

A Guide To Enhancing Your Recovery After Surgery

Please bring this booklet with you for all of your appointments and during your stay in the hospital.

Surgery Date: _____ Arrival Time: _____

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This booklet is intended to help you understand the ThedaCare Enhanced Recovery program. This program is different from traditional care and may considerably improve your recovery. The information provided in this booklet is for educational purposes. It is not intended to replace the advice of qualified healthcare providers or substitute for medical care. Contact your surgeon if you have questions regarding your care.

Medicine Log

Use this grid to help you organize the medications you need to take at home. Include new, short-term, as needed medications.

Medication Name:			Medication Name:		
What is it for?			What is it for?		
How often can I take it?			How often can I take it?		
Last does given in hospital?			Last does given in hospital?		
Date	Time	Dose	Time	Dose	
Comments			Comments		
Date	Time	Dose	Time	Dose	
Comments			Comments		

What is Enhanced Recover After Surgery?

Also known as ERAS, Enhanced (or Early) Recovery After Surgery is research proven practice that helps people recover more quickly after having major surgery.

The following are key practices for ERAS:

- You will be in the hospital approximately 3-4 days for most surgeries. The ERAS program promotes faster healing so you will be able to go home sooner than someone who had a similar surgery without ERAS.
- Getting out of bed and moving after surgery is key to recovery. You will be getting out of bed to the chair and will walk for short distances the day of surgery and will be increasing the distance walked each day. You are encouraged to follow along with your progress at the back of this book!
- You will be eating and drinking sooner. You will most likely drink clear liquids the day of surgery and eat soft, solid foods (small portions to start) the day after surgery.
- You will be given several different types of medications throughout your hospital stay to keep your pain at a tolerable level and to prevent nausea or vomiting from anesthesia.
- You will have a pack of sugarless gum in your bag. Bring this with you to the hospital. You will be chewing a piece of gum 3 times per day to help with stomach movement.
- You will be given 2 bottles of soap to shower with before surgery along with instructions. You should shower with the soap the night before surgery and again the morning of your surgery using the instructions provided. This soap helps to prevent infection at the surgical site.
- You will be given two bottles of carbohydrate drinks and instructions for when you should stop eating and drinking before surgery. You will be able to eat light solids (such as toast) up to 6 hours before your surgery time *UNLESS YOU WILL HAVE INSTRUCTIONS FOR A BOWEL PREP. IN THIS CASE FOLLOW THE BOWEL PREP INSTRUCTIONS FOR EATING AND DRINKING.* You will be able to drink certain liquids up to 2 hours before surgery. This is to keep you hydrated and strong after surgery.
- You will be given a hand-held breathing machine and instructions on how to use it. Use it several times per day to exercise your lungs and lower your risk for pneumonia after surgery.
- You are encouraged to stop smoking and drinking alcohol now to lower your risk for complications after surgery and recover sooner.
- You are encouraged to walk 30 minutes/day or every other day to keep yourself strong for your recovery.

Preparing for Surgery

Pre-Anesthesia screening:

Prior to your scheduled surgery, you will need a Pre-Anesthesia assessment by a registered nurse.

You will be contacted by telephone prior to your surgery date to schedule a screening call (over the phone) with a Registered Nurse. This assessment is to ensure you are able to safely undergo anesthesia, collect important information for your hospitalization, review instructions and answer any questions you may have.

You may need to have certain tests completed (such as blood tests or EKG), if these tests have not been completed, or if previous tests do not meet anesthesia requirements because they are out of date or incomplete. The test results will give your surgical team the most current information on your present health prior to surgery. If testing is needed you will be given instructions on how to complete this during your screening call.

Preparing for surgery:

- Fill prescriptions for pre-operative medications before your surgery date.
- Do not remove any hair below the neck for at least 7 days before surgery.

Plan ahead. Make sure you know who is going to take you home. Also, make sure everything is ready for you when you go home after your surgery.

You should be able to walk, eat and care for yourself as usual but you may need help with:

- Driving
- Cleaning
- Bathing and self-care
- Making meals
- Paying bills
- Caring for pets
- Laundry

Pre-habilitation:

Before your operation, it is beneficial for you to try to get yourself as healthy as possible. This will help to make your body stronger, decrease complications and recover faster following your surgery.

- Eat a healthy diet.
- If you smoke, we strongly suggest you stop smoking completely **for one month** before your surgery. This will reduce the risk of lung problems afterwards. Your family doctor can help with this.
- If you drink alcohol, it is ideal to give up drinking **for one month** before your operation.
- It is also very beneficial to increase your exercise. 30 minutes of walking every other day is a good start from now until the time of your surgery.
- Use the breathing machine (incentive spirometer) provided in your bag. See page 8 for specific instructions.

Medicine Log

Use this grid to help you organize the medications you need to take at home. Include new, short-term, as needed medications.

Medication Name:		Medication Name:		
What is it for?		What is it for?		
How often can I take it?		How often can I take it?		
Last does given in hospital?		Last does given in hospital?		
Date	Time	Dose	Time	Dose
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Comments		Comments		
_____		_____		
_____		_____		
Date	Time	Dose	Time	Dose
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Comments		Comments		
_____		_____		
_____		_____		

Medicine Log (SAMPLE)

Use this grid to help you organize the medications you need to take at home. Include new, short-term, as needed medications.

Medication Name: <i>Colace</i>	Medication Name: <i>Ibuprofen</i>
What is it for? <i>Stool softener</i>	What is it for? <i>Pain</i>
How often can I take it? <i>Two times a day</i>	How often can I take it? <i>Every 8 hours</i>
Last does given in hospital? <i>4/18/19 at 6:00pm</i>	Last does given in hospital? <i>4/18/19 at 1:30pm</i>

Date	Time	Dose	Time	Dose
<i>4/18/19</i>	<i>6:00pm</i>	<i>1 capsule</i>	<i>9:30pm</i>	<i>800 mg</i>

Comments	Comments
	<i>Able to move without pain</i>

Date	Time	Dose	Time	Dose
<i>4/19/19</i>	<i>7:00pm</i>	<i>1 capsule</i>	<i>5:30am</i>	<i>800 mg</i>
			<i>4:30pm</i>	<i>800 mg</i>

Comments	Comments

Day Before Surgery

Prepare items to bring with you to the hospital:

- Bring the goodie bag with you to the hospital.
- Bring a photo ID and insurance cards.
- Cane, crutch or walker if you use these for walking at home. Label them with your name.
- Bring a complete list of your current medications including the name, dose, how you take it and how often. Include vitamins, supplements and over-the-counter Medications.
- Wear eyeglasses instead of contact lenses and bring a case.
- If you wear dentures or hearing aides, you may wear them until just before surgery. Please bring a storage container.
- A sleep apnea machine if you use it for sleeping. Label it with your name.
- Non-slip slippers or shoes.
- You may bring a robe and other personal hygiene items like a toothbrush, toothpaste, hair brush, deodorant, lip balm, hand cream.

What to leave at home:

- Remove all jewelry, including body piercings, hairpins, contact lenses and all other accessories. Leave all jewelry and other valuables at home.
- Do not wear makeup or nail polish.
- Do not bring in home medications, unless instructed to do so.
 - If you are instructed to bring in your home medications, please keep them in their original, labeled bottles.

Night before surgery

- Shower with the soap provided before going to bed.
- Sleep on clean sheets.
- Drink one of the carbohydrate drinks provided before going to bed.

Day of Surgery

Important instructions:

Eating and drinking instructions:

- You can eat small amount of light, solid food until **6 hours** before your surgery (unless you are having a bowel prep – please follow those instructions). Example: toast, crackers.
- You should **NOT** chew gum, mints or chewing tobacco for at least 6 hours before your surgery. Milk and juices with pulp are considered solid foods.
- You may drink the following liquids up to **2 hours** before surgery: Your carbohydrate drink, water, BLACK coffee, BLACK tea, apple juice, iced tea or sports drinks.
- You **must not** have anything to drink at all for **2 hours** before your surgery or it **will** result in a delay for your surgery.

- In the morning, take a shower with the soap provided and as directed. Keep your clean skin free of powders and lotions.

- STOP** taking all medications (prescription and over-the-counter medications and supplements) the morning of surgery
EXCEPT:

- ✓ _____
- ✓ _____
- ✓ _____
- ✓ _____

These may be taken with a sip of water.

- Drink your 2nd carbohydrate drink just before leaving for the hospital.
- Just before leaving for the hospital, take the following:
 - ✓ Tylenol (or acetaminophen) 975 or 1000 mg by mouth
 - ✓ Your prescription pain medication as directed

At Home

Exercise and activities

You should continue to walk several times a day once you are home, gradually increasing the distance and the intensity until you are back to your normal level of activity.

It is normal to feel tired after surgery. Listen to your body and take frequent rest breaks as needed throughout the day.

You can resume most normal activities when you are pain free, including sexual intercourse.

You may start to drive when you are no longer taking opioid pain medications or as directed by your surgeon.

Your surgeon will discuss with you when you can return to your job, depending on your recovery and your type of work.

Ask your friends and family to help you with:

- Getting meals ready
- Grocery shopping
- House cleaning
- Laundry

Exercise cautions:

- Do not lift more than 5-10 pounds until 4-6 weeks after surgery. FYI: A gallon of milk is 8.6 pounds
- Do not do abdominal exercises, high intensity aerobic activities or weight training for 4-6 weeks after surgery

Call your surgeon if you have any of the following symptoms:

- Redness, swelling, odor, pus or increasing pain from your surgical incision(s) (cuts)
- If your incision(s) (cuts) start to open
- You have a fever (greater than 101°F)
- Shaking or chills
- You cannot drink fluids or keep them down
- You are vomiting, bloated or feeling nauseous all the time
- Diarrhea that lasts more than 24 hours
- Bright red blood from your anus
- Bright red or dark black stools
- You are having more pain that is not relieved by medications
- You have not had a bowel movement 7 days after your surgery
- Shortness of breath
- Chest pain

At Home

Your incision

It is not unusual for your wounds to be *slightly* red and uncomfortable during the first 1-2 weeks after surgery.

Tell your surgeon if your incision becomes warm, red and hard or if you see pus or any drainage coming from it.

You might go home with **staples** in your skin that hold your surgical incision (cut) together. If so, talk to your nurse about when they need to be taken out.

If you have **steri strips** on your incision, leave them in place until they fall off on their own. Do not scrub or pick at them.

Do not place any antibiotic ointment, antiseptics, or Powder on the incision(s), unless directed by your Physician.

****** *If you do not have staples or steri strips on your incision, please talk with your surgeon about how to care for your incision.*

You can have a shower:

- 3 days after laparoscopic surgery
- 5 days after open surgery
- Gently wash the area and let water run over the incision.
(Do not scrub the area)
- Pat area dry; do not rub with a towel

No soaking in the bath for 2 weeks.

Some pain medications can cause constipation. If this becomes a problem, increase the amount of fluids you drink, and add more whole grains, fruits and vegetables to your diet and continue to exercise.

Your diet

You can eat anything you want to unless told otherwise by your dietician or surgeon.

You may find that some foods upset you or cause loose bowel movements. Avoid them for the first few weeks after surgery and then you may re-introduce them one at a time.

Eating several small meals throughout the day will probably feel better than eating 3 larger meals.

It is important that you get enough protein and calories to help your body heal. Include good sources of protein like dairy products, meat, fish and poultry.

If you are finding it difficult to eat enough, try taking liquid nutritional supplements. For example: Ensure, Boost or homemade high protein high calorie beverages.

If you cannot drink fluids or keep them down, call your surgeon.

Day of Surgery – A Message from Your Anesthesiologist

Definitions:

Open Procedure: When surgery is done through a classic incision.

Epidural: placement of a small catheter (tube) in the space just outside the spinal cord where the nerve roots exit.

Peripheral Nerve Block: Sometimes referred to as a “block.” One-time injection of numbing medication near nerves located far away from the spinal cord. Similar to when the dentist makes your mouth go numb. Most blocks last for 12-14 hours.

Laparoscopic Procedure: When surgery is done through small incisions with cameras.

Spinal: injection of a medication into the spinal fluid using a small needle placed between the spines of the lower back.

Narcotics: IV or Oral medications used for pain control. Examples: morphine, fentanyl, oxycodone, percocet, vicodin.

Prep Room: Before surgery

You will be admitted and brought to the surgery prep room. Here you will meet your surgical team: A Registered Nurse, your Surgeon and your Anesthesiologist. They will ask you several questions to make sure you are safe and ready to have your surgery.

You will change into a hospital gown and an intravenous (IV) will be started to provide fluids and medications during surgery.

Important information will be reviewed and your personalized surgery care plan will be discussed with you by your Anesthesiologist:

- If you are going to have an **open procedure** this is the time you will have an **epidural** placed (do not worry, you will be sedated for this procedure).
- If you are not able to have an epidural, this is the time you will have a **peripheral nerve block** placed (also with sedation).

Although your surgery will be scheduled to begin at a specific time, the surgery schedule may need to change at the last minute. Do not be concerned if your surgery starts a little before or after your scheduled time. The prep staff will update you with any changes to your surgery time.

Operating Room

We would like to apologize for how cold the operating room is. We will give you warm blankets to keep you comfortable. When you enter the operating room, we will help you move onto the operating table. The table is narrow so a safety strap will be placed across your lap and legs and your arms will be secured on padded arm boards to keep them free from injury.

The team will place a variety of equipment that will be used to monitor your blood pressure, heart rhythm and breathing while you are asleep.

Day of Surgery – A Message from Your Anesthesiologist

Operating Room – *continued*

A final verification is performed by the entire surgical team to verify for one last time the correct procedure is being performed.

If you are having a **laparoscopic procedure**, this is when you will have a **spinal** performed with **intrathecal narcotics**. This is done by your anesthesiologist with some sedation before you go to sleep. Intrathecal morphine produces 24 hours of pain control with a single injection. Your anesthesiologist will be with you in the operating room the entire time of surgery.

Your family may receive updates on the progress of your surgery from the OR nurse.

Post Anesthesia Care Unit (PACU): After surgery

You will recover in the Post-Anesthesia Care Unit (PACU), or recovery room.

- A Registered Nurse will ask you about your pain level and will be giving you pain medication through your IV.
- You will be breathing oxygen through your nose and encouraged to take deep breaths.
- Your vital signs and dressings will be checked frequently.
- You will be offered ice chips and water to drink, as you can tolerate.

- Visitation is not permitted in the PACU to protect the privacy of all patients. Your surgeon will speak with your family in the waiting room after surgery. Your family will be notified when you transfer to your hospital room.

You will leave the PACU and go to your hospital room when you are awake, breathing properly, your pain is well managed and your vital signs are stable.

Hospital (the floor):

During this time, your anesthesiologist will come and check on you at least once.

If you have an **epidural** in place for post-operative pain control, your anesthesiologist will visit you each day until the epidural catheter is removed to make sure you are comfortable. They will also be able to answer any questions you may have regarding your pain control.

To Go Home

- You should be passing gas **or** having bowel movements.
- You should be passing urine well, on your own.
- You should be able to get in and out of bed on your own.
- You should be walking as you did before surgery. You may not be able to walk far and that is okay.
- If you have stairs in your home, you should have enough strength and energy to go up and down the stairs.
- All of your questions or concerns about your ongoing recovery at home have been answered by your surgical team.
- If you require home care services or any other items to help in your recovery at home (such as a walker or bathroom equipment), you will need to be sure you have confirmation that this has been arranged for you.

At Home

Complications do not happen very often, but it is very important that you know what is normal and what to look for.

Abdominal pain

It is not unusual to have some pain during the first few weeks following surgery.

Acetaminophen (Tylenol) and the anti-inflammatory (Ibuprofen) should be taken first to relieve the pain. Only add the narcotic if the pain is not relieved by the acetaminophen (Tylenol) and the anti-inflammatory (Ibuprofen).

It may be helpful to take your pain medicines with food. This will help to decrease stomach upset caused by these medicines.

If you feel that the anti-inflammatory (Ibuprofen) and pain medicine is causing burning or pain in your stomach, stop taking them right away and call your surgeon.

If you have severe pain that is not relieved with the pain medicine, or have a fever and feel generally unwell, you should contact your surgeon or go to the emergency room.

Your bowels

Your bowel habits may change after part of your bowel has been removed. You may have loose stools or be constipated for the first week or two after surgery.

This should settle into a more normal pattern over time. If not, contact your surgeon.

Path to Home Activity Log

My acceptable level of pain is: _____

	DAY 3 – After Surgery To Discharge Date: _____	DAY 4 – After Surgery To Discharge Date: _____	HOME! Date: _____
Breathing Exercises	10 times every hour while awake: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 times every hour while awake: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 times every hour while awake: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Pain Control	My pain is well controlled with oral pain medicine. <input type="checkbox"/> I am able to participate in my activities	My pain is well controlled with oral pain medicine. <input type="checkbox"/> I am able to participate in my activities	My pain is well controlled with oral pain medicine. <input type="checkbox"/> I am able to participate in my activities
Activities	I am able to: <input type="checkbox"/> Eat all meals in chair <input type="checkbox"/> Walk 400 feet, 3 times <input type="checkbox"/> Walk every 4-6 hours while awake <input type="checkbox"/> Be out of bed for at least 6 hours	I am able to: <input type="checkbox"/> Eat all meals in chair <input type="checkbox"/> Walk 400 feet, 3 times <input type="checkbox"/> Walk every 4-6 hours while awake <input type="checkbox"/> Be out of bed for at least 6 hours	I am able to: <input type="checkbox"/> Eat all meals in chair <input type="checkbox"/> Walk 400 feet, 3 times <input type="checkbox"/> Walk every 4-6 hours while awake <input type="checkbox"/> Be out of bed for at least 6 hours
Tubes and Lines			
Nutrition	I am able to eat without nausea or vomiting: <input type="checkbox"/> Full protein meals <input type="checkbox"/> 2 protein drinks <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Chew gum 3 times a day: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I am able to eat without nausea or vomiting: <input type="checkbox"/> Full protein meals <input type="checkbox"/> 2 protein drinks <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Chew gum 3 times a day: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I am able to eat without nausea or vomiting: <input type="checkbox"/> Full protein meals <input type="checkbox"/> Protein drinks and gum chewing as recommended by surgeon

Day of Surgery – A Message from Your Anesthesiologist

Definitions:

NasoGastric (NG) or OroGastric (OG): In the past, all patients undergoing removal of bowel had a tube placed through their nose (naso) that ended in their stomach (gastric). During surgery, you will have an Orogastric tube placed that travels from your mouth (oro) to your stomach (gastric). This tube will be put in after you are asleep and removed before you wake up.

Analgesia: medical term for pain control.

Anesthesia: medical term for sedation.

General Anesthesia: Unconsciousness.

ERAS: Early Recovery After Surgery.

Common concerns:

Will I vomit after surgery?

ERAS has a protocol to minimize the likelihood of postoperative nausea and vomiting as much as possible; we will do everything we can to keep you from feeling nauseated.

Will I feel the breathing tube?

Breathing tubes (or endotracheal tubes in doctor-talk) are placed by your anesthesiologist after you are unconscious. They are removed as you start to wake in the operative room when surgery is over. There is a chance you will remember having the breathing tube removed, but it is unlikely.

If I get an epidural, spinal, or block will I still be able to get IV pain medication?

Yes. The presence of an epidural, intrathecal morphine, or peripheral nerve block will not keep you from getting other forms of pain medication if they are needed; they typically, however, greatly reduce the amount of pain medicine you will need.

I have heard horrible stories about epidurals and spinals.

Many of the “horror stories” about spinals and epidurals are from a time when large diameter needles were used. The needles we use now for intrathecal morphine are very small. Larger spinal needles previously used left larger holes in the casing around the spinal fluid, causing leakage of spinal fluid and a spinal headache. The small size of the needle makes a small puncture hole in the casing around the spinal fluid thereby greatly reducing the chance of a headache. The occurrence of a spinal headache is a possibility but is < 0.2%.

Inpatient Surgical Unit

To help you recover more quickly from your surgery and to decrease the potential for complications, we encourage you to take part in all of your care!

Breathing exercises

If you do not take deep breaths, because you are too weak or it is too painful, it can lead to a lung illness such as pneumonia.

An incentive spirometer is a device that is used to help you take slow, deep breaths.

To use an incentive spirometer:

1. Sit up as high in bed as possible, at the edge of the bed or in a chair.
2. Hold or stand exerciser in an upright position.
3. Breathe out (exhale) normally.
4. Place your lips tightly around the mouthpiece.
5. Breathe in (inhale) slowly.
6. Maintain the yellow flow cup in the "Best" flow range.
7. Continue to inhale, trying to raise the white disc to the prescribed volume level. (top of piston indicates inspired volume).
8. Hold your breath for 3-5 seconds. Then slowly exhale.
9. Do this 10 times every hour while awake.

Other tips for breathing exercises:

- If you breathe too fast, the yellow flow cup will shoot to the top.
- If you breathe too slowly, the yellow flow cup will stay at the bottom.
- To ease some discomfort with this exercise, you may need to hold a pillow tightly to your belly while breathing in.
- If you do not make your goal volume, do not get discouraged. This will improve with practice and as your body heals.
- If you start to feel dizzy or light-headed, remove mouthpiece from your mouth and take some normal breaths. Continue to use the incentive spirometer when feeling better.

If you would like to see a video on how to use the incentive spirometer, scan the code below with your smart phone or tablet:



Path to Home Activity Log

My acceptable level of pain is: _____

	<u>DAY/EVENING</u> of Surgery Date: _____	<u>DAY 1</u> – After Surgery Date: _____	<u>DAY 2</u> – After Surgery To Discharge Date: _____
Breathing Exercises	10 times every hour while awake: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 times every hour while awake: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 times every hour while awake: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Pain Control	My pain is well controlled with: <input type="checkbox"/> PCA pump <input type="checkbox"/> Epidural <input type="checkbox"/> Oral medications <input type="checkbox"/> I am able to participate in my activities	My pain is well controlled with: <input type="checkbox"/> PCA pump <input type="checkbox"/> Epidural <input type="checkbox"/> Oral medications <input type="checkbox"/> I am able to participate in my activities	My pain is well controlled with oral pain medicine. <input type="checkbox"/> I am able to participate in my activities
Activities	After surgery I am able to: <input type="checkbox"/> At 3 hours: Sit at the edge of my bed <input type="checkbox"/> At 5 hours: Walk to armchair in room <input type="checkbox"/> At 8 hours: Walk 100 feet	I am able to: <input type="checkbox"/> Eat all meals in chair <input type="checkbox"/> Walk 200 feet, 3 times <input type="checkbox"/> Walk every 4-6 hours while awake <input type="checkbox"/> Be out of bed for at least 2 hours	I am able to: <input type="checkbox"/> Eat all meals in chair <input type="checkbox"/> Walk 400 feet, 3 times <input type="checkbox"/> Walk every 4-6 hours while awake <input type="checkbox"/> Be out of bed for at least 6 hours
Tubes and Lines	IVs and catheters		
Nutrition	I am able to drink without nausea or vomiting: <input type="checkbox"/> Clear liquids	I am able to eat without nausea or vomiting: <input type="checkbox"/> 1/2 protein meals <input type="checkbox"/> 2 protein drinks <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Chew gum 3 times a day: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I am able to eat without nausea or vomiting: <input type="checkbox"/> Full protein meals <input type="checkbox"/> 2 protein drinks <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Chew gum 3 times a day: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Inpatient Surgical Unit

Diet and drinking

Your Nurse will offer you clear liquids to drink within the first 2 hours of your arrival to your room.

You will be able to drink as much clear liquids as you can tolerate. However, **remember not to drink too much or drink too fast.** Drink slowly and see how you feel.

You will be given your first meal the day after your surgery.

You can eat as much or as little of whatever you want. You should not push yourself. Eat only when you are hungry or feel ready. You will usually feel like eating more each day.

You should always sit in a chair at mealtime, even if you eat very little.

Once you begin to eat a transitional diet, or a half-portion diet, you will also start drinking a highcalorie, high-protein drink in between meals (usually mid-morning and mid-afternoon). These are to provide your body with the additional nutrition needed to heal and to encourage your bowels to begin working.

Inpatient Surgical Unit

Pain management

Pain is an unpleasant feeling that is different for every person. There are many words people use to describe pain such as 'soreness', 'discomfort' and 'aching'.

Pain relief is important because it helps you:

- Decrease the stress in your body so you can recover faster
- Breathe more easily
- Move more easily
- Sleep better
- Recover faster
- Do things that are important to you

Your nursing team will frequently ask you to rate your pain. Having open, honest communication with your nursing team will help them and you, manage your pain.

When do I treat my pain?

A pain rating scale can help you decide when to do something to relieve your pain. You can use a scale of 0 to 10 to determine how much pain you are having.

On your initial visit, we will ask you to rate your acceptable level of pain.

An acceptable level of pain means that it is "tolerable" and you probably would not do anything for it, such as take pain medication. If your pain is more than your acceptable level, you should treat your pain.

You may find that your pain is less when you are resting and more when you are moving. If the pain is stopping you from moving, you should treat your pain.

Pain Control

You will be asked to rate your pain on a scale from 0-10. Our goal is to keep your pain score below your acceptable level. Always tell your nurse if you would rate your pain greater than your acceptable level.

Pain medicine

There are different medicines you can take that will help to manage your pain after surgery. There are also different ways you can receive your medicine. Your surgical team (your surgeon and nursing team) will discuss different options with you throughout your care. Sometimes, you may receive more than one type of medicine and more than one type of way of receiving it.

The most common ways to receive medicine are:

Intravenous (IV) Pain Medicine

You may be given a pain pump to use. This method of pain relief is called a PCA (Patient Controlled Analgesia). Pain medicine from the PCA pump goes into your IV and then into your body. When you use a PCA, you are in control of how much pain medicine you get and when you get it.

If you are having pain, you push a button that is attached to the pain pump. You can push the button at any time you think that you need more pain medicine.

Inpatient Surgical Unit

Pain medicine – continued

You will hear a beep from the pump to let you know that the pain medicine is going into your IV. After the beep, it takes only a few minutes for the medicine to work. You do not need to call the nurse to get pain medicine. The pump is set up to make sure that you do not get too much.

It is very important that only you and no one else push the button on the pain pump. **Do not let your family or friends push the button!**

If you have a PCA pump, your nurse in the recovery room will give the pain medicine to you until you are awake enough to use it yourself.

If you choose a pain pump, you will have it until you are able to drink fluids and swallow pills by mouth.

If for some reason you are unable to use your pain pump, your nurse will give you the pain medicine that you need. Your nurse will check with you if you are in pain and will give you medicine if needed. If you are in pain call for a nurse to request your IV pain medication.

You may also be given pain pills by mouth in addition to using the IV pain pump. The IV pain medicine will be given until you are able to drink fluids.

Epidural Pain Medicine

An epidural is a small tube placed in your back by an anesthesiologist, usually before surgery. It will give you continuous pain medication during and after your surgery. If you choose an epidural, you will have it for the first 48-72 hours after your surgery.

Our goal is for you to take oral pain medicines on day 2 after your surgery. You will continue to take oral pain medications at home.

Be specific about where your pain is. You may also be given other pain medication (pills or intravenous) to help your epidural work better, and for pain that the epidural does not control.

Oral Pain Medicine

You will be given different types of pain medicine on a regular basis after your surgery. This includes acetaminophen (Tylenol) and ibuprofen. Each pill works differently in your body and reduces the need for large amounts of strong pain medicine, such as opioids. If the medicine does not control your pain, please tell your nurse. Additional or different pain medication can be given.

Other oral pain medications that you might be given after surgery include Gabapentin. Although Gabapentin is known as an antiepileptic medicine (used to prevent seizures), it is also used to help manage surgical pain.

Additional ways your team may be able to help manage your pain:

- Ice
- Repositioning
- Deep breathing/relaxation
- Distraction (ex: word searches, playing cards, Sudoku, etc.)
- Warm compress
- Walking or activity
- Pillow for splinting

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Activity

Lying in bed without moving may cause many problems like pneumonia, blood clots and muscle weakness. It will also slow down your recovery.

As soon as you are awake, you can begin your exercises with the help of your nursing team.

You might feel nervous about getting up.

- This is a normal feeling. Your nurse will help you walk with the IV pole and tubes. **Do not get up on your own!**

You might also feel tired.

- This is normal because your body is trying to heal. After your walks and activities, it is very important to rest.

The more you get up, the better you will feel!

With the help of your nursing team, you will:

- Sit up in a chair for all of your meals.
- Be out of bed, either walking or sitting up in a chair frequently for increasing periods of time.
- Do your deep breathing exercises.

Why is moving so important?

After bowel surgery, your bowel may stop working. This is called an ileus (i-lee-uhs). When this happens, people feel bloated and may have nausea and vomiting. If you have an ileus, this will increase your surgery recovery time.

Pain medicines, which contain opioids, like morphine, increase the chance of an ileus. Walking and chewing gum help the bowel to work faster and speed up your recovery.

Catheters

A catheter may be put into your bladder during surgery to drain your urine.

Your catheter should be removed the day after surgery, after your surgeon sees you.

If you had a rectal operation, the catheter may stay in longer, depending on how you are feeling and what your surgeon thinks.

Urinary Catheters should be removed as soon as possible. Early removal of the catheter decreases your chance of a bladder infection. It also helps you move around more easily.

After the catheter is removed, when should I urinate on my own?

- Usually within 6-8 hours.
- If needed, the nurse may bladder scan (small ultrasound) your belly to see how much urine is in your bladder.