

# Preparing for My Colorectal Surgery

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Michigan Medicine Department of Colorectal Surgery has developed this patient guide to help you understand what to expect during colorectal surgery. The steps have been outlined here for preparing for surgery through discharge. To improve your recovery and reduce the occurrence of serious complications, infections and harm, we have adopted an evidence-based bundle to standardize care around surgery and improve our patients' outcomes.

This bundle was created by a multidisciplinary team of our surgeons, anesthesiologists, nurses, nutritionists, and pharmacists and provides a balance of expert opinion, as well as practical real-life approaches to your recovery. We welcome your input and feedback regarding this bundle.

The steps below will help you prepare for surgery, recovery, and discharge.

## How can I prepare for my surgery?

- Learn as much as you can about your surgery
- Reduce stress and anxiety levels
- Start exercising by walking more -- increase your steps by 300-500 each week
- Consider participating in our MSHOP program. This is a program for “pre-habilitation” meaning it helps you optimize your health before *and* after surgery. Learn more here: <http://careguides.med.umich.edu/mshop>
- Please fill out the attached “**Pre-op care management checklist**”. This will help us communicate to your inpatient team during your hospital stay.
- It is important that you pick a **support person** to have at the hospital during your recovery. They do not need to be there all the time. If you have a new ostomy planned, they should be available to meet with the ostomy nurses during teaching sessions.

- You need to have **someone drive you home** on the day of discharge. Identify this person now and make them aware. This person should be available to be at the hospital by 11:00am on the day of discharge.
- Stop smoking. Smoking increases the risk for post-surgery complications. We recommend you stop smoking at least 6 weeks before your surgery.
- Improve your nutrition by eating healthy foods
- If you are instructed to do a bowel prep or carbohydrate load with clear liquid diet, buy your supplies.

The “Patient Pathway for Colon Resection” provided to you will help you understand the pathway of your inpatient hospital stay and keys to discharge.

### **What are my instructions for the day before surgery?**

- Do not drink alcohol for at least 24 hours before your surgery
- Do not smoke for at least 24 hours before your surgery
- If you are instructed to take a bowel preparation, follow the bowel preparation instructions in the handout: “**Instructions for Bowel Preparation with Antibiotics**”: <http://michmed.org/JbVol>
- If you are instructed to carbohydrate load with no bowel preparation, follow the diet instructions in the handout: “**Carbohydrate loading and clear liquid diet the day before surgery**”: <http://michmed.org/pxA0z>
- Take your pre-surgical shower with antibacterial soap (e.g. Dial® or Safeguard®). Follow the instructions in the handout: “**Showering Instructions Before Surgery**”: <http://michmed.org/kvm0n>
- Do not shave surgical area before surgery. This can lead to infection.

### **What should I do the morning of my surgery?**

- Take your medications as instructed at your preoperative clinic visit
- Bring your pre-op care management checklist if you did not already return it at your pre-op visit

- Wear loose, comfortable clothing
- Remove all jewelry
- Drink your Gatorade or white grape juice as instructed
  - You can find the bowel preparation and/or carbohydrate loading instructions at this website in the “Preparing for Surgery” section:  
<http://careguides.med.umich.edu/colorectal-surgery>

### **What do I need to bring to the hospital?**

- Insurance cards
- Personal Identification (such as driver’s license)
- Copy of Advance Directive (if you have one)
- List of all your medications, including dosages and how often you take them

### **What will my hospital stay be like?**

At the hospital you will receive a “Patient Pathway for Colon Resection”. This checklist outlines each day and helps to keep your recovery on track.

- Your inpatient team will decide when its safe for discharge. You will need to be able to tolerate liquids or food and have your pain tolerable. If you have an ostomy you will need to have output before discharge.
- If you have an ostomy- you will have teaching session in the hospital by an ostomy nurse. We try to have the education complete in 3 sessions. Remember your **support person** can help. A home health care nurse may continue to assist you once you are discharged.

### **On the day of surgery, after the operation, you will:**

- You will be expected to walk within 4 hours of getting to your bed the day of your operation. This is to help prevent deconditioning, which is when you become weaker quickly after surgery. This will also help decrease your risk of blood clots and further complications.

- Use the Incentive Spirometer 10 times per hour
- Have clear liquids to drink, if you want them
- Wear Sequential compression devices (SCDs) while in bed or sitting in a chair
- Take medication to control pain (your doctor will decide). Possibilities are:
  - Tylenol® by mouth
  - Toradol® by IV
  - Neurontin by mouth
- Either epidural or on-demand pain button with opioid (narcotic) medication

Opioids, also called narcotics (morphine, dilaudid, oxycodone, etc.), slow down bowel function and can cause nausea and confusion. To recover quickly, your goal is to control pain, but use as little of the opioid medicines as possible.

**On days 1, 2 & 3 after surgery you will:**

- Sit in chair three times a day
- Walk the hallway six times a day
- Use the Incentive Spirometer ten times per hour
- Do Physical Therapy (as needed)
- Begin eating small amounts of solid food if feeling well
- Transition from intravenous (IV) medications to pain pills
- Wear SCDs when in bed or sitting in a chair

**What education will my family and I receive?**

During your hospital stay our nurses will introduce you to the “Patient Pathway for Colon Resection” and educate you about other important topics such as:

- Preventing falls in the hospital and at home
- Using the Incentive Spirometer
- Preventing dehydration

- Using Lovenox<sup>®</sup> (blood thinner injections, if needed)
  - Used after major surgery for cancer, Crohn's or Ulcerative Colitis
- Taking care of wounds
- Taking care of an ostomy (if you have a stoma)

### **When will I be ready for discharge?**

The inpatient team will decide when you are ready for discharge.

You are ready to go home when:

- You are keeping liquids down consistently without bloating or nausea
- You have good pain control without intravenous (IV) medications
- There are no other surgical concerns
- You are comfortable with your ostomy care (if you have a stoma)

### **What will I receive before I leave?**

You will receive:

- Detailed discharge instructions
- List of all prescriptions for medications you will need at home
- Ostomy supplies, blood thinner injections, if necessary
- Follow-up appointment with surgeon 2- 4 weeks after you are discharged

### **When do I need to call the doctor?**

Call your doctor if you have any of the following signs and symptoms:

- Fever over 101.5 degrees
- Drainage from incision site
- Increased redness at incision site
- Incision site is "hot" to the touch
- Nausea, vomiting, or can't keep liquids down
- Increased pain

- If you have an ostomy and you are having trouble with your appliance staying on
- Call us if you have any other questions or concerns.

### **What is the number to call?**

- Call (734) 936-5738
  - During business hours, Monday-Friday from 8am-5pm
- Call (734) 936-6267 and ask for the Colorectal Resident on-call
  - After business hours on holidays or weekends call the paging operator

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