

Colon Rectal Surgical Associates

Enhanced Recovery After Surgery

Information for Patients undergoing
Colorectal Surgery at HCGH

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Thank you for choosing Colon Rectal Surgical Associates and Howard County General Hospital for your colorectal surgery. We are committed to providing you with the best care involving the safest and latest technology. We understand that this can be a stressful experience, so this book is intended as a guide to help you step by step through your surgery and recovery period.

Please bring this booklet with you to:

- Every office visit
- Hospital when you are admitted for surgery

You have been scheduled for surgery on _____ at _____ at Howard County General Hospital. To ensure a smooth registration process, please arrive at _____ to the Admitting and Registration area, **allowing ample time for parking and walking to the check in desk.**

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Enhanced Recovery After Surgery

Information for patients undergoing colorectal surgery

Purpose of this packet

The goal of this packet is to introduce you to the Enhanced Recovery After Surgery (ERAS) program and provide you with general information about your recovery. It is important that you know what to expect before, during and after your operation. We understand treatment is always individualized to each patient, therefore this packet is only intended as a guide. Please ask a member of the healthcare team if anything remains unclear, or you have any questions or concerns.

What is ERAS?

Enhanced recovery after surgery (ERAS) is a new approach to caring for surgical patients that helps you recover quicker. With enhanced recovery you are actively involved in your recovery process. The result will have you returning to your regular activities sooner.

There are four main components of ERAS:

1. Thorough planning and preparation for surgery
2. Reducing the physical stress of surgery
3. Pain relief regimen that will focus on using state-of-the-art approaches to pain management with minimal use of narcotic pain medications
4. Early feeding and ambulation

Remember, this program is most effective when you are actively involved in your recovery. Patients and health professionals are realizing the benefits of a shorter stay in the hospital. Therefore, we will work with you in your recovery to keep your stay as short as possible.

You should expect to be in the hospital for approximately 2-3 days.

Planning and Preparing for Surgery

Office Visit

During your office visit, we will work with you to determine if and what type of surgery you need. You will meet with your surgeon and his/her staff.

Once your surgeon chooses and explains your procedure to you, you will then sign forms giving your consent for the operation.

You will also be given important instructions on how to prepare for your surgery. We will go over the details with you, including:

1. Detailed instructions about the bowel preparation for your surgery, if ordered by your surgeon.
2. Instructions for bathing the night before and morning of the surgery with antibacterial soap.
3. Information about anesthesia and pain relief for your surgery

How and when will your surgery be scheduled?

You may meet with a surgery scheduler during your office visit and go over the date and time of your procedure and pre-operative visit. This is sometimes also done over the phone.

Make sure that we have up-to-date contact information for you including a number where you can be reached the day of surgery, in case there is a change in the OR schedule.

Pre-operative visit

Within 30 days of your surgery, you will have a review of your medical records with one of our anesthesia providers.

This review will include:

1. Review of your medical history
2. Electrocardiogram, if you need one
3. Chest X-ray, if you need one
4. Review anesthesia plan and pain relief for your surgery
5. Review plan for which medications to take on the morning of surgery
6. Bloodwork

Note: Plan for management of blood thinners (Coumadin, Plavix, aspirin etc) will be done by your surgical team in coordination with your primary care physician or cardiologist.

Nutritional Services Consultation

Approximately one week prior to surgery, you may be meeting with a dietician to discuss the ERAS program in detail, particularly the nutritional components of the plan. This visit will be arranged to be done in conjunction with any additional lab work needed at HCGH. Your surgeon's office will help schedule this.

Insurance Authorization

Our office and the hospital will be contacting your insurance company to secure authorization for your surgery and admission. Please notify your surgery scheduler immediately, if there have been any changes regarding your insurance since your last visit. The pre-certification office will contact you for any deductible or co-payment.

If your policy is an HMO, you may need referral from your PCP for services. Please contact the customer service number on the back of your insurance card for clarification. If you are going to be admitted to the hospital and have questions regarding your insurance, please call the Admissions Office at 410-740-7670.

Advanced Directives

An advanced directive can be used to name a healthcare agent; this is someone you trust to make healthcare decisions for you. It can be used to say what your preferences are about treatments that may be used to sustain your life. If you have advanced directives bring a copy to the hospital if you want it to apply to the upcoming visit/admission. An advanced directive can be removed or revised at any time. Upon admission, you will be asked if you have an advanced directive, and if you do, whether you would like to apply it to your visit.

Rehabilitation or homecare

The forms necessary for rehab or homecare will be filled out in the hospital before you are discharged. The forms are similar to the advanced directive forms, in which they summarize your wishes if you need emergency care.

Preparing for your surgery

Preoperative advice

When you leave the hospital after the surgery, we strongly recommend having family or friends available to help you recover. Some patients require a brief stay in an intermediate care facility to regain their strength for a short period of time. This decision will be made by you, along with the medical, nursing and therapy team responsible for your care. The decision will depend on your home situation, the amount of help you need at home and the rate of your progress. **Try to pick one person who can be your advocate to help make decisions and coordinate your care before, during and after surgery.**

A few simple things you can do before coming into the hospital may make things easier for you when you get home:

1. In the kitchen, in particular, put the things you use often between waist and shoulder height to avoid having to bend down or stretch to reach them.
2. Bring the things you are going to use often during the day

- downstairs. However, realize that you **WILL** be able to climb stairs after surgery.
3. Buy a stock of food and other things you will need frequently as shopping may be difficult when you first go home.
 4. Arrange for someone to collect your mail and take care of pets and loved-ones if needed.

Eat well before your surgery as this helps you to recover quicker. Get **plenty of exercise** so that you are in good shape for surgery. **Stop smoking** with the help of your primary care physician prior to surgery.

The Day Before Your Surgery

If your surgeon prescribed a bowel preparation for your procedure you should have received detailed instructions and all medications when you were in office. If you are using a bowel preparation you need to start **the day before your surgery**. Use the Standard Bowel Preparation instruction packet to help you complete the bowel preparation.

Eating and Drinking

On the day of your surgery: Drink the Gatorade on your way into the hospital as instructed. Only *clear* liquids are permitted on the day of surgery. Even a small amount of cream in your coffee or tea can delay your surgery up to 6 hours.

Other Instructions

Follow instructions for bathing the night before and morning of surgery with antibacterial soap and washcloths.

Make sure you know what medications you should take the morning of surgery (diabetes, blood pressure and blood thinner medications are sometimes not taken on the morning of surgery).

You will receive a call from Howard County General Hospital several days before your surgery to review your regular list of medication and confirm the time you need to come to the hospital. If anything is confusing, ask questions!

The Day Of Your Surgery

What to bring to the hospital

Leave all valuables at home or give to the person(s) accompanying you. We encourage you to only bring essential items the morning of surgery, including:

1. Insurance cards
2. Personal identification card (i.e. driver's license)
3. Copy of your advanced directive (optional)
4. Payment for any deductible or copayment

Please be aware that there may be some downtime/wait time prior to your surgery. We will do our best to predict how long the operations of the day may take, but unexpected delays are unavoidable. Therefore, bring a good book or something to do while you wait.

What to wear for surgery

Wear loose, comfortable clothing. Do not wear any jewelry. This includes wedding rings, earrings and any other body piercings. All jewelry must be removed prior to surgery.

Your Hospitalization: Focus on Reducing the Stress

Check-in

Come to the hospital 2 hours before your surgery begins. Don't forget to **drink your bottle of Gatorade – 20 oz. - as you are coming to the hospital.** You cannot have anything more to drink after you check-in.

Once your team is ready you and one member of your family, if desired, will be brought to the pre-surgery area. Here, the nurses and anesthesia will place an IV catheter in your vein (IV) and your weight will be measured. You will also be given several medications to help manage your pain and nausea during and after surgery. You will then be taken to surgery and your family taken back out to the patient/family lounge.

Operating room

Many patients do not recall being in the operating room because the medication you are given during surgery cause amnesia. You will be taken back to the operating room and placed on the operating room table. You will be connected to monitors. After this, you will be given antibiotics to prevent a wound infection. The anesthesiologist will put you to sleep with a general anesthetic.

Once you are asleep, your surgeon will begin your operation. In general, most procedures last between 2 to 4 hours, but do not be alarmed if the procedure takes longer than that.

Recovery Room

After surgery, you will be taken to the recovery room where you will wake up from anesthesia. The surgeon will talk with your family immediately following surgery and let them know about the operation. Most patients remain in the recovery room for about 1-2 hours.

Surgical Unit

From the recovery room, you will be sent to the surgical units. You will be reunited with your family once you are on the unit. The receptionist in the OR waiting area will tell your family your room number.

The staff will check your temperature, pulse, and blood pressure regularly when you first come up to the unit. You will be placed on your home medications (with the exception of some diabetes, blood pressure and blood thinner medications). You will have a small tube in your bladder. This is so we can measure how much urine you are making and how well your kidneys are working. You may also be given oxygen. You will have a drip in your arm giving you fluid into your vein. You will receive a low dose of a blood thinner medication (injection) every day to help prevent blood clots.

You will start drinking clear liquids several hours after surgery. You will also plan on chewing gum three times a day, as this has been shown in several studies to help with bowel recovery after surgery. Please bring some with you.

Pain Relief after Surgery

Your pain will be assessed regularly on a scale from 0-10. Pain assessment is necessary to guide your pain relief. It is essential that you are able to take deep breaths, cough, and move. Prevention or early treatment of pain is far more effective than trying to treat severe pain.

The pain after laparoscopic surgery on the day of the procedure will be in the range of 3-4 out of 10 on the first day. This may consist some abdominal discomfort and bloating as well as some shoulder pain from the gas. We have many different types of analgesics available to help minimize your postoperative pain.

In most cases, your pain should be well-controlled with a combination of IV Tylenol and Tramadol. Stronger medications are available, although rarely necessary. We try to avoid narcotics in general after surgery because they slow down bowel function and can also cause nausea and general fatigue. Let the nurse how much pain you are having, and she will adjust the type and dose of pain medication accordingly

Activity

We expect you to get out of bed, with the nurses help, even as early as 3 to 4 hours after surgery. Sit up in the chair and start to move about in the hallways. This speeds up your recovery and also prevents you from getting blood clots and pneumonia.

After surgery care plan

Team caring for you after surgery

In addition to the nursing staff on the unit, your surgeon and his/her associates will be seeing you on their rounds. The nursing staff reports directly to your surgeon who is the one overseeing all of your care.

First Day following surgery

Focus on drinking and walking. You will start drinking clear liquids several hours after surgery and then at lunch begin full liquids (puddings, yogurt, and thicker soups) as tolerated. The intravenous fluids will be stopped and the catheter may be removed from your bladder. We expect you to be out of bed for the majority of the day and walking in the hallway at least twice in the morning, afternoon, and again in the evening, with assistance as needed. You will also meet with a case manager to assess your discharge needs. If you need rehabilitation at a facility, a social worker will assist with this.

Second day following surgery

You will start eating a low residue diet as you feel up to it. The catheter from your bladder will be removed, if not already done so. If there is a dressing on your wound, it will be removed. If you have a new ostomy, one of the ostomy nurses will work with you to learn to care for your ostomy.

You may be ready to go home if you are drinking enough to keep yourself hydrated, your pain is well controlled, you are not belching or nauseated, you are passing gas, and you are able to get around on your own.

Complications that may delay discharge:

1. Nausea and vomiting – It is very common to feel sick after your surgery. We give you medication to reduce this. However, if you do feel sick, you should reduce the amount you are taking by mouth. Small frequent meals or drinks are best in this situation. As long as you can drink and keep yourself hydrated, the nausea will likely pass.
2. Ileus – Following surgery, the bowel can shut down making it difficult for food and gas to pass through the intestines. This is called an ileus. We have designed our care program to do everything possible to reduce the likelihood of an ileus. If you do develop an ileus, it usually only lasts two to three days. However, it may require a small tube down the nose to decompress the stomach. **The best way to avoid an ileus is to reduce the amount of narcotic pain medications, get up as much as possible after your surgery, and stimulate the bowel early after surgery with small amounts of food and liquids.**

3. Anastomotic leak – This is a rare, but serious complication. An anastomotic leak develops usually 5-7 days after the surgery, and is the result of the two ends of the bowel that we join together failing to heal, thus leaving a hole. Patients usually have severe abdominal pain, fever, and vomiting. This often requires another operation.
4. Wound infection – This usually happens 3-10 days after surgery.
5. Urinary retention – This is if you are unable to urinate after the catheter from your bladder is removed. The catheter may need to be reinserted until you are able to urinate on your own. This can be caused by anesthesia, pain medication and decreased activity.

Discharge

When you are preparing to go home you will receive:

1. Detailed discharge instructions with details about your operation and medications.
2. All prescriptions for medications you need at home. Prescriptions can be filled while you are in the hospital if you would like.
3. If you have a new ostomy, you will be given ostomy supplies
4. An appointment to see your surgeon in the office in follow up 3 weeks after you leave the hospital

You will need to make arrangements for someone to accompany you home. You will not be released without someone present. Please keep in mind that we strive to get patients discharged as quickly as possible but for a variety of reasons there may be delays.

Once you are discharged:

Call us at any time if you are worried about your recovery. Call your surgeon's office.

Always call if:

1. You have a fever higher than 101.5° F
2. Your wound is red, more painful or has drainage
3. You are nauseated or vomiting or can't keep juice and tea down
4. Your pain is worse and not able to be controlled with the regimen

- you were sent home with
5. If you are on narcotics, the goal is to wean you off of them. If you are running low on supply and need more, call the nurse a few days before you will run out.

It is generally easier to reach someone between 9am-4pm, so **call early if you think something is not right**. Your surgeon or a member of his/her staff is available every day to answer your questions. After hours and on the weekends, the calls go to the surgeon on call for the practice. It may take longer for your phone call to be returned during this time. If you have a true emergency, such as severe abdominal pain, chest pain, shortness of breath or any other acute issues call 911 and go to the local emergency room. Have them contact your surgeon once you are stable.

Concerns After Discharge

Bowel Function Following your Surgery

Your bowels will take several weeks to settle down and may be unpredictable at first. Your bowel movements may become loose or you may be constipated. For the vast number of patients, this will get back to normal with time. Make sure you eat regular meals, drink plenty of fluids and take regular walks during the first two weeks after your operation.

Abdominal pain

It is not unusual to suffer gripping pains (colic) during the first week following removal of a portion of your bowel. This pain usually lasts for a few minutes, but goes away between spasms. If you have severe pain lasting more than 1 – 2 hours or have a fever and feel generally unwell, you should contact us.

Diarrhea: Fiber and Imodium

The first step to improving your frequent or loose stools is to bulk up the stool with fiber. Metamucil is the most common type of fiber that is available at any drug store. Start with one teaspoon mixed into food like yogurt or oatmeal in the morning and evening. Try not to drink any fluid for one hour after you take the fiber. This will allow the fiber to act like a sponge in your intestines, soaking up all the excess water. Continue this for 3 to 5 days.

You may increase by one teaspoon every three to five days until the desired affect or you are at one tablespoon (three teaspoons) twice a day. If this doesn't work, you may try over the counter loperamide, which is an anti-diarrheal medication. You may take one tablet in the morning and evening or 30 minutes before you typically have diarrhea. You may take up to 8 of these tablets daily. It is best to discuss this with us prior to using this medication. If you have continuous diarrhea and abdominal cramping call the office.

Urinary function

After bowel surgery you may get a feeling that your bladder is not emptying fully, this usually resolves with time. However, if there is any concern, contact us.

Wound care

For the first 1-2 weeks following your surgery your wound may be slightly red and uncomfortable. You may shower and let the soapy water wash over your incision. **Avoid soaking in the tub for ten days following surgery or until the wound is well healed.** It will take the wound several months to "soften". It is common to have bumpy areas in the wound near the belly button and at the ends of the incision. If you have staples, these should be removed when you are seen by your surgeon at the follow up appointment. You may have a glue like material on your incision. **Do not pick at this.** It will come off over time. It is the surgical glue used in surgery to close your incision. You also have sutures inside of you that will dissolve over time.

Diet

Attention to good nutrition after surgery is important to your recovery. If you had no dietary restrictions prior to the surgery, you will have no special dietary restrictions after the surgery. However, consuming enough protein, calories, vitamins and minerals is necessary to support healing. Some patients find their appetite is less than normal after surgery. In this case, frequent small meals throughout the day may help. Over time, the amount you can comfortably consume will gradually increase. You should try to eat a balanced diet, which includes:

- Foods that are soft, moist and easy to chew and swallow
- Avoid fried, greasy and highly seasoned or spicy foods
- Replace hard raw fruits and vegetables with canned or soft cooked fruits and vegetables
- Avoid carbonated beverages in the first couple weeks
- Eat plenty of soft breads, rice, pasta, potatoes and other starchy foods (lower-fiber varieties may be tolerated better initially)
- To get enough protein, consume high protein foods and beverages such as meats, eggs, milk, cottage cheese or a supplemental nutrition drink like Boost or Ensure.
- Drink plenty of fluids -- at least 8-10 cups per day-this includes water, fruit juice, Gatorade, teas/coffee and milk. Drinking plenty is especially important if you have loose stools (diarrhea).
- Avoid drinking large amounts of caffeine since this may dehydrate you.

If you are struggling with your diet/appetite try to eat a little at a time and often, choose higher calorie versions and try to make the most of times when you feel hungry. It is normal that certain foods taste different and certain smells make you nauseated. This is often from anesthesia in surgery and will get better over time.

Hobbies/Activities

Walking is encouraged from the day following your surgery. You should plan to undertake regular exercise several times a day and gradually increase this during the four weeks following your operation until you are

back to your normal level of activity. You may climb stairs. Light lifting (10-15 lbs). No sit-ups. Your surgeon may give you specific instructions for activity depending on the type of surgery you had.

It is not unusual to be fatigued and require an afternoon nap for up to two to four weeks following surgery. Your body is using this energy to heal your wounds. Set small goals for yourself and try to do a little more each day.

Work

It is normal to return to work two to three weeks following your operation. However, you should check with your employer regarding rules, which may be relevant to your return to work. If you need a return to work form for your employer or disability papers, bring them to your follow-up appointment or fax them to our office.

Driving

You may drive when you are off narcotics and pain free enough to react quickly with your braking foot. For most patients this occurs at 2 weeks following surgery.

We pride ourselves in providing each of our patients with the best possible experience. It is a pleasure to care for you and your family in your time of need. If you have any suggestions as to how to improve your care or the care of others, please let us know.

Notes: write down any questions you may have.

Important Contact Numbers

For general HCGH Information, call 410-740-7890.

Department	Phone Number	Fax Number
Administrative Offices	410-740-7720	410-740-7610
Admitting	410-740-7670	410-740-7674
Berman Pavilion (TCAS)	410-884-4500	410-884-4528
Billing Services	443-997-0300	
Blood Bank	410-740-7854	
Case Management	410-740-7960	410-740-7564
Claudia Mayer / Tina Broccolino Cancer Resource Center	410-740-5858	410-740-7005
Diabetes Education	443-718-3000	443-718-3001
Diagnostic Imaging	410-740-7900	410-740-7591
Emergency Department	410-740-7777	410-740-7551
Financial Counselor	410-740-7675	
Gift Shop	410-740-7985	
Health Care and Surgery Center (now the Berman Pavilion)	410-884-4500	410-884-4528
Health Information Management	410-740-7950	410-740-7543
Home Care Services & Equipment	410-288-8000	
Howard Hospital Foundation	410-740-7840	410-740-7538
Human Resources	410-740-7815	410-740-7542
Intensive Care Unit	410-740-7825	410-740-7516
Information	410-740-7890	
Laboratory	410-740-7850	410-884-4903
Lactation Consultant	410-740-7830	
Library Services	410-740-7860	410-740-7561
Lost and Found	410-740-7911	
Medical Records	see Health Info Mgmt	
Medical/Surgical Unit (now Joint Academy/Surgery JAS)	410-740-7915	443-718-3203
Medical Staff Office	410-740-7544	410-740-7561
Neurology - EEG	443-718-3125	443-718-3001
Nursing Administration	410-740-7770	410-740-7507
Oncology Unit (4 South)	410-740-7925	410-884-4554
Operating Room/Surgery	410-740-7795	410-740-7511

Outpatient Rehabilitation	443-718-3000	443-718-3001
Outpatient Surgery	<i>see Amb Care Center</i>	
Pastoral Care	410-740-7898	
Patient Information (contact a patient)	410-740-7890	
Patient Relations (care feedback)	410-720-8200	
Physical Rehabilitation Services	443-718-3000	443-718-3001
Physician Referral	410-740-7750	
Psychiatric Services	410-740-7910	410-740-7517
Public Relations/Marketing	410-740-7810	410-740-7541
Pulmonary Diagnostics/Rehabilitation	443-718-3000	443-718-3001
Quality & Risk Management	410-740-7912	410-884-4570
Radiology	<i>see Diagnostic Imaging</i>	
Respiratory Care	443-718-3150	443-718-3148
Security	410-740-7911	410-740-7612
Short Stay Unit	410-884-4840	410-884-4839
Sleep Center	1-800-937-5337	
Social Work	410-740-7960	410-740-7564
Special Care Unit (SCU)	410-740-7820	410-740-7902
TTY	410-740-9770	
Vascular Studies	410-720-8130	
Volunteer Services	410-884-4580	410-884-4531
Wellness Center (Community Health Education)	410-740-7601	410-740-7609
Wound Center	443-718-3160	443-718-3170