

## Pilgrim Hospital

Colorectal Nursing Team 01205 446466

Ward from which you were discharged from:.....

## Grantham Hospital

Colorectal Nursing Team 01476 464822

Ward from which you were discharged from:.....

## Lincoln County Hospital

Colorectal Nursing Team 01522 573776

Ward from which you were discharged from:.....

## References

If you require a full list of references for this leaflet please email [patient.information@ulh.nhs.uk](mailto:patient.information@ulh.nhs.uk)

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# Going Home after Bowel Surgery

## Colorectal Departments

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[www.ulh.nhs.uk](http://www.ulh.nhs.uk)



## **Aim of the leaflet**

Going home from hospital following major surgery can be a very worrying time. In order to help you know what to expect here are the answers to some of the questions you may have.

## **Going home - what to expect**

There will be a slight difference if you had standard open compared to laparoscopic (keyhole) surgery, but this varies from person to person. Usually with laparoscopic surgery the recovery period is shorter, pain reduced and return to normal life faster, but is not always the case. The information in this leaflet is general and you may wish to discuss certain things in more detail with your Colorectal Nurse Specialist - their contact details are on the front of the leaflet.

You will be somewhat restricted in what you can do but as a general rule you should be able to 'potter' around the house, make yourself a light snack and a cup of tea and attend to your own hygiene needs. It is fine to walk up and down the stairs and go for walks out or trips in the car.

Don't be surprised at how tired you may feel doing even basic things like washing and dressing. You may also find your concentration levels are poor to begin with.

## **How do I avoid complications?**

Don't take to your bed when you get home – try to get up and dressed every day and move as much as you can. Laying in bed makes you more prone to complications such as clots in the legs and lungs (VTE - Venous Thromboembolism).

Your risk of blood clots is increased for around 3 months after major surgery. For this reason you may be prescribed a 4 week supply of the anti-coagulant (blood thinning) injections that you were given in hospital, to continue at home.

## Notes and Questions

You will also be advised with regards to wearing the anti-embolism stockings and for how long; generally 4 to 6 weeks, but is dependent on return to your normal level of mobility. Long haul air travel or long distance car/coach travel is not advised for 3 months after abdominal surgery due to the increased risk of VTE.

You should not do any form of activity that puts excess strain on your abdominal muscles for the first 4 to 6 weeks such as lifting heavy items (no more than a full kettle), vacuuming, mowing the lawn or carrying bags of shopping etc.

This is important as you will be at high risk of developing a hernia (a bulging of the bowel through the muscle wall into the tissues under the skin).

It is therefore recommended that, if you are able, you carry out some gentle tummy muscle strengthening exercises; these are very specific and can be done in the early days following surgery. You will be provided with a leaflet outlining what to do and must follow the instructions carefully.

The muscles take up to 3 months to fully repair and become strong again so caution will be needed during this period.

You should not drive for 4 to 6 weeks or until you feel comfortable to do an emergency stop and your concentration levels have recovered to normal. It is advisable to inform your insurance company of your surgery before you drive again.

### **What should and shouldn't I eat?**

There is no hard and fast rule as to what you should or shouldn't eat but to start with you will probably find your appetite is poor and you have a strange taste in your mouth. This is quite normal. Try to have small regular meals and as balanced a diet as possible. In order to help with healing of wounds it is important to have plenty of protein such as dairy products, chicken, fish etc.

Whilst you were in hospital you will have been offered high protein drinks – you do not need to continue with these supplements after your discharge home unless the dietitian has specially advised it.

If you have loose motions then you may need to reduce your fibre intake - a little less fruit, vegetables and bran, but only until your motions return to normal.

If you find you are constipated then increase your fruit and vegetables and most importantly drink more fluids such as fruit juice and water.

You may find you have lost a significant amount of weight whilst in hospital but this should gradually start to go back on as you recover, although this can take some time.

It is not uncommon for people to put on more weight than they originally lost.

### **Can I drink alcohol?**

Yes, unless you are on a specific antibiotic called Flagyl or Metronidazole which will make you very sick with alcohol (or any other drugs you have been advised not to drink with).

### **Is it normal to feel very tired?**

You have had a major operation and the body takes approximately 3 months to repair itself. During the early stages, often you cannot eat enough to provide sufficient energy for the body's requirements hence you feel drained. Don't worry, you should gradually improve.

The general rule is to listen to your body and if you feel tired then have a rest but equally trying to push yourself to do a little more each day can help with the fatigue levels.

### **What other follow up will I receive?**

- Post discharge you will be phoned frequently by the colorectal nurses in the first 14 days after surgery. This is when patients can be most anxious about the progress of their recovery.
- After this, you are then encouraged to phone the colorectal nurses if you have ongoing worries.
- A routine post operative outpatients appointment will be arranged for roughly 4 to 6 weeks after discharge.
- If you have a stoma you will be seen sooner by the colorectal nurses and have regular reviews until any problems/difficulties are overcome.
- If your surgery was for reasons other than cancer, your ongoing follow up will be decided at your first outpatients review.
- All colorectal cancer patients are discussed at the multidisciplinary team meeting (MDT), which takes place once a week to look at the results of the surgery.
- With your prior agreement, the colorectal nurse may phone you with the outcome of this meeting. This may be to inform you if further treatment is required such as chemotherapy. If you prefer to have this discussion face to face at your follow up appointment please let us know.
- If you do not require further treatment such as chemotherapy you will be followed up in clinic for up to 5 years.
- With regards to the stoma management, you will be able to contact and arrange a review directly with the colorectal nurses if you are worried.

## **Vomiting**

**If you vomit and are unable to tolerate taking oral fluids for over 12 hours you should contact us.**

## **Your wound**

Minor wound infections are quite common after bowel operations and generally are nothing to be concerned about. Often they do not require antibiotics but may need some regular dressings at your surgery or by the community nurses.

## **Please let us know if your wound is:**

- **Becoming increasingly red, inflamed, painful or swollen**
- **Starting to discharge fluid or blood**

## **Removal of clips/sutures**

Your clips/sutures will be due for removal 10 to 14 days post surgery. The ward will explain what arrangements are needed for this.

You may be asked to go to your own GP surgery for the Practice Nurse to do them. Please make sure an appointment is made in good time. If you will be unable to get to the surgery, please let the ward staff know to arrange a community nurse visit.

## **Help at home**

Depending on your recovery from surgery, you may need some additional help at home if you live alone. This might take the form of domestic help for shopping and cleaning or may be for personal care assistance.

Most people find they only need support for 1 to 2 weeks, perhaps from a family member. In a very small number of cases, people need a few weeks in a care home. Please bear in mind you may not be eligible for funded personal care.

If you have concerns please discuss this when you attend pre-assessment and with the ward staff.

## **How much pain should I expect to have?**

Open surgery will again differ from laparoscopic and in general, pain will be reduced with laparoscopic surgery.

Everyone has different levels or tolerance to pain, some have virtually none and others feel every twinge. Just remember the tummy muscles have been cut and repaired.

Often the wound scar feels numb, then as it heals, you may get some shooting or stabbing twinges as the nerve endings repair themselves. This can start to occur a week or two after the operation.

It is quite common to get some discomfort and bloating from wind in the early stages but again this should improve.

## **Is it okay to have a bath or shower?**

Yes. The skin edges heal together within 3 days so it won't harm the wound/s to get it wet, but make sure you pat the skin thoroughly dry afterwards. Take care if you are alone having a bath as you may get in ok but not be able to get yourself out again.

## **What about sex?**

It is safe to resume sexual relationships as soon as you feel comfortable to do so. It may mean that you need to adjust your position so you are not putting too much strain on your abdominal wound. Certain operations may result in some sexual function problems which could be temporary or long term. If you find you are having difficulties please feel free to discuss it with your consultant or the colorectal nurse.

## What about my bowels?

After having a section of your bowel removed it is difficult to predict how they will function. Most people find that, after an initial period, things settle down and their bowels work relatively normally. The exception to this is where most of the rectum has been removed as in ANTERIOR RESECTION operations. In this case bowel function can be significantly affected, being quite erratic and may never go back to what you might expect as 'normal'.

In the early stages, you might need to go very frequently and have the odd 'accident'. This should improve quite quickly to become manageable. Please discuss difficulties with the colorectal nurses.

Equally, you may become constipated (see section on eating if this happens).

Many people worry that they will do harm to the join in the bowel if they eat the wrong thing or get constipated but this is not the case.

If you have not opened your bowels for 3 days then it is advisable to take something to help. We would normally recommend a stool softener such as LACTULOSE or Dulco-ease, which can be bought over the counter, rather than a laxative like Senna. Please speak to the colorectal nurses for advice.

If you have a stoma (colostomy or ileostomy) but also still have the opening to your bottom, you may still get the urge to sit on the toilet. It is quite normal to pass a jelly like liquid from your bottom (this is mucous produced by the remaining bowel). This is usually clear or can be discoloured but should not be heavily blood stained. The quantity of this varies greatly from one person to another and can be several times a day. It can also give some discomfort or leak without you knowing so you may need to wear a pad to protect your clothing.

## When should I contact the hospital?

Up until 14 days after your operation we prefer you contact us directly if you have any concerns relating to your operation rather than contacting your own doctor.

For example: If you are discharged from hospital on the 7<sup>th</sup> day following your operation you will have access to a dedicated 24 hour number until Day 14, as well as receiving phone calls from your colorectal nurse.

In your case you can use the dedicated number up until:

.....  

## Who do I contact?

In the first instance we would recommend you contact the Colorectal Nursing Team who will be your Key Workers responsible for any ongoing support needed. If you are unable to speak with the Colorectal Nurse then see the back of this leaflet for alternative arrangements, including OUT of HOURS; this may be the ward you were discharged from or an 'on call' duty doctor at the hospital.

We will ask you a series of questions about what symptoms you have and depending on your responses we may ask you to come up to the out patients clinic to be reviewed or arrange for you to be re-admitted. Alternatively we may just need to give you advice over the telephone. The sort of things we would advise you to contact us about, without delay, are ***prolonged pain, vomiting, raised temperature, or serious concerns about your wound.***

### Pain

**If you have severe pain lasting more than 1 to 2 hours or have a fever and feel generally unwell you should contact us immediately.**