help with nausea)

*Please call your surgeon's office if you have allergies to any of the above medications.

Directions to Follow One day before surgery:

- Starting from 7 AM begin clear liquid diet (see list below)
- Do not eat any solid food after this time.
- The Moviprep carton contains 4 pouches and a container for mixing. The container has 4 lines on it. Each line marks 8 ounces. First thing in the morning, prepare the Moviprep solution:
 - Empty 1 "Pouch A" and 1 "Pouch B" into the container.
 - Add lukewarm water to the top line of the container.
 - Mix to dissolve.
 - Refrigerate to improve the taste.
 - For Golytely the solution should already be in the liquid form and can be refrigerated.
- Starting at 8 a.m, drink 1 glass (8 ounces) of the Moviprep solution every 15 minutes. When you have finished the Moviprep solution, drink at least 4 glasses (8 ounces each, for a total of 32 ounces) of clear fluids of your choice. The laxative should cause diarrhea within 1 hour.
- Mix the 2nd container of Moviprep the same way you prepared the 1st container. Refrigerate.
- Starting at 10 a.m., drink the 2nd container of Moviprep. Drink 1 glass (8 ounces) every 15 minutes. It will take 1 hour to drink all of it. After you have finished the Moviprep solution, drink at least 4 glasses (8 ounces each, for a total of 32 ounces) of clear fluids of your choice. The laxative should cause more diarrhea.
- Keep drinking plenty of clear fluids (see below) throughout the day. This will keep you from getting dehydrated from the diarrhea.



- ☐ 1 p.m. Take your first dose of antibiotics: Take TWO neomycin (500 milligrams) tablets and TWO metronidazole (500 milligrams) tablets by mouth and follow with one glass of water.
- ☐ 3 p.m. Take second dose of antibiotics: Take TWO neomycin (500 milligrams) tablets and TWO metronidazole (500 milligrams) tablets by mouth and follow with one glass of water.
- ☐ If you experience nausea with the bowel preparation you can take 1 tablet (4 mg total) of Zofran by mouth every 8 (eight) hours only as needed for the nausea
- ☐ 10 p.m. Take your third dose of antibiotics: Take TWO neomycin tablets (500 milligrams) and TWO metronidazole (500 milligrams) tablets by mouth and follow with one glass of water.

What is a clear liquid?

In general, a clear liquid diet consists of liquids you can see through and are liquids at room temperature. The purpose of the clear liquid diet is to provide rest to your gastrointestinal (GI) tract prior to surgery. Clear liquids and foods may be colored so long as you are able to see through them. You cannot eat solid food while on a clear liquid diet.

Note: It is important to stay well-hydrated during your bowel prep, so please drink many of the allowed clear liquids.

Allowed:	Not allowed:
Water	Milk, cream, milkshakes, smoothies
Clear Broth: Beef or Chicken	Cream soups or any soup other than broth
Gatorade or other clear sport drinks	
Carbonated drinks, including dark sodas (cola and root beer)	
Tea or coffee (without milk or cream)	
Gelatin (without fruit)	Oatmeal, cream of wheat, grits
Popsicles (without fruit or cream)	Ice cream, gelato, low fat ice cream
Italian Ices or Hard Candy	Chocolate or any candy with filling
Fruit Juices without pulp: apple, grape, cranberry	Tomato, orange or grapefruit juice, fruit nectars
You may use salt, pepper and sugar	

Special Instructions:

If you have diabetes, your diabetes medicines may need to be adjusted. Please talk with your surgery clinic nurse.

Please call your surgeon if you feel dizzy or have severe nausea, vomiting, or belly pain, or if you cannot finish drinking the MoviPrep / Golytely.

Call 9-1-1 right away if you have any of these life-threatening symptoms after taking the MoviPrep / Golytely:

- Wheezing
- Chest tightness
- Fever
- Swelling of your throat

Directions to follow on the day of the surgery:

- *You can continue to have clear liquids (only) until four hours prior to your scheduled surgery (two hours before arrival to the hospital).*
- *Take Boost Breeze or alternative drink two hours before arriving to the hospital.*

What is Boost Breeze?

Drink one container of Resource Boost Breeze 2 hours before arrival to the hospital. You can find Resource Boost Breeze for free at the UCSF pre-operative clinic on the 3rd floor of the UCSF Helen Diller Comprehensive Cancer Center, or you can purchase it from drug stores such as Walgreens, CVS, Target, etc. or on Amazon.com.



- If you cannot find Resource Boost Breeze, or cannot pick it up at UCSF, alternatives include:

Product	Amount You Should Consume	Where to Find it
Ensure Clear*	1 container	Drug stores, Amazon.com
Clearfast	1 container	Amazon.com
Gatorade (regular, <i>with</i> sugar)	12 ounces	Grocery stores, drugstores

*Ensure Clear is the best alternative for Resource Boost Breeze.

Can I eat or drink anything the morning prior to surgery?

Do not eat or drink ANYTHING after consuming Resource Boost Breeze 2 hours prior to arrival to the hospital or four hours after your surgery.

If the colon is not sufficiently clean, and you do not follow these instructions exactly, your surgeon may need to reschedule the procedure.

Other Instructions for the Day Before Surgery

- Shower the evening before or morning of surgery with either **Dial antibacterial or chlorhexidine soap** (Hibiclens). Wash your entire body. Do not use chlorhexidine (Hibiclens) on your face because it can damage your eyes. These soaps are available at most drug stores (for example, Walgreens, Target, Wal-Mart, CVS, or Rite Aid).
- If you get sick before surgery (fever, cough, sore throat, cold, flu, infection), please call your surgeon and the Prepare Clinic at 415-885-7670.

ON THE DAY OF SURGERY

BRING:	DO NOT BRING:
Wear comfortable clothing	Valuable items
Wear your eyeglasses and bring a case (no contact lenses)	Any medications unless you were specifically instructed to do so
Boost Breeze (to take 2 hours prior to arrival to hospital)	OPTIONAL:
TWO forms of ID – including one ID with a photo	Toiletries, but the hospital will also provide toiletries for you
A list of your medications	

If your surgery is at Mission Bay: Come to Mission Bay Moore/Bakar Hospitals, 1855 Fourth Street, San Francisco. Check in on the 2nd floor at the adult surgical waiting (Room A 2460) at the assigned ARRIVAL time (two hours before the scheduled surgery). Admitting will direct you to the Pre-Op Nursing Station. Phone # (415) 476-0989.

If your surgery is at Parnassus: Come to first floor of Moffitt-Long Hospital, 505 Parnassus Avenue, and check in at the admissions office from where you will be directed to the Pre-Op area on the fourth floor.

Parking Information

More detailed parking information and rates may be found at:

<http://eras.surgery.ucsf.edu> or https://www.ucsfhealth.org/maps_and_directions/parking/#1

Parking at Parnassus

1. **350 Parnassus Ave Garage**
2. **Millberry Union Public Garage** 500 Parnassus Ave, located across from the Medical Sciences Building
3. **Westside/Kirkham Surface Lot** 707 Parnassus Ave, located behind the School of Dentistry
4. **Beckman/Koret Surface Lot** 5th Ave at Kirkham

Patients may be dropped off and picked up at the circular driveway leading to the main hospital entrance at 505 Parnassus Ave. or in front of the Ambulatory Care Center (ACC) at 400 Parnassus Ave. Metered street parking is rarely available.

Valet Parking Service

Valet parking service is available at the Ambulatory Care Center at 400 Parnassus Ave. from 8 a.m. to 3 p.m. Patients pay regular parking fees — \$3.75 an hour, with a maximum fee of \$30 for up to 24 hours. For more information about the valet service, call (415) 476-6200.

For more information about parking at Parnassus, call Campus Parking Services at (415) 476-2566.

Parking at Mission Bay

1. **1835 Owens Street Garage** Located across from the Mission Bay Hospital
2. **1625 Community Center Garage** Located next to the Mission Bay Community Center
3. **1630 Third Street Garage** Located just north of 16th Street
*Garage is permit only weekdays 8:00pm - 7:00am and all day on weekends and UC holidays
4. **Fourth Street Surface Lot** Fourth Street, just north of 16th Street

Valet Parking Service

Patients may be dropped off at the circle driveway in front of the UCSF Ron Conway Family Gateway Medical Building at 1825 Fourth St. Valet parking is also available from 8 a.m. to 3 p.m., Monday through Friday, in the circle drive in front of Gateway.

What to Expect When you Arrive for Surgery

- You will meet with your surgery team including nurses, an anesthesiologist and surgeons
- You will have an intravenous (IV) catheter placed on your arm and get IV fluids.
- A warming blanket will keep you warm to help prevent infection after surgery.
- You will learn to use incentive spirometer, a device used for breathing exercises. This can help prevent pneumonia. It is important to use it on your own to help with your recovery.
- You will sign a consent form for the operation and the possibility of a blood transfusion.
- You may have an epidural placed before the surgery to reduce postoperative pain.
- You may have an anti-nausea patch placed behind your ear.
- You will receive two or three pain medications to help with pain control. These pills include:
 - Gabapentin: Blocks nerve-related pain
 - Acetaminophen (Tylenol)
 - Diclofenac: Anti-inflammatory pain medicine

Note: If you think you might be pregnant tell your surgeon or nurse.

Operating Room

Many patients do not recall being in the operating room because the medications you are given during surgery cause amnesia. You will be connected to monitors. After this, you will be given a blood thinner shot to prevent you from getting blood clots and intravenous antibiotics to prevent infections. The anesthesiologist will put you to sleep with a general anesthetic.

Once you are asleep, your surgeon will begin your surgery. A resident surgeon with an average of three to five years of surgical training will assist your surgeon during the operation. During surgery, the operating room nurse will call your family every two hours to update them. In general, most operations last from three to five hours, but do not be alarmed if the procedure takes longer than this.

Recovery Room

After surgery, you will be taken to the recovery room, where you will wake up from the anesthesia. Once awake and stable, you may be given water or juice to drink. The surgeon will talk with your family immediately following surgery and let them know about the operation. Most patients remain in the recovery room for about two hours. If you are in the recovery room for more than two hours, you will sit in a chair in the recovery room, as it is very important to get you moving as soon as possible after surgery. This speeds up your recovery and also prevents you from getting blood clots and pneumonia.

Surgical Unit

From the recovery room, you will be sent to one of the surgical units. You will be reunited with your family once you are on the unit. This is a good time for your family to bring your belongings you packed at home. Only close friends or family should visit on this day, as you will still be quite drowsy.

AFTER YOUR SURGERY - ON THE DAY OF SURGERY (Post-Op Day 0)

- You will get out of bed with assistance on the day of surgery.
 - Getting out of bed can reduce complications.
 - Staying active is the most important thing you can do to facilitate your recovery
- You will most likely have a PCA (Patient Controlled Analgesia) pump to help with pain control. Your nurse will show you how to use it.
- In most cases, you will have a small tube in your bladder. This is so we can measure how much urine you are making and how well your kidneys are working.
- You may also be given oxygen.
- You will have a drip in your arm giving you fluid into your vein. You will be placed on your regular medications, with the exception of some diabetes, blood pressure and blood thinning medications.
- You will also be given chewing gum three times a day to get your bowels moving after surgery.
- You will receive a low dose of a blood thinning medication (injection) several times a day to help prevent blood clots.
- The nursing staff will help you out of bed. The staff will check your temperature, pulse and blood pressure regularly.
- Unless instructed differently, it is OK for you to take clear liquids and chew gum or hard candy after your surgery.
 - Clear Broth
 - Clear juices such as apple, cranberry and grape.
 - Jell-O
 - Popsicles
 - Coffee/tea (no milk/cream)
- You may drink liquids in moderation, but do not push yourself to drink. If you become nauseated, stop drinking and tell your nurse.



Visitor information

You are welcome to have one adult visitor stay with you overnight at the hospital during your stay if you are located in a private room. If you are unsure, please ask your nurse and they will provide you with more information.

Disability Insurance Information

If you require assistance with disability insurance paperwork (e.g., if you require a note or need any forms completed), please contact your surgeon's practice assistant.

THE DAY AFTER SURGERY (Post-Op Day 1)

- GET UP AND GET MOVING! This is **extremely important** after surgery.
- Plan on walking at least five times a day and sit upright in a chair for at least six hours.
 - The first time you walk will be with your nurse. Your nurse will tell you when you are safe to walk by yourself.
 - Getting out of bed, sitting and walking will help with breathing, circulation, your bowels and your wellbeing. It may even REDUCE PAIN!
 - Activity will not damage the surgical area.
 - **Staying active is the most important thing you can do to help your recovery and prevent complications.**
- Use the incentive spirometer 10 times every hour you are awake.
- The urinary catheter will be removed in the morning. **Remind your care team if you still have it in at noon and you have not been told it is necessary to continue using it..**
- Unless your surgeon tells you differently, it is okay for you to eat soft foods the day after your surgery.
 - At first, small frequent meals may be best after abdominal surgery. Don't force yourself to eat.
 - Tell your nurse if you have nausea.
- Once you are drinking liquids, you will be given pain pills. The pills work best when used regularly, so ask for another dose before the pain gets too bad.
- We try to keep you comfortable after your surgery, but expect some discomfort as you move about. We try to balance minimizing pain and avoiding the side effects of the pain medication. **Expect soreness after surgery, but let your team know if you need more help to control your pain.**
- Help your nurse record how much you eat and drink and how much you urinate.

TWO DAYS AFTER SURGERY (Post-Op Day 2)

- Your epidural catheter will likely be removed this morning. Pain should be well controlled with pain pills. Soreness is to be expected but it should not limit your ability to be active.
- Write down questions to discuss with your team.
- Your nurse will go over instructions with you.
- Continue to walk at least five times daily. Have a family member help you if you need help.
- Remember. Even when you are at home, you are never more than a phone call away from your care providers at UCSF.

PLANNING FOR DISCHARGE

Ensure you have a ride home from the hospital the morning on your expected date of discharge
Strongly consider using the Meds to Beds Program if you expect any difficulty filling your prescriptions.

What is Meds to Beds?

It is a delivery service that brings your discharge medications to your room at no additional cost to you.

Why choose Meds to Beds Service?

Convenience

- a. Saves you a trip to the pharmacy after you leave the hospital
- b. Eliminates the worry about getting your medications on the way home

Personalized care:

- a. UCSF doctors and Walgreens pharmacists work together to make sure you have the right medications before you leave the hospital
- b. Pharmacists available to answer any last minute medication questions in your room via phone or FaceTime
- c. We work with your insurance plan to maximize your plan benefit

Improved Medication Safety

- a. Working with the nursing staff, we will review each of your medications and side effects
- b. We make sure that you leave with the same medications you took before coming to the hospital plus any new prescriptions that you doctor orders for you to go home with

Frequently Asked Questions:

How do I sign up?

- A. Tell your nurse that you are interested in the Meds-to-Beds program
- B. The nurse will turn in the attached postcard with your name and room number
- C. A Walgreens technician in maroon scrubs will come to your room to ask you for additional information about your insurance plan.

How do I pay for my medications?

If you have a copay, you can pay the Walgreens technician with a credit card, check or cash.

How much does it cost me?

The bedside delivery service is free. You will only be charged with your medication copay.

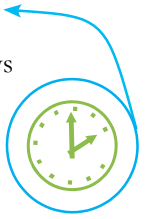
What if I want to transfer my prescription to my neighborhood pharmacy?

Walgreens can transfer your prescriptions with refills to your pharmacy of choice. A pharmacy staff member will call you two days after you are discharged to gather your pharmacy information.

DISCHARGE

Discharge time is 10 a.m. You will need to make arrangements for someone to accompany you home. You will not be released without someone present.

Please keep in mind that we strive to get patients discharged as quickly as possible, but there may be delays for a variety of reasons.



Complications That May Prolong Your Hospital Stay:

□ **Nausea and vomiting:** It is very common to feel sick to your stomach after your surgery. We give you medication to reduce this. However, if you do feel sick, you should reduce the amount you are taking by mouth. Small, frequent meals or drinks are best in this situation. As long as you can drink and keep yourself hydrated, the nausea will likely pass.

□ **Ileus:** Following surgery, the bowel can shut down, making it difficult for food and gas to pass through the intestines. This is called an ileus. We have designed our care program to do everything possible to reduce the likelihood of an ileus. If you develop an ileus, it usually only lasts two to three days, however it may require the use of a small tube down the nose to decompress the stomach. The best way to avoid an ileus is to reduce the amount of narcotic pain medications, get up as much as possible after your surgery, and stimulate the bowel early after surgery with small amounts of food and liquids.

□ **Anastomotic leak:** This is a rare but serious complication. Anastomotic leak develops usually five to seven days after the surgery, and it happens when two ends of the bowel that we join together fail to heal, thus leaving a hole. Patients experiencing this usually have severe abdominal pain, fever and vomiting. This often requires another operation.

□ **Wound infection:** If a wound infection develops, this usually happens three to ten days after surgery.

□ **Urinary retention:** This is if you are unable to urinate after the catheter from your bladder is removed. The catheter may need to be reinserted until you are able to urinate on your own. This can be caused by anesthesia, pain medication and decreased activity.

When you are preparing to go home, you will receive:

- Detailed discharge instructions, with information about your operation and medications
- All prescriptions for medications you need at home; prescriptions can be filled while you are in the hospital if you would like
- Ostomy supplies, if necessary
- An appointment to see your surgeon or provider three to four weeks after you leave the hospital for follow-up

AT HOME AFTER DISCHARGE

Make an appointment to see your surgeon 2-4 weeks after surgery if you have not done so already.
Call 415-885-3606 to make an appointment, or schedule through MyChart.

Call the surgeon's office (415-885-3606) if you develop these symptoms:

1. Fever of greater than 101.5°F
2. Nausea or vomiting (especially if you are unable to keep liquids down)
3. Severe pain at the incision
4. Pus or foul smelling drainage from the incision (thick, dark yellow drainage)
5. Persistent diarrhea or more than 10 bowel movements in 24 hours
6. You are not able to urinate after 8 hours
7. If you experience dizziness, lightheadedness, or extreme fatigue
8. Bright red blood from the incision, rectum or ostomy (greater than 1 cup). A small amount of bleeding may be normal, depending on your surgery.



CALL 911 IF YOU DEVELOP: CHEST PAIN, SUDDEN SHORTNESS OF BREATH, FAINTING AND/OR LOSS OF CONSCIOUSNESS.

Activity: (unless otherwise instructed)

- No lifting greater than 10 pounds for 4 weeks to avoid developing a hernia at the incision.
- No driving while on narcotic pain medication. Avoid driving for at least the first week after surgery.
- It is normal to feel tired; you may need to take naps or rest during the day.
- You may walk flights of stairs, perform non-strenuous activities, ride in a car and shower.
- Continue to walk frequently and increase your stamina!

Diet:

- Avoid large meals. Small frequent meals may be more easily tolerated after abdominal surgery.
- Drink plenty of fluids. Avoid caffeine, alcohol and fluids with high sugar content because they can cause increased urination, diarrhea, and dehydration. Water, Crystal Light and/or sports drinks (Gatorade) are good choices. Sugar free or low sugar sports drinks are better.

Pain Control:

- Pain from the incision is normal. The pain will vary with activity, but should decrease over time.
- Abdominal pain with mild cramps and bloating is normal. This should improve slowly. Eating several small meals instead of a few larger meals will help prevent bloating. Walking before and after meals will also help.
- Pain medication can sometimes cause constipation. Drink plenty of fluids and take stool softeners and/or laxatives as instructed. Stop taking stool softener if you develop loose stools.
- Take your pain medication only as prescribed and try to wean off opioid pain medications as soon as you can.
- Opioid pain medications are the strongest for major pain. Opioid pain medication can affect your ability to think clearly, drive or operate machinery. Do not drive if you are taking opioid pain medication. Do not take with alcohol.
- Non-steroidal anti-inflammatory medications (NSAID's), such as ibuprofen, may be prescribed and are good for minor pain and will not alter your ability to think clearly. Common brands are Advil®, Motrin® and Aleve®.
- Acetaminophen (common brand: Tylenol®) is also an excellent pain reliever for minor pain. Do not take acetaminophen while taking Percocet®, Norco® or other medications that contain acetaminophen. Taking more than 4,000mg of acetaminophen in 24 hours can cause severe liver damage.

- If your pain becomes progressively worse, or if you develop nausea and vomiting call your surgeon's office. 415-885-3606

Bowel Movements:

- After abdominal surgery your bowel movements (BMs) may not be regular. You may have loose stools or constipation. Your surgeon may send you home with medication or recommendations to help with these problems.

Urination:

- You may experience some mild burning with urination, which will improve with time. If the burning persists, you have difficulty urinating or you urinate small amounts often, call your surgeon's office. If you went home with a urinary catheter, please make sure that you have a follow up appointment for the catheter to be removed.

Sleep:

- You may find you don't sleep as well after surgery. This will get better with time. We do not usually recommend sleeping pills.

Incision Care:

- Unless you are told otherwise, you may shower. No tub baths, Jacuzzi or swimming until your surgeon gives the okay.
- The incision does not need to be covered. If there is a small amount of drainage, cover the area with gauze to protect your clothing and prevent rubbing.
- A small amount of yellow/red/clear drainage from the incision is normal. If you notice thick, dark yellow drainage, foul smelling drainage or redness at or around the incision (like a spreading sunburn), please call the surgeon's office as this may indicate infection, especially if you have a fever over 101°F.
- Most healing takes place by 6 weeks after surgery. The scar will continue to soften, and the skin will become lighter in color over the next year. Keep your incision covered from sunlight for the first few months, or use sunscreen to protect your newly healed skin from sunburn.

Drain Care:

- You may have been sent home with a drain. Your nurse will teach you how to care for it.
- After the drain has been in place for three days you may shower, and change the dressing. Do not take a tub bath or swim.
- Check the skin around the tube. If the skin becomes red, tender or you notice foul smelling thick drainage from the skin, call your physician. A little redness and a small amount of clear to pink drainage are normal.

You will go home with instructions, a medication list and prescriptions. If you have questions please call your surgeon.

The Colorectal Surgery office number is 415-885-3606



