Oxford University Hospitals NHS Trust

Oxford Colorectal Centre

Discharge advice after colorectal surgery
Information for patients
This is your colorectal hospital team

**Consultant Surgeon’s secretary:**
- Professor Mortensen 01865 235613
- Mr George 01865 235468
- Mr Cunningham 01865 235122
- Mr Jones 01865 235657
- Mr Lindsey 01865 235657

**Colorectal Cancer Nurse Specialists:**
- Administrator 01865 221839
- Oxford Hospitals 01865 221454
- Horton Hospital 01295 229319

**Stoma Nurses:**
- Administrator 01865 221839
- Churchill Hospital 01865 235367
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**Oxford Colorectal Centre (Churchill Hospital)**
- 01865 235380
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**Introduction**

This leaflet describes what to expect after discharge from the Oxford Colorectal Centre and some common problems that you may experience after surgery on the bowel. It also contains contact information for the colorectal team and who to contact in an emergency situation.
Going Home
You have just had an operation; your body needs time to recover from the trauma and adjust to its new state. Many people are surprised at the length of time it takes to get over an operation. When you first get home after your operation, plan your day so that you can have a rest/sleep in the afternoon if you need it.

Getting back to normal
After you have been discharged home you should gradually start to do more. By six to twelve weeks most people are back to normal activity, with the exception of any work involving heavy lifting or prolonged and vigorous sports. As a general rule, listen to your body and use your common sense. Do not push yourself too hard.

Pain and pain relief
You do not have to put up with severe pain after surgery. Most people will experience some pain, this will be managed with pain killers and improve over time. A small supply of pain killers will be arranged for you to take home, and a copy of the prescription will be sent to your GP. You only need to take pain killers until you can perform your normal activities without significant discomfort. Once you are at home, if your pain is not improving or getting worse, please contact your GP.

Wound healing
Your wound may not have fully healed before you go home. If you still need a wound dressing you will need to see your practice nurse, or if you cannot leave the house, the hospital ward staff will refer you to your local community nurse.

All wounds progress through several stages of healing and you may be able to see changes in your wound. The following points are commonly experienced:
• Unusual sensations, such as numbness, tingling or itching
• Slight pulling around the glue, stitches or staples as the wound heals
• A hard lumpy feeling as new tissue forms

Remember, do not pull off any glue that is on the wounds or any scabs as they protect the new tissue underneath and act as nature’s dressing. The glue and scabs will fall off without any help when ready.

Occasionally infections develop in the wound. This may be limited to an increased reddening of the skin or to oozing of a pus-like fluid from the wound. Sometimes the wound may open up and will need to be dressed by a practice nurse or community nurse. Wound healing is delayed in these cases. Antibiotics may also be necessary to treat the infection.

**Diet**

After your surgery you can start to eat a healthy, well balanced diet. You can gradually resume eating your usual foods, unless you have been given other instructions. If you have a poor appetite or seem to be losing weight, please make an appointment with your GP to discuss your options, which may include nutritional supplement drinks.

**Opening your bowels**

It is quite normal for the bowels not to open for a few days after your operation, but this can vary from person to person. It is quite natural that you will be concerned about the first time you have your bowels open, but you will get the normal sensations of when you need to have your bowels opened.

It is also normal to experience diarrhoea initially and this may give you a sore bottom. If this happens we advise you to wash your bottom every time you have your bowels open, pat dry, and use a very small amount of barrier cream to protect the skin. Some people can get constipated after the operation and in this situation some patients are given gentle laxatives. The bowel needs time to settle after this type of operation, which can sometimes be up to 3-12 months. Your bowel pattern once you go home may vary in the number of times you go in a day. This should settle down with time but if you are concerned, please seek advice from your GP or specialist nurse.
**Bathing and showering**
It is quite safe to get your wound wet after you have gone home, as long as the wound is healing well (or unless otherwise advised). Avoid soaking in the bath for too long, and make sure that the wound is carefully patted dry. If your wound requires a dressing, please speak to your practice nurse or community nurse for advice about bathing or showering.

**Exercise and activity**
It is important to do daily gentle exercises to help to build up your muscle strength. Start going for a short walk daily and increase the distance by a small amount each day. You will be able to resume your normal activities and work when you feel well enough. If you participate in any regular sports or exercise you should introduce these back into your lifestyle gradually.

Please take care when lifting, bending or stretching, particularly within the first few weeks of surgery.

**Resuming sexual relations**
The anxiety and stress of this type of operation often reduces sex drive. This is quite common and in time will return to normal. It is important that you and your partner share time talking about your feelings. This will help you both to relax more and enjoy your lovemaking when you feel ready to.

**Men:** After some bowel operations the nerves that control erection and ejaculation can become bruised. If you are experiencing difficulties in getting or sustaining an erection, give yourself time to recover from surgery. If the problem continues, please discuss this with your GP/specialist nurse.

**Women:** Nervousness and anxiety can make you tense, so making love may be painful and the vagina can become dry. The more relaxed you can be the better. The use of lubricating gel such as KY jelly can be helpful.
**Driving**

Most insurance policies state that you are not covered by your policy to drive for 6 weeks after major abdominal surgery. After this period of time, if you can safely perform an emergency stop without the pain of the operation preventing you from doing so, you should be safe to drive. If you are not able to safely perform an emergency stop, you must wait until you can do so before driving. If you feel ready to drive before 6 weeks, please discuss this with your consultant or specialist nurse.

**Going back to work**

You can return to work when you feel ready to. To begin with you may feel tired and deciding when to return to work is an individual decision – everyone is different. If your job involves lifting, pulling, pushing or stretching, then it is best not to go back to work for at least 6 weeks, and possibly to ask for lighter duties or reduced hours to begin with.

**Follow-up**

For cancer patients, you will be followed up 2-3 weeks after discharge in the outpatients department with the colorectal cancer nurses.

For non-cancer patients, your consultant will decide whether you need to be seen as an outpatient and the time frame that you should be seen in. Due to the consultant’s on-going clinical commitments, this may be up to 3 months after discharge from hospital. If you have any questions about this, please contact your consultant’s secretary.

If you require urgent advice or have a problem after discharge from hospital, please follow the information below.
How to contact the hospital team

If your question is non-urgent and does not need responding to immediately, within office hours, please contact the specialist nurse, the consultant’s secretary or the stoma nurse on the telephone numbers listed at the front of this booklet. You may also visit your GP surgery for advice after discharge from hospital.

Your GP will be able to assess you and decide whether you can be treated in the community or you need to be seen in the hospital.

If your question requires an urgent response or is outside of office hours, please contact your GP surgery or out-of-hours GP service as they can assess you and decide what further action needs to be taken. If you require an urgent review at the hospital, you may be asked to visit the Surgical Emergency Unit at the John Radcliffe Hospital for further tests and investigations.

In an emergency or life-threatening situation, you must attend your local emergency department for appropriate treatment.

Further Information

smokefree.nhs.uk (NHS stop smoking advice)
www.macmillan.org.uk (Cancer care and support charity)
www.maggiescentres.org (Maggie’s cancer caring centres)
cancerlinks.maggiescentres.org (Information and support for people with cancer)
www.nacc.org.uk (Crohn’s and Colitis UK)
www.beatingbowelcancer.org (A UK charity dedicated to saving lives from bowel cancer)
www.ouh.nhs.uk (Oxford University Hospitals NHS Trust)
www.iasupport.org (The ileostomy and internal pouch support group)
www.colostomyassociation.org.uk (The Colostomy Association)
www.uagbi.org (The Urostomy Association)
www.britishpainsociety.org (The British Pain Society, patient information website)
Any other specific instructions

(Please write down any specific information and instructions related to your operation or care after leaving hospital)

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call 01865 221473 or email PALSJR@ouh.nhs.uk

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