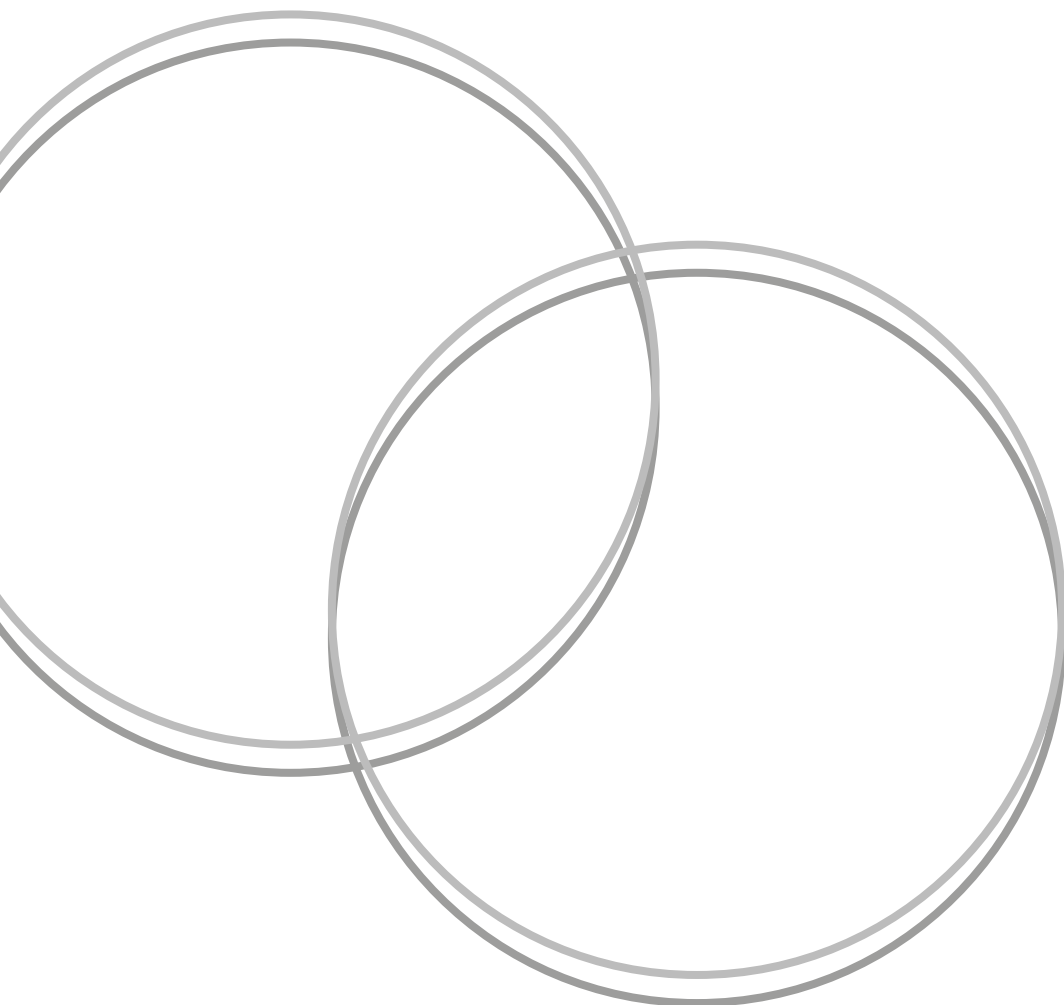


Discharge advice after colorectal surgery

Information for patients



Introduction

This leaflet describes what to expect following your discharge after your colorectal surgery and some common problems that you may experience on the bowel. It also contains contact information for the colorectal team and whom to contact in an emergency.

Going Home

You have had an operation; your body needs time to recover from this 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

Most people will experience some pain or discomfort, this will be managed with pain management medications and improve over time. A small supply of pain management medications will be arranged for you to take home, and a copy of the prescription will be sent to your GP. You will only need to take pain management medications until you can perform your normal activities without significant discomfort. The pain management medications should be reduced and gradually stopped as your pain settles. If your pain is not improving or getting worse, please contact your GP or hospital team.

Wound healing

Your wound(s) 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
- Some watery, pink coloured fluid from the wound as it heals – if this occurs then cover the wound with basic wound dressing that can be removed once wound dry

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.

It is important that you know how to tell if your wound is developing an infection after you go home. If a wound becomes infected, it may:

- become more painful
- look red or swollen
- leak pus or bloody discharge
- have an unpleasant smell

If you develop a high temperature (above 37.5°C), notice any of the signs mention above, or have any concerns about your wound, contact the Surgical team on contact number provided on discharge or your GP.

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 having a bath whilst the wound is healing, instead we advise to shower regularly and make sure that the wound is carefully patted dry with a clean towel. Do not put any soap, shower gel, body lotion or any other products directly onto your healing wound unless directed by a health professional. This may affect the glue covering the wound or healing process, causing discomfort and may also encourage an infection. If your wound requires a dressing, please speak to your practice nurse or community nurse for advice about bathing or showering.

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. Try to relax, this will aid bowel function. 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 with clean water every time you have your bowels open, pat dry, and use a barrier cream to protect the skin. Some people can get constipated after the operation and in this situation your surgical team may advise gentle laxatives. Your bowel pattern may vary in the number of times you go in a day. The bowel needs time to settle into a pattern after operation, which can sometimes take 3-12 months. If you are concerned, please seek advice from your GP or specialist nurse.

If you undergo an operation resulting in the formation of a stoma, you will receive community follow up from your stoma nurse. You will have met the stoma nurses whilst in hospital and they will give you their contact details and all the equipment you need prior to discharge.

Diet

After your operation you can gradually resume eating your usual foods, unless you have been given other instructions. The operation can slow down your bowel movements and some patients may experience reduced appetite and symptoms of bloating and nausea after the operation. If this happens to you, some usual tactics to try would be;

- aiming for 5 or 6 smaller meals throughout the day
- higher energy and higher protein snacks
- nourishing drinks such as whole milk, fortified milk or homemade milkshakes.

When you are feeling better, eating regular meals and a balanced diet can help you get the right nutrients to stay well. High protein foods after your surgery are also important to help your wounds heal. These include;

- Meat
- Fish
- Eggs
- Dairy
- Eggs
- Tofu
- Quorn
- Beans lentils and pulses

While it is expected to have altered bowel habits for a few weeks after the operation, if you continue to have a poor appetite, ongoing weight losses or have ongoing concerns please speak to your GP or specialist nurse.

Here are some helpful tips that may help or ease symptoms if they are due to your diet.

Diarrhoea

After your operation high fibre foods may worsen or exacerbate any diarrhoea you may be suffering from after the operation. Following a low fibre diet may help at first. This would include foods such as;

- White bread/rice/pasta and cakes/pastry/biscuits made with white flour
- Cereals such as cornflakes and rice krispies
- Potato without skins
- Dairy foods such as milk, eggs and cheese
- Meats such as chicken, beef, fish

Foods to avoid;

- Wholemeal alternatives
- High fibre fruit and vegetables
- Nuts, seeds, pips and skins from fruit and vegetables

When you are experiencing diarrhoea, you will be losing salts and other important nutrients as well as water. Keep well hydrated and try eating foods such as fresh or tinned soups and broths, toast, salted crisps or plain crackers to keep up salt intake. Isotonic drinks (such as Lucozade sports) or rehydration salts (such as Dioralyte) may also help.

If your diarrhoea is improving and you have not been advised to remain on a low fibre diet, slowly reintroducing fibre as part of a balanced diet will be beneficial in the long term. Introducing slowly will help minimize possible symptoms of wind, bloating and stomach cramps however these are natural symptoms to expect when fibre is reintroduced.

Constipation

If you are experiencing constipation following operation ensure you are well hydrated and increase foods rich in fibre such as fresh fruit, vegetables, beans and pulses, porridge, wholemeal bread and cereals. Movement and walking will also help.

Wind

Increasing fibre gradually will help reduce discomfort. You may find eating more slowly and chewing well, peppermint oil, mint tea or warm drinks help. Movement and walking will also help relieve discomfort.

Keeping hydrated

Keeping hydrated by drinking well is vital for good health. Early signs of dehydration can include a lack of concentration, headaches and light headedness. If you are dehydrated over a long period of time it can start affecting your kidney function and can cause problems like urine infections and constipation.

The amount of fluid you individually need can vary and different things can affect how much fluid you need, including the weather and temperature, exercise, diarrhoea and how much you sweat.

Advice for an average adult is to aim to drink between 1.5 to 2 litres of fluid a day. This is equivalent to six to eight mugs of fluid. It is common to experience diarrhoea after this bowel surgery so you may need to increase your fluid intake to avoid getting dehydrated. Taking note of the colour of your urine is a good way to check how hydrated you are. Your urine should be pale yellow to clear colour. If you have a stoma, it is important to follow the hydration advice given to you by your stoma team as your needs will vary.

Drinking water is the best way of hydrating and you can add squash for flavour or slices of fruit to make drinking water more interesting. Tea and coffee do also count, although we advise avoid drinking them in large quantities. Fruit juices are a good source of vitamins and minerals but limit it to one glass a day as it also contains sugar and can may make diarrhoea worse. Milk counts as fluid too. Alcohol does not count towards your daily fluid needs.

If you find it difficult to drink enough fluids, try adding foods such as cereal with milk, soup, smoothies, milk shakes, ice cream, ice lollies and jelly which will also contribute to your daily fluid intake.

Preventing blood clots after operation

You may need to have a course of blood-thinning injections after you have been discharged from hospital. The course is started whilst you are in hospital and continues until 28 days after your operation. This is to reduce the risk of you getting blood clot in your legs or lungs after your operation.

These are daily injections which you will need to give yourself until the course has finished. You will be taught to do this, and you will have the chance to practice before you go home.

Getting back to normal.

It is important to do daily gentle exercises to help build up your muscle strength. Aim to go for a short walk daily and increase the distance by a small amount each day. Please take care when lifting, bending or stretching, particularly within the first few weeks of operation. Follow the advice given to you by your Surgical team and the *Physiotherapy advice after abdominal operation* leaflet.

Resuming sexual relations

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

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

Women: Nervousness and anxiety can make you tense, making sex uncomfortable or the vagina can become dry. The more relaxed you can be the better. The use of lubricating gel can be helpful

Driving

We advise you not to start driving again until 6 weeks after operation unless your surgical team states otherwise. You need to be sure that you can concentrate, move freely enough to have full visibility, and be able to perform an emergency stop. You also need to check with your insurance company that your policy covers you to start driving again. If you feel ready 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 best not to go back to work for at least 6 weeks, and possibly ask for lighter duties or reduced hours to begin with.

Follow up

For cancer patients, you will be followed up 2-4 weeks after discharge by your Surgical team. Please contact your specialist nurse if any concerns.

For non-cancer patients, your consultant will decide when you need to be seen and the time frame that you should be seen in. Due to the consultant's ongoing 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.

How to contact the hospital team

During the **first two weeks that you are home**, if you have a question or concern that is **not urgent** and does not need responding to immediately, please phone the ward doctors on this number:

Tel: **07786114575**

Monday to Friday, between 8am to 5pm

If you do not get an immediate reply, then leave a message and one of the team will return your call by the end of next working day.

You may also visit your GP for advice after your 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 questions require an urgent response or is outside of office hours, Please contact your GP operation 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 dial 999 or attend your local emergency department for appropriate treatment.

Your colorectal hospital teams.

Consultant Surgeon's

- Mr George
- Prof Cunningham
- Mr Jones
- Mr Lindsey
- Mr Boyce
- Mr Symons
- Mr James
- Mr Bignell
- Mr Tebala
- Ms Gorissen
- Prof Buczacki
- Ms Baker

Colorectal Cancer Nurse Specialists:

Administrator Tel: **01865 221839**

Oxford University Hospitals Tel: **01865 221454**

Stoma nurses:

Administrator Tel: **01865 221839**

Churchill Hospital Tel: **01865 225367**

Wytham ward (Colorectal ward at Churchill hospital):

Tel: **01865 235380**

Tel: **01865 235382**

Further information

smokefree.nhs.uk

(NHS stop smoking advice)

www.macmillian.org.uk

(Cancer care and support charity)

www.maggiescentres.org

(Maggie's cancer care centres)

www.crohnsandcolitis.org.uk

(Crohn's and Colitis UK)

www.bowelcanceruk.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.colostomyuk.org

(The Colostomy Association)

www.britishpainsociety.org

(The British Pain Society, patient information website)

Any other specific instruction

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

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust
www.ouh.nhs.uk/information



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