London Health Sciences Centre

Patient Information

Enhanced Recovery After Surgery (ERAS)

BOWEL RESECTION WITHOUT OSTOMY

Your Operation is on: _____

Date Time

Please arrive at: _____ **am/pm**

Pre-Admission Appointment: _____

Date Time

PRE-ADMISSION (University Campus)	PRE-ADMISSION (Victoria Campus)
339 Windermere Road, London, ON Pre-admission Clinic (A1-201) Phone Number – 685-8500 Ext. 35422	800 Commissioners Road East Pre-admission Clinic (C2-600) Phone Number – 685-8500 Ext. 58434
**Please note that your appointment may be virtual and instructions will be provided*	

Medications

STOP taking the following medications: _____

_____

Take the following medications on the morning of your operation:

(1)	(2)
(3)	(4)
(5)	(6)
(7)	(8)
(9)	(10)

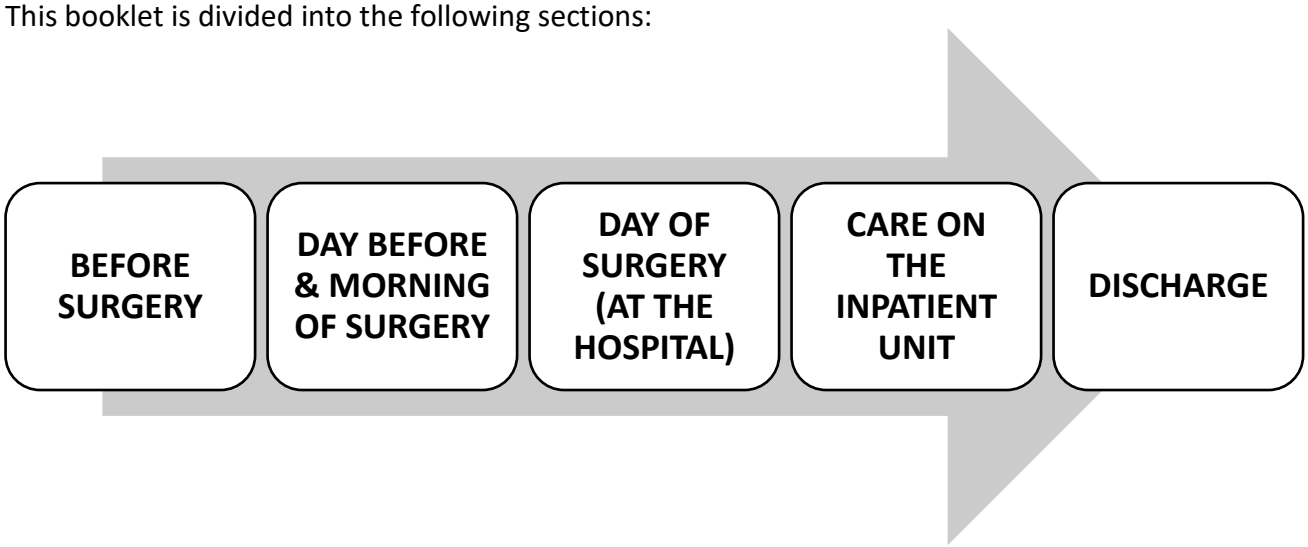
Welcome to London Health Sciences Centre (LHSC)

At London Health Sciences Centre, we are committed to providing you with the highest quality and safest healthcare to meet your specific needs. To provide you with a bed in the right place as soon as possible, we may place you in a room that is shared by both men and women.
As part of your surgical journey at London Health Science Centre, all members of your health care team are committed to treating you and your family with dignity, compassion and will respect your privacy.

What is this booklet?

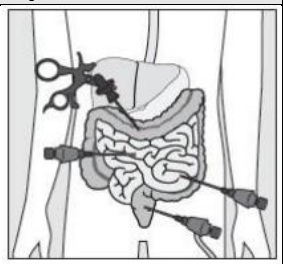
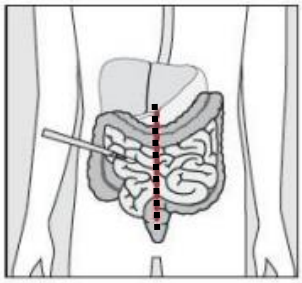
This booklet provides an overview of your specific plan of care or "pathway" for your surgery. It contains information that will help you and your family/friends understand your surgical journey and includes a day-by-day checklist of what to expect and what your responsibilities will be during your hospital stay.

This booklet is divided into the following sections:



What is Bowel Resection?

A **bowel resection** removes a part of the small or large bowel. Your surgeon will determine the type of bowel surgery you are having depending on your diagnosis.
This surgery can be done in 2 different ways:

Laparoscopic	Open
Your surgeon will make 3-5 small cuts (incisions) in your abdomen. They will use instruments and a camera to mobilize (free up) the diseased bowel and then make a small incision to remove it. 	Your surgeon will make one 10 to 20cm cut (incision) in your abdomen to perform the surgery 

Length of Stay in Hospital

- 3-4 days for Laparoscopic Bowel Surgery
- 5-6 days for Open Bowel Surgery

Some patients go home earlier or later depending on how they do after surgery.

BEFORE SURGERY

Before Surgery

Preparing for Your Surgery – Plan Ahead

Make sure that you know who is going to bring you in for your surgery and who will take you home. Also, make sure that everything is ready for you when you go home after your surgery.

You may need help with things like:

- ☐ Bathing and self-care
- ☐ Laundry and cleaning
- ☐ Caring for others (ex. pets or children)
- ☐ Making meals

Belongings – Things to Bring and Things to Leave at Home

THINGS TO BRING TO THE HOSPITAL	THINGS TO LEAVE AT HOME
☐ This **Patient Information Booklet** ☐ Current list of **ALL medications** (including vitamins, herbal medications, and recreational drugs) ☐ **OHIP card**, hospital care, and **insurance information** ☐ **Toiletries** items like a toothbrush, toothpaste, hairbrush, and deodorant **(*NOTE - LHSC is fragrance-free so all products must be UNSCENTED)** ☐ **Sleep Apnea Machine**, if you use it for sleeping (make sure it is labelled with your name) ☐ Your **cellphone** with a charger, a **tablet/laptop** for use during your stay ☐ **Glasses, dentures, hearing aids** (make sure they are in a labelled case) ☐ **Clothing** to go home in (comfortable and not too tight), **non-slip** slippers or shoes	☐ **Large amounts of money** ☐ **Valuables** (jewelry, including rings) ☐ **Medications** (pill bottles, recreational drugs) – just bring a list of them ☐ **Food or drinks**
You are responsible for all personal belongings that you bring to the hospital. All your belongings should be left with a family member or friend until you are in your hospital room.	

Quitting Smoking (Cigarettes or E-cigarettes)

If you smoke, we strongly suggest that you stop smoking completely for 3 weeks before your surgery. This will reduce the risk of many complications after surgery.

At the very least, on the night before surgery, do not smoke after midnight.

For resources on quitting smoking please visit the **Middlesex London Health Unit (MLHU)** website www.healthunit.com/quit or the Surgical Patient Education Program https://www.facs.org/media/jxbpufci/quit_smoking.pdf or contact **Telehealth** (1-866-797-0000) for smoking cessation support.

LHSC IS A SMOKE FREE ENVIRONMENT AND THERE IS NO SMOKING ON THE HOSPITAL PROPERTY

BEFORE SURGERY

Pre-Admission Clinic Visit

You may be seen in the Pre-Admission Clinic **or** contacted for a telephone / virtual interview several days before your surgery. This is when important information is shared about you and your health, and you will learn more about your upcoming surgery.

A nurse may review the following information with you before surgery:

- ✓ **Medical History:** Your past surgical and medical history and your current medications
  - ➢ Write down which medications you can take before surgery on the front of this book to remember!
- ✓ **Bowel Preparation:** How to clean out your bowel before surgery (if it is required)
- ✓ **Body Cleansing:** Do not remove any body hair before your surgery (no waxing, shaving or clipping) because it can increase your risk of infection
- ✓ **Diet:** What time you should stop eating and drinking before your surgery and post-op information (what and when you can eat after surgery)
- ✓ **Activity level:** When you should start moving after your surgery
- ✓ **Pain control after surgery:** Options for your pain control will be reviewed
- ✓ **Going home after surgery**: You will be asked about your home and any supports you already have in place (examples: family, friends, services)

If it's in person, some other things that might happen during this visit:

- ✓ Bloodwork may be taken
- ✓ ECG (Electrocardiogram) – A test that looks at your heart function
- ✓ X-Ray – to look at your lungs
- ✓ Pre-screening swabs for Methicillin-Resistant Staphylococcus Aureus (MRSA) and COVID-19 if needed

DAY BEFORE & MORNING OF SURGERY

Day Before and Morning of Your Surgery

Bowel Preparation with Oral Antibiotics

You may be asked to take a **bowel preparation and oral antibiotics**.
You will have received the following from your surgeon:

- Prescription
- Instruction sheet on where to get the medications and when to take them

IMPORTANT: if your doctor has you starting bowel preparation you **MUST STOP EATING** any solid food. You can only have **CLEAR FLUIDS**!

Diet (Eating and Drinking Before Surgery)

You can eat **solid food** (if no bowel prep) up until **midnight** (23:59) the night before surgery.
You can drink **clear liquids** up to 2 to 3 hours before your surgery. A clear liquid is any liquid you can see through. **Avoid liquids with red dyes.**

BEFORE MIDNIGHT (until 11:59 PM)	☐ Clear Fluids (water, apple/natural cranberry juice (no dyes) **without pulp**, clear carbonated beverages, sports drinks, tea/coffee without **milk/cream**) ☐ Fruit crystal powders made into drinks (examples: lemon, lime, orange, peach) ☐ Popsicles (examples: banana, lime, lemon, orange) ☐ Jello (example: lime, lemon or orange) ☐ Broth
AFTER MIDNIGHT (after 12:00 AM until 2-3 hours before surgery)	☐ Clear Fluids (water, apple/cranberry juice without pulp, clear carbonated beverages, sports drinks, tea/coffee without milk) ☐ Popsicles ***DO NOT EAT JELLO OR BROTH AFTER MIDNIGHT***
**Note: Milk and orange juice are not clear fluids and should not be taken.*	

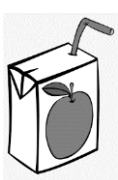
Drinking High Carbohydrate (Sugary) Drinks Before Your Surgery

A drink that is high in carbohydrates contains large amounts of sugar. It is important to have sugary clear liquids before your surgery to help you recover faster.

- ☐ Drink up to 3 glasses (800mL) of high carbohydrate clear liquids at bedtime the night before your surgery
- ☐ Drink 1.5 glasses (400mL) of high carbohydrate clear liquids the morning of your surgery (2-3 hours before OR until you leave for the hospital)

*****Note: if you have diabetes, please speak to the pre-admission nurse about what is appropriate for you.***

EXAMPLES OF HIGH CARBOHYDRATE DRINKS



Juices such as Apple / Peach Cranberry/ Lemonades

Clear Sodas

Sports Drinks

DAY BEFORE & MORNING OF SURGERY

Medications

During your pre-admission appointment, the nurse should have told you which medications you can take the morning of surgery. Only take the medications you wrote down on the front of this book!

Preparing Yourself for Surgery

- ☐ Remove anything that can come off during surgery (examples: dentures and/or partial plates, hearing aids, eyeglasses, contact lenses, jewelry, wigs, removable prostheses like artificial eyes or legs, fake eyelashes or fake nails, remove all nail polish)
- ☐ Write down the last time you had anything to eat or drink

Getting to the Hospital

- Go to the admitting department first to register for surgery
- They will direct you or arrange for you to be sent to the surgical preparation area to get ready for your surgery

Admitting (University Campus)	Admitting (Victoria Campus)
339 Windermere Road, London, ON Admitting Department – A1-500	800 Commissioners Road East Admitting Department – D2-200
**Please note that your appointment may be virtual and instructions will be provided*	

DAY OF SURGERY (AT HOSPITAL)

DAY OF SURGERY (AT THE HOSPITAL)

Before you go into surgery

- ✓ You will put on a patient gown (no undergarments can be worn into surgery)
- ✓ You will have a nurse helping prepare you for surgery
  - ✓ Ask you questions about when you last had anything to eat or drink, what medications you have taken, your bowel prep (if ordered) and some parts of your history (like your medications and allergies)
  - ✓ Your vital signs will be taken
  - ✓ Blood work may be taken
  - ✓ An intravenous (IV) will be placed in your hand or arm to give you medications and fluids through your veins
  - ✓ May be given some medications before surgery
  - ✓ May put on Intermittent Pneumatic Compression (IPC) wraps on your legs to help in the prevention of blood clots after surgery
- ✓ You will see an anesthesiologist
  - ✓ They will answer any questions
  - ✓ They will ask questions to make sure you are safe to have surgery
- ✓ You will be taken to the operating room
- ✓ Your family can wait for you in the waiting room

What are Vital Signs

- Temperature
- Blood Pressure
- Heart Rate
- Respiratory Rate
- Oxygen Level
- Pain Level

During Surgery

- ✓ The anesthesiologist will put you to sleep. This is not painful.
- ✓ The team may put a catheter (small tube) into your bladder to drain your urine
- ✓ You may receive medications like blood thinners (to decrease your chance of getting a blood clot) and antibiotics (to decrease your chance of getting an infection)

Immediately After Surgery

You will wake up after surgery in the **Post Anesthetic Care Unit (PACU)** where you will stay until you are ready to be moved up to your room. You may have:

✓ IV drip (gives you fluids and medications)	✓ Bandages (dressing)
✓ Catheter draining your urine from your bladder	✓ Oxygen (face mask or nasal prongs)

Nurses will be checking on you closely:

- ✓ Vital signs
- ✓ Your pain level and giving you any pain medications as needed
  - They will give you the PCA or PCEA if you have these options (see below)
- ✓ Your bandage and catheter

You will be moved to your room once you are stable and comfortable.

DAY OF SURGERY (AT HOSPITAL)

Post-Operative Pain Management Options

Pain is an unpleasant feeling that is different for everyone. It is normal to have some pain after surgery, but, less pain means less stress on the body. Your body heals better with less stress. Having your pain well controlled is important because it helps you:

- Breathe and cough more easily
- Move better
- Sleep better

There are many different ways to receive pain management. You and the team will discuss the different options and figure out which is best for you. Sometimes you will have more than one type of pain management. Your pain level will be routinely monitored by nurses and doctors using different scales (for example number scale).

Multi-Modal Pain Medications

All Patients will be on multi-modal pain medications. These oral medications work with narcotics (stronger pain medications) to keep you as comfortable as possible. These will be given regularly by the nurses during the day and night. They may wake you up to give you these medications.

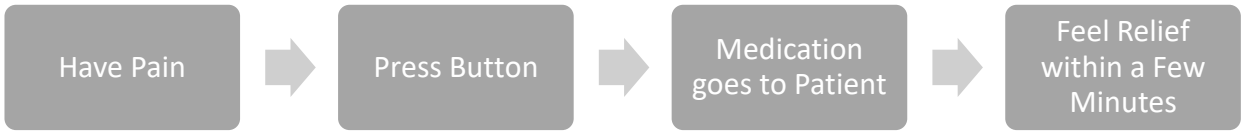
Examples of Multi-Modal Medications

- Acetaminophen (Tylenol)
- Gabapentin
- Ondansetron (Zofran)

Intravenous (IV) Patient Controlled Analgesia (PCA)

Patient-controlled analgesia (PCA) is given through your IV **by pushing a button** and allows you to treat your pain without having to wait for a nurse to give you the medications.

How it Works



It is **REALLY** important that you are the **ONLY** person that presses the button. Do not let your family or friends press it.

Epidural

An epidural is a small tube placed in your back by the anesthesiologist to give local anesthetic (freezing) and narcotics to provide targeted pain relief. After your surgery, the epidural will be hooked up to a pump which will give you a steady dose of these medications.

The doctor might order a Patient Controlled Epidural Analgesia (PCEA) which will allow you to control additional doses of medications yourself. This process would be the same as the IV PCA.

Frequently Asked Questions: If you press the button, can you give yourself too much medication?

- The pump will be programmed and checked frequently by the nurses to make sure you don't receive too much medication
- There is also a safety timer in the pump that will pause the pump to make sure you don't receive any more than ordered

CARE ON THE UNIT

Care on the Unit

Monitoring

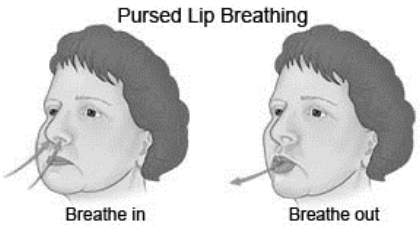
Nurses will be checking on you often, even throughout the night.
They are going to be checking:

- ✓ Vital signs
- ✓ Pain level
- ✓ Your bandages (dressing over the incision)
- ✓ Urinary catheter (if you have one)
- ✓ Pain Pump – PCA or PCEA (if you have one)

Exercises to Help me Recover from my Surgery

Deep Breathing and Coughing

Your healthcare team will be showing you how to do deep breathing and coughing exercises. These exercises are very important after surgery to help open up your lungs and help clear any mucus from your lungs or throat.

DEEP BREATHING EXERCISES	SPLINTED COUGHING EXERCISES
1. Breathe in slowly and deeply through your nose. You should feel your lower rib cage expand and your abdomen move forward • Hold for 2-5 seconds 2. Breathe out slowly through pursed lips (like you are blowing out birthday candles)  **How Often?** 5-10 times per hour (when awake) – stop if you feel dizzy	1. While holding a pillow against your incision to support, cough as deeply as possible 2. If you cough up mucus, spit it into a tissue and throw it away **How Often?** 3 times per hour (when awake)

Activity & Leg Exercises

Lying in bed without moving may cause problems like pneumonia, blood clots, and muscle weakness, which might slow down your recovery. The healthcare team will be helping you get up as soon as possible after surgery.

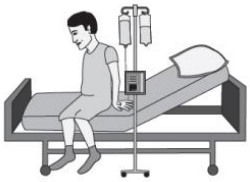
Leg Exercises

Start doing leg exercises in bed every hour while awake to help with blood circulation and prevent blood clots.

How Often? Repeat these 4-5 times per hour when awake)

Dangling at the Side of the Bed

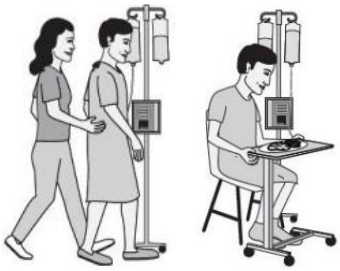
On the night of your surgery, your nurse will help you sit on the side of the bed and dangle your feet off the side. If you feel comfortable you may take a few steps with your nurse.



Walking and Sitting in a Chair for Meals

You will be encouraged to start walking in the hallways as soon as the first day after your surgery. With help from your care team, you will start walking as much as possible. We recommend walking in the hallways at least 3-4 times a day.

You should be sitting in a chair for all meals. This will help increase your strength and make eating meals easier.



Frequently Asked Questions: Activity

I am nervous about getting up after surgery. How will I know I'm ready?
This is a normal feeling. The nurses or physiotherapists will get you up the first time and make sure that you are safe. The healthcare team will help with any equipment.

I am really tired after my surgery. Is that normal?
This is normal because your body is trying to heal. After any activity, it is important to rest.

CARE ON THE UNIT

Eating and Drinking

You will be able to start drinking fluids 2 hours after surgery and be provided small light meals on the day of surgery unless otherwise instructed.

You will get a regular meal tray the first day after your surgery.
It is important to listen to your body and **only eat when you feel hungry or ready**.

Important Notes when you Start Eating

- Do not push yourself – stop if you feel full, nauseous, or bloated
- Start small and work your way up to larger portions or more complex meals
- Make sure you are sitting up in a chair when eating

Chewing Gum after Bowel Surgery

- This may help with the movement of your gut
- You may chew gum 3 times a day for at least 5 minutes starting the day after your surgery

Frequently Asked Questions: Eating and Drinking

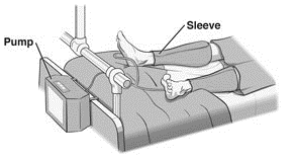
There are times when I don't feel hungry even though I haven't eaten much. Should I still eat the food on my trays?

It is safe to have fluids and food after your surgery. You may eat and drink what you feel like. Stop if you feel full or nauseous. Typically, you will start t to eat and drink more each day.

Patient Safety

Preventing Blood Clots after Surgery

Some patients are at a higher risk of developing a blood clot after surgery.
There are different techniques we use to help minimize this risk.

Blood Thinner (Medication)	Intermittent Pneumatic Compression (IPC) Device
A Nurse may give blood thinner in the form of a needle daily during your hospital stay. On discharge, your surgeon **may** decide if you should continue to take blood thinners, either by needle or in pill form for a period of time. 	This device wraps around your legs and fills with air to gently squeeze your leg. This helps pushes the blood through the veins in your legs and helps prevent blood clots. Once you are walking regularly, this device will be removed 

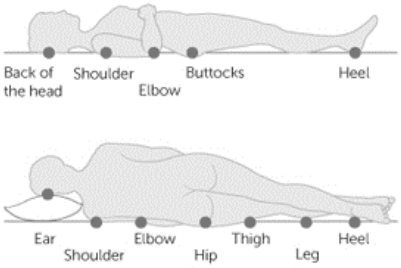
Preventing Falls

After surgery, you may be at an increased risk of falling due to medications, surgical tubes, and generalized weakness. We all must work together to prevent you from falling. **Things you can do to help:**

- Non-slip footwear
- Ask for help from your care team when getting out of bed or up for walks

Please see the "Patient & Family Fall Prevention Education Inpatient" LHSC Pamphlet for more information.

Preventing Pressure Injuries

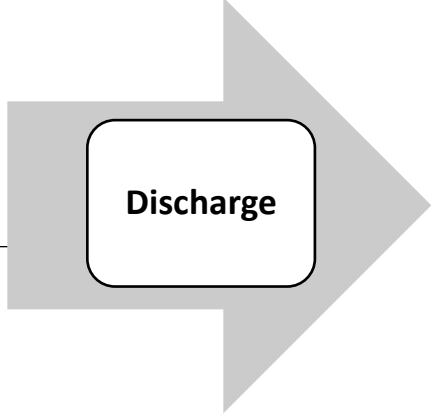


A pressure injury (also known as a 'bed sore' or 'pressure ulcer'), is an area of red or broken skin caused by too much pressure, friction, and/or shearing on your skin for too long. There are many things we can do together to reduce your chance of getting a pressure injury. Things you can do to help:

- Change your body position <u>every</u> 2-3 hours while in bed, and at least <u>4 times</u> per hour when sitting (the healthcare team can help you with this)
- Keep your skin clean and dry
- Keep a pillow between your knees and/or ankles to keep them from touching and elevate your heels off of your mattress using a pillow

Please see the "Preventing a Pressure Injury" LHSC Pamphlet for more information.

Discharge



The surgical team will decide when you are going to go home after surgery. Some of the things they consider are:

- Your ability to tolerate food and liquids
- Your ability to mobilize safely
- Your incision healing
- Your comfort level (pain level and tolerating oral pain medications)

Once the team has decided you will be discharged from the hospital, you should contact your ride home and the person that will be supporting you once you are at home.

Before you go home, your nurse will review:

- Discharge instructions (from this booklet and/or other instruction sheets)
- Your follow-up appointments
- Your prescriptions
- Any home care referrals made

Incision Care

You may go home with staples in your skin holding your surgical incision together. Make sure you talk to your nurse about when the staples need to come out (done by a doctor or nurse).

- You may shower after surgery – avoid scrubbing, soaking, or direct shower spray on your incision
- Gently pat your incision dry
- It will either stay open to air or a light gauze with tape can be placed over the incision.
- Do not put any lotion, powder or ointment on your incision

Activity

For 4-6 weeks after surgery (or as directed by your surgeon):

- Avoid lifting anything heavier than 10 pounds (examples: laundry baskets, babies, medium size pets, vacuum cleaner, filled garbage bags, groceries)
    - If you aren't sure of an object's weight, be cautious and don't pick it up
    - Do not shovel snow, lift laundry baskets, rake or vacuum
- Gradually increase your activity. You may tire easily because your body is using a lot of energy to heal itself. Listen to your body and rest when you feel tired.
    - Walking is the best way to exercise after surgery
- Do not do any high-intensity aerobic activities or weight training for 4-6 weeks after surgery (talk to your surgeon or a physiotherapist if you want to resume these activities)
- Resume sexual activity when comfortable
- You may start driving when you are no longer taking any narcotic pain medications
- Return to work when recommended by your surgeon

Diet

A well-balanced diet will help your recovery. Try Eating small nutritious meals more often.

- Have protein with each meal. Protein helps your body heal. Protein can be found in meat, poultry, peanut butter, eggs, milk products, lentils, and peas
- Drink 8-10 glasses of fluid a day (not including caffeinated drinks)
    - Drinking water may help prevent constipation after surgery

Medications

Your home medications will be reviewed with you by the nurses on discharge. You may receive a prescription for pain medications or other new medication you need to take at home after you are discharged.

Things to Watch Out For

It is important to notify your family doctor, your surgeon, or go to the nearest emergency room if you have any of the following:

Notify Your Family Doctor and/or Surgeon	Go to the Nearest Emergency Room
☐ Your incision becomes red, swollen, or extremely painful ☐ You have increased drainage from your incision (yellow, green, and/or foul smelling)	☐ You have significant or worsening pain (even when you use prescribed pain medications) ☐ If you have a temperature >38.0°C (101°F) ☐ You are bloated or feel nauseous (vomiting) all the time ☐ Your incision separates at the skin line ☐ Bright red blood from your anus or in your stool ☐ If you become dizzy, lightheaded and/or have less urine output ☐ Chest pain, shortness of breath, calf pain
*** if you are ever in doubt, please call Telehealth Ontario and seek assistance (1-866-797-0000)***	

References

Elsevier (2022). Colostomy surgery, adult, care after. Retrieved from: https://point-of-care.elsevierperformancemanager.com/patienteducation/content?languageId=21b472b2-e685-4c75-a09a-d0ae2ca2713f&searchType=di&language=english&virtualname=lhscsjhcl-canada

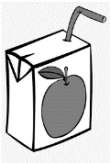
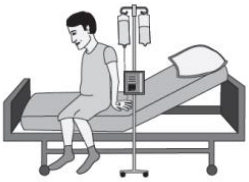
Elsevier (2022). Ostomy pouching: Colostomy or ileostomy – CE. Retrieved from: https://point-of-care.elsevierperformancemanager.com/skills/617/extended-text?skillId=GN_34_1#scrollToTop

Gustasfsson et. al. (2019). Guidelines for perioperative care in elective colorectal surgery: Enhanced recovery after surgery (eras®) society recommendations: 2018. *World Journal of Surgery, 43*, 659-695. https://doi.org/10.1007/s00268-018-4844-y

London Health Sciences Centre (LHSC). (2016). Patient information: Enhanced recovery after surgery (eras): Bowel resection without ostomy. NS5059. Retrieved from: https://forms.lhsc.on.ca/forms_view/view_file.php?key=zajwjdu5kx

Bowel Resection Surgery: What to Expect Each Day

The DAY of Surgery

Category	What to Expect
Food and Drink	☐ I can start drinking Clear Fluids 2 hours after surgery ☐ I should NOT push myself – eat only when I am hungry or feel I am ready ☐ I should stop if I feel nauseous or bloated & tell my nurse 
Activities and Movement	☐ May have compression devices (IPCs) on my legs to prevent blood clots ☐ I will start my leg exercises every hour while awake ☐ I will do deep breathing and coughing every hour while awake ☐ I will sit up and dangle my legs at the side of the bed with my nurse on the night of my surgery 
Pain Management	☐ I may have a pain pump to help with my pain ☐ I will take the multimodal medications that my nurse offers me (helps with pain control) ☐ Pain should be tolerable to allow you to move in bed and do deep breathing and coughing
Lines and Tubes	☐ I will have an IV infusing ☐ I may have a urinary catheter ☐ My nurses will monitor my catheter output frequently
Nursing Care	☐ The nurses will check on me frequently ☐ The nurses will wake me up to check my vital signs throughout the night ☐ They may draw blood samples to send to the lab
Personal Care / Hygiene	☐ I will participate in my own hygiene with assistance from the healthcare team (if needed) ☐ Oral (Mouth) Care ☐ General Hygiene (bathing, grooming)

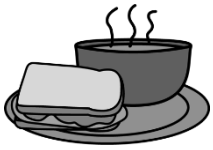
Bowel Resection Surgery: What to Expect Each Day Continued

Day #1 AFTER Surgery

Category	What to Expect
Food and Drink	☐ I can start eating a regular diet ☐ I should NOT push myself – eat only when I am hungry or feel I am ready ☐ I should stop if I feel nauseous or bloated
Activities and Movement	☐ I will do my leg exercises every hour while awake ☐ I will do deep breathing and coughing every hour while awake ☐ I will walk in hallways 3-4 times a day ☐ I will sit in a chair for all meals ☐ The nurse may remove the compression devices on my legs (IPCs) if I'm walking well ☐ I will walk to the bathroom when my catheter is removed
Pain Management	☐ I may have a pain pump to help with my pain ☐ I might get started on oral medications ☐ I will take the multimodal medications that my nurse offers me (helps with pain control) ☐ Pain should be tolerable to allow you to walk in hallways and do deep breathing and coughing
Lines and Tubes	☐ My IV might be stopped ☐ The nurse may remove my catheter
Nursing Care	☐ The nurses will check on me frequently ☐ The nurses will wake me up to check my vital signs throughout the night ☐ They may draw blood samples to send to the lab
Personal Care / Hygiene	☐ I will participate in my own hygiene with assistance from the healthcare team (if needed) ☐ Oral (Mouth) Care ☐ General Hygiene (bathing, grooming)

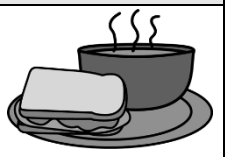
Bowel Resection Surgery: What to Expect Each Day Continued

Day #2 AFTER Surgery

Category	What to Expect
Food and Drink	☐ I can eat a regular diet ☐ I should NOT push myself – eat only when I am hungry or feel I am ready. ☐ I should stop if I feel nauseous or bloated 
Activities and Movement	☐ I will do my leg exercises every hour while awake ☐ I will do deep breathing and coughing every hour while awake ☐ I will walk in hallways 3-4 times a day ☐ I will sit in a chair for all meals ☐ I will walk to the bathroom when my catheter is removed ☐ The nurse may remove the compression devices on my legs (IPCs) when I'm walking well
Pain Management	☐ Will most likely be on oral medications only ☐ Pain should be tolerable to allow you to walk in hallways and do deep breathing and coughing
Lines and Tubes	☐ IV most likely stopped (if I am eating and drinking well)
Nursing Care	☐ The nurses will check on me frequently ☐ The nurses will wake me up to check my vital signs throughout the night ☐ They may draw blood samples to send to the lab
Personal Care / Hygiene	☐ I will participate in my own hygiene with assistance from the healthcare team (if needed) ☐ Oral (Mouth) Care ☐ General Hygiene (I can have a shower if I want)

Bowel Resection Surgery: What to Expect Each Day Continued

Day #3 AFTER Surgery

Category	What to Expect
Food and Drink	☐ I can eat a regular diet ☐ I should NOT push myself – eat only when I am hungry or feel I am ready. ☐ I should stop if I feel nauseous or bloated 
Activities and Movement	☐ I will do my leg exercises every hour while awake ☐ I will do deep breathing and coughing every hour while awake ☐ I will walk in hallways 3-4 times a day ☐ I will sit in a chair for all meals ☐ I will walk to the bathroom when my catheter is removed ☐ The nurse will remove the compression devices on my legs (IPCs) when I'm walking well
Pain Management	☐ Will most likely be on oral medications only ☐ Pain should be tolerable to allow you to walk in hallways and do deep breathing and coughing
Lines and Tubes	☐ IV most likely stopped ☐ Catheter will be removed (if not already done)
Nursing Care	☐ The nurses will check on me frequently ☐ The nurses may wake me up to check my vital signs throughout the night ☐ They may draw blood samples to send to the lab
Personal Care / Hygiene	☐ I will participate in my own hygiene with assistance from the healthcare team (if needed) ☐ Oral (Mouth) Care ☐ General Hygiene (I can have a shower if I want)
Discharge Planning	☐ If my surgery was laparoscopic I will start planning for discharge today or tomorrow

Bowel Resection Surgery: What to Expect Each Day Continued

Day #4 AFTER Surgery

Category	What to Expect
Food and Drink	☐ I can eat a regular diet ☐ I should NOT push myself – eat only when I am hungry or feel I am ready. ☐ I should stop if I feel nauseous or bloated
Activities and Movement	☐ I will do my leg exercises every hour while awake ☐ I will do deep breathing and coughing every hour while awake ☐ I will walk in hallways 3-4 times a day ☐ I will sit in a chair for all meals ☐ I will walk to the bathroom when my catheter is removed ☐ The nurse will remove the compression devices on my legs (IPCs) when I'm walking well (if not already removed)
Pain Management	☐ Will most likely be on oral medications only ☐ Pain should be tolerable to allow you to walk in hallways and do deep breathing and coughing
Lines and Tubes	☐ IV most likely stopped ☐ Catheter will be removed (if not already done)
Nursing Care	☐ The nurses will check on me frequently ☐ The nurses may wake me up to check my vital signs throughout the night ☐ They may draw blood samples to send to the lab
Personal Care / Hygiene	☐ I will participate in my own hygiene with assistance from the healthcare team (if needed) ☐ Oral (Mouth) Care ☐ General Hygiene (I can have a shower if I want)
Discharge Planning	☐ I will start planning for discharge (potentially tomorrow)

Bowel Resection Surgery: What to Expect Each Day Continued

Day #5 AFTER Surgery

Category	What to Expect
Food and Drink	☐ I can eat a regular diet ☐ I should NOT push myself – eat only when I am hungry or feel I am ready. ☐ I should stop if I feel nauseous or bloated
Activities and Movement	☐ I will do my leg exercises every hour while awake ☐ I will do deep breathing and coughing every hour while awake ☐ I will walk in hallways 3-4 times a day ☐ I will sit in a chair for all meals ☐ I will walk to the bathroom when my catheter is removed ☐ The nurse will remove the compression devices on my legs (IPCs) when I'm walking well (if not already done)
Pain Management	☐ Will most likely be on oral medications only ☐ Pain should be tolerable to allow you to walk in hallways and do deep breathing and coughing
Lines and Tubes	☐ IV most likely stopped ☐ Catheter will be removed (if not already done)
Nursing Care	☐ The nurses will check on me frequently ☐ The nurses may wake me up to check my vital signs throughout the night ☐ They may draw blood samples to send to the lab
Personal Care / Hygiene	☐ I will participate in my own hygiene with assistance from the healthcare team (if needed) ☐ Oral (Mouth) Care ☐ General Hygiene (I can have a shower if I want)
Discharge Planning	☐ I will start planning for discharge today or tomorrow

Bowel Resection Surgery: What to Expect Each Day Continued

Day #6 AFTER Surgery

Category	What to Expect
Food and Drink	☐ I can eat a regular diet ☐ I should NOT push myself – eat only when I am hungry or feel I am ready. ☐ I should stop if I feel nauseous or bloated
Activities and Movement	☐ I will do my leg exercises every hour while awake ☐ I will do deep breathing and coughing every hour while awake ☐ I will walk in hallways 3-4 times a day ☐ I will sit in chair for all meals ☐ I will walk to the bathroom when my catheter is removed
Pain Management	☐ Will most likely be on oral medications only ☐ Pain should be tolerable to allow you to walk in hallways and do deep breathing and coughing
Lines and Tubes	☐ IV most likely stopped ☐ Catheter will be removed (if not already done)
Nursing Care	☐ The nurses will check on me frequently ☐ The nurses may wake me up to check my vital signs throughout the night ☐ They may draw blood samples to send to the lab
Personal Care / Hygiene	☐ I will participate in my own hygiene with assistance from the healthcare team (if needed) ☐ Oral (Mouth) Care ☐ General Hygiene (I can have a shower if I want)
Discharge Planning	☐ I will start planning for discharge today