

Getting Ready for
**Colon and Rectal
Surgery**



THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER

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Getting Ready for Colon and Rectal Surgery



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Talk to your doctor or health care team if you have any questions about your care.

For more health information, contact the Library for Health Information at **614-293-3707** or e-mail **health-info@osu.edu**.

Colon and Rectal Surgery

Colorectal Resection

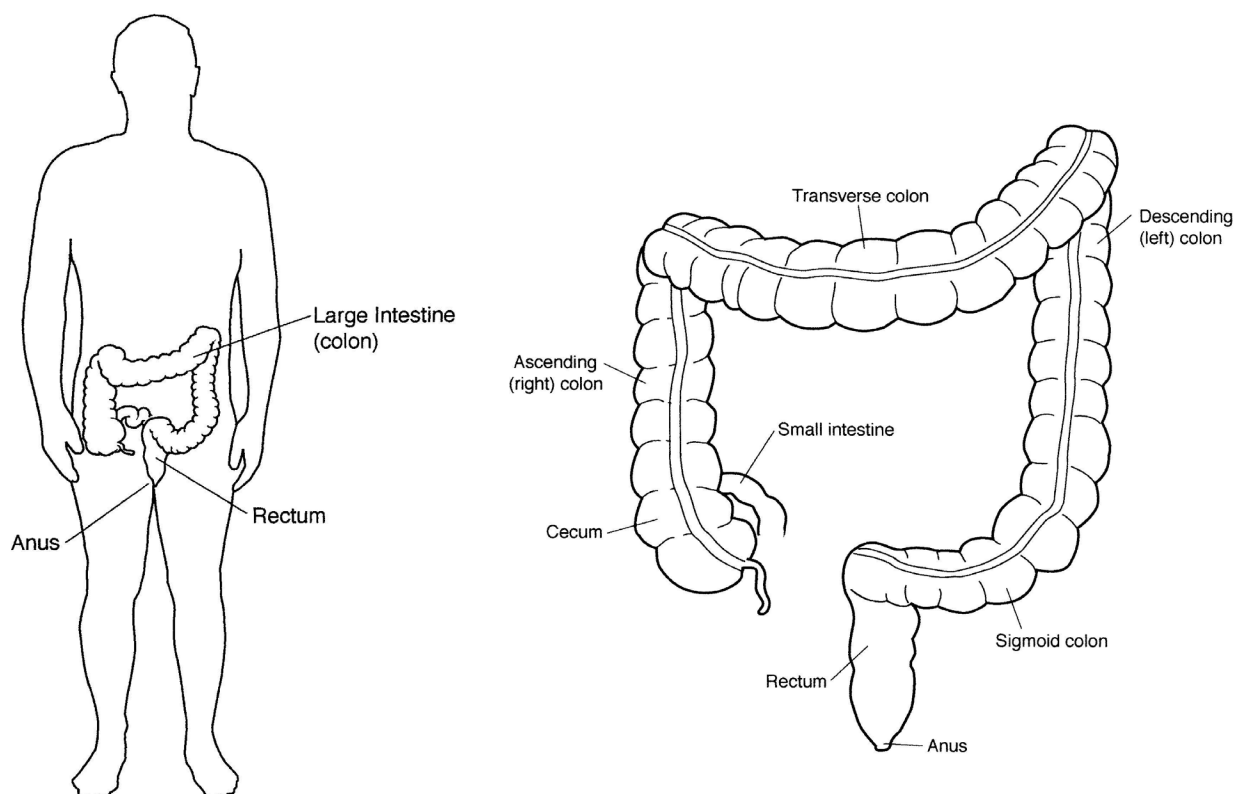
Surgery to removal part of the colon, also called the large intestine, is called a **colectomy**, **bowel resection**, or a **colorectal resection**. This surgery may be used to treat:

- Bleeding from the colon
- Bowel obstruction
- Colon cancer or high risk of colon cancer
- Crohn's disease
- Diverticulitis
- Ulcerative colitis

What is the colon?

The colon (large intestine) is the last part of your digestive tract. This part of the bowel works to soak up water and store food waste. The colon is a tube like muscle. This tube has very smooth lining. The lining is made up of millions of cells. The **colon** in an adult is about 4 to 6 feet long. The **rectum** is the last 6 inches of the colon.

These pictures shows you where the colon is in the body and the parts of the colon.



About the surgery

There are 2 ways this surgery can be done. Your doctor will talk with you about which surgery may be the best choice for you.

- **Open surgery:** The belly is cut open, so there is one large cut or incision.
- **Laparoscopic surgery:** Several small cuts are made into the belly, and the doctor works with a special camera and tools through the small cuts to do the surgery.

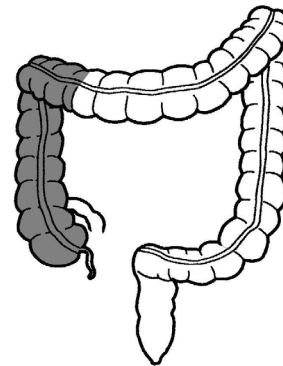
The surgeon will remove the part of the colon or rectum that is the source of the problem. Some normal tissue and lymph nodes may also be removed. The healthy sections of the colon are then sewn together, called the **anastomosis**.

Types of colectomy surgery

There are 5 types of surgery, named for the part of the colon or rectum that is removed. The pictures show the part removed in gray.

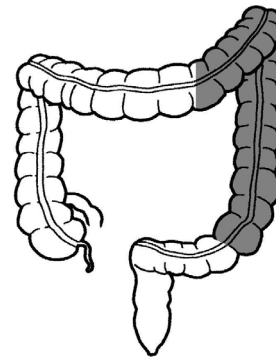
- **Right hemicolectomy**

Part or all of the ascending colon and cecum are removed. The colon is then reconnected to the small intestine.



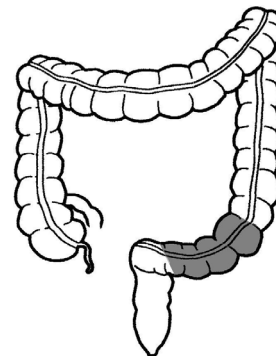
- **Left hemicolectomy**

Part or all of the descending colon is removed. The transverse colon is then reconnected to the rectum.



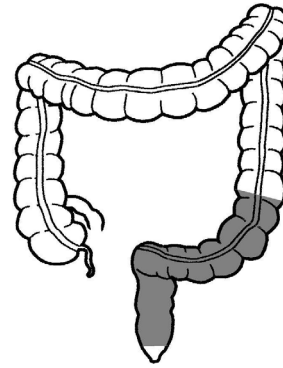
- **Sigmoid colectomy**

Part or all of the sigmoid colon is removed. The descending colon is then reconnected to the rectum.



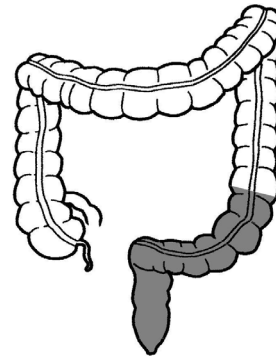
- **Lower anterior resection**

The sigmoid colon and part of the rectum are removed. The descending colon is then reconnected to the remaining rectum.



- **Abdominal perineal resection**

Part or all of the sigmoid colon and all of the rectum and the anus are removed. The descending colon is attached to the belly wall forming a colostomy. A colostomy creates an opening on the outside of the body, called a stoma, that allows stool to drain into a collection device, called a pouch.



If you expect to have a colostomy after your surgery, a specialized nurse will visit you in the hospital and help you learn about the care of the stoma and pouch. These are some other resources that you may find helpful:

- YouTube Videos: “Living Well with an Ostomy” and “In Control: Life After Your Ostomy”
- You can order an ostomy skills kit at www.facs.org/education/patient-education/skills-programs/ostomy-program. This kit contains a booklet of information, a DVD with demonstration of each skill, a stoma practice model, stoma supplies, and an ostomy self-care checklist.

Your recovery after surgery

Your hospital stay will depend on the extend of your surgery and your progress. Most patients having this surgery will be in the hospital for 3 to 7 days. To improve your care and speed of your recovery, we will focus on controlling your pain and getting you up and moving very soon after your surgery.

- We will use several different pain medicines to manage your pain, such as acetaminophen (Tylenol), gabapentin, and ibuprofen (Motrin). These tend to reduce the need for narcotic pain medicines, which may have more side effects.
- You will be helped to sit up in a chair the evening of your surgery, and then you will be helped to walk the following day. Recovery tends to be better and faster for patients who get out of bed and move right after surgery. Each day, the amount of time you spend out of bed and the amount of time you spend walking will increase. We encourage you to walk when you leave the hospital as well.

Preparing for Your Surgery

Review these instructions as soon as you get them, so you are well prepared for your surgery. You may need to stop or change certain medicines. You also may need to contact your health insurance provider.

You will be given a **pre-surgery bowel prep kit and bottles of a carbohydrate drink**. You will need these the day before and the day of your surgery.

Being well prepared can help you have a better recovery. Follow these instructions to keep your surgery on schedule. Call your doctor's office if you have any questions.

Weeks before surgery

- ❑ If you get sick with a cold, sore throat, cough or fever in the 2 weeks before your surgery, call the office. Your surgery may need to be rescheduled.
- ❑ **If you need paperwork filled out for medical leave or disability, bring it with you to your appointment.** If the forms are dropped off, mailed, emailed, or faxed to your surgeon's office outside of your appointment time, there will be a \$25 charge, and you will need to allow 7 to 10 days to get the forms completed. If you have any questions, please call the surgeon's office.
- ❑ Arrange to have an adult to take you home after surgery or your hospital stay. You will not be permitted to leave the hospital alone for your safety.
- ❑ **Buy a large 64-ounce bottle of Gatorade, Powerade, or other sports drink that is not red, orange, or purple in color.** You will need this to mix your bowel prep the day before your surgery.

- ❑ If you take aspirin or medicines that contain aspirin, ask your doctor if you need to take a different pain medicine before your surgery.
- ❑ **If you are on blood thinners or antiplatelet medicines**, please let your surgeon know in case the medicine needs to be stopped or changed before surgery. This includes medicines such as:

- Arixtra (Fondaparinux)
- Brilinta (Ticagrelor)
- Coumadin (Warfarin)
- Effient (Prasugrel)
- Eliquis (Apixiban)
- Fragmin (Dalteparin)
- Lovenox (Enoxaparin)
- Plavix (Clopidogrel)
- Pletal (Cilostazol)
- Pradaxa (Dabigatran)
- Savaysa (Edoxaban)
- Ticlid (Ticlopidine)
- Xarelto (Rivaroxaban)

If you have a stent or you have had a blood clot, **talk to the doctor who placed the stent or treated your blood clot before you stop taking this medicine.** Your medicine may need to be changed or adjusted before surgery.

If your surgery date gets changed, and you had stopped or changed your medicine to prevent clots, call your doctor. You may need to restart the medicine while you wait for your surgery to be rescheduled.

Exercise to improve your strength before surgery

Being in good physical shape can help you recover from surgery quicker and with fewer problems. The stronger you are before surgery, the easier things will be for you after surgery.

- Exercise 30 minutes each day most days of the week.
- Walking in your neighborhood or on a treadmill, riding a bike, and strength training using light weights are all good options.
- Try to increase the amount of time or how hard you are exercising every few days to build up your strength and stamina.
- If you have a regular exercise routine most days of the week, stay with it until your surgery.

Your surgeon may have you see a physical therapist (PT) before your surgery if you are not very active or you are weak.

Stop tobacco use

If you smoke or use other tobacco products, you need to **stop 4 weeks before the surgery. You also need to avoid tobacco use for up to 8 weeks after surgery to help your wound healing.** Talk to your doctor about a smoking cessation program. You can also get help through:

- Ross Heart Hospital Smoking Cessation Clinic, 614-293-0932
- The Lung Center, Tobacco Dependence Clinic, 614-293-4925
- Ohio Tobacco Quit Line, 800-QUIT-NOW (784-8669)
- Quit for Life program from the American Cancer Society, 800-227-2345
- American Lung Association, 800-586-4872

- BeTobaccoFree.gov Smoking Quit Line, 877-448-7848
- Ohio Partners for Smoke Free Families at <http://ohiosmokefreefamilies.org>
- Smokefree.gov

Stop alcohol use

- If you drink alcohol, you will need to **stop drinking 4 weeks before the surgery** to reduce your risk of problems after surgery.
- Avoid alcohol up to 8 weeks after your surgery to help reduce your risk of infection and to help your wound heal more quickly.
- Talk to your doctor if you need help to stop alcohol use. You may also find these resources helpful:
 - Alcoholics Anonymous (AA) at www.aa.org
 - Rethinking Drinking at www.rethinkingdrinking.niaaa.nih.gov
 - National Institute of Alcohol Abuse and Alcoholism at www.niaaa.nih.gov
 - Talbot Hall at 614-257-3760 provides inpatient, partial hospitalization, and outpatient services for teens or adults and their families as well as educational programs

Payment and Financial Aid

Call your health insurance before surgery

It is always a good idea to call your insurance company to check for authorization before you have surgery or other procedures, or your insurance may not pay. Check your health insurance card for a phone number to check about your benefits and authorization.

- If your insurance will not pay the full amount, you will be asked to pay a deposit before surgery.
- **You will be expected to pay your co-pay, co-insurance, or deductible amount when you arrive for your surgery.**

Pre-registration

- You should expect a call from the hospital to pre-register for surgery. If you have not been called within 2 days before your surgery date, please call Pre-Registration at 614-293-8200 or 866-312-7846. Our staff will help you understand what fees you may be expected to pay for your surgery, the doctors, and the hospital charges.
- If you have MyChart, you may log on to complete your pre-registration questionnaire.

Financial aid

If you do not have insurance, or you are not able to pay your part of the cost for your care, please call to talk to one of our billing customer service staff at 614-293-2100. They will be able to help determine if you qualify for:

- Ohio Medicaid, if your income meets guidelines
- Affordable Care Act Insurance plans
- Financial aid programs through state or national programs

They can also help you set up a payment plan. Financial help may also be available through the hospitals, based on sliding scale and federal poverty guidelines. We would need to have information about your job, income, resources, insurance, family size, and other information. We want to give you the care you need, so we will work with you to try to help.

If you have questions while you are in the hospital, call the financial counselors at 614-293-0860.

Planning for Your Recovery

Your care after leaving the hospital

You should have help available to you around the clock for the first few weeks after surgery. After surgery, you will not be as strong and will need someone to help you get in and out of bed, prepare meals, take you to appointments, get your medicines, help with your exercises, and care for your incision.

You will not be able to drive while taking prescription pain medicine and until your doctor says that you can return to driving.

Plan for help after surgery

Our goal is to have our colon surgery patients return home from the hospital where they can recover in the comfort of a familiar environment. However, some patients may require home health services or a short stay in a skilled nursing or rehabilitation center.

If needed, we can provide you with a list of recommended care providers for home health services, skilled nursing facilities, or rehab centers close to your home. We work closely with the listed companies to maintain a high level of care as you leave the hospital and continue your recovery. Our goal is to coordinate your care and reduce the chance of problems. By working together with you, your caregivers, and your community care team, we aim to give you the care you need to recover as quickly as possible.

If you do not have benefits for home health services, skilled nursing facilities, or rehab centers, or if you need further guidance, please call your doctor's office and ask to speak to the case manager.

Talk to your insurance provider

Know your options to help you plan for your care after surgery.

If you have Medicare A or B:

- Ask for lists of nursing homes or home health services in your area.
- You can also get the lists online at www.medicare.gov.

If you have private insurance or Medicare Advantage:

- Call the phone number on your insurance card. Tell them you are having surgery, and you want to know about your skilled nursing or nursing home benefits. Ask them for a list for your area.
- Review the list and call the Admissions Director at several sites. If you can, visit the sites to see which sites you prefer.

Day before Surgery

Your surgery time

You will receive a call 24 to 48 hours before your surgery date to tell you the time of your surgery. The person calling will tell you when you should arrive, review your instructions for your bowel prep, review the medicines you should take before your surgery, and answer any other questions you may have.

Clear liquids only the day before surgery

For the 24 hours before your surgery, you are not able to have any solid foods. You should **only drink clear liquids that are not red, orange or purple** in color to help get your bowel prepared for your surgery. Clear liquids include:

- Water
- Fruit juices that you can see through, such as apple, white cranberry, or white grape
- Popsicles or ice chips
- Ginger ale or lemon-lime soda
- Gatorade, other sports drinks or drink mixes, like Kool-Aid
- Clear broth or bouillon
- Jell-O
- Coffee or tea with no milk or cream added

You also have a carbohydrate drink you were given in the surgery prep kit. **Drink 1 bottle the evening before your surgery.** You will need to drink the other bottle the morning of your surgery.

Bowel prep

You will have an instruction sheet in your Bowel Prep kit that has this same information. Check off the steps as you complete them on the sheet and bring the form with you when you come for surgery. You will take some pills and drink a medicine mixture to clear your bowel of any solid matter. You will need to go to the bathroom often, and your stool will get very watery.

Step 1 - 11 AM

Take the 4 Bisacodyl or Dulcolax tablets with **a cup of the sports drink** you will use to mix in Step 2.

Step 2 - 11 AM

Pour the entire bottle of polyethylene glycol or Miralax powder into the large bottle of sports drink. Shake well to mix. **Drink the entire bottle of this mixture over the next 2 hours.**

Step 3 - 1 PM

Take 2 Flagyl (metronidazole) tablets and 2 neomycin tablets with clear liquids. These are medicines to help reduce your risk of infection.

Step 4 - 2 PM

Take 2 Flagyl (metronidazole) tablets and 2 neomycin tablets with clear liquids.

Step 5 - 9 PM

Take 2 Flagyl (metronidazole) tablets and 2 neomycin tablets with clear liquids. **Continue to drink clear liquids only until midnight.**

Step 6 - Before Bedtime

See the next page, **Cleaning your skin with CHG Foam Wash.**

Step 7 - Before bedtime

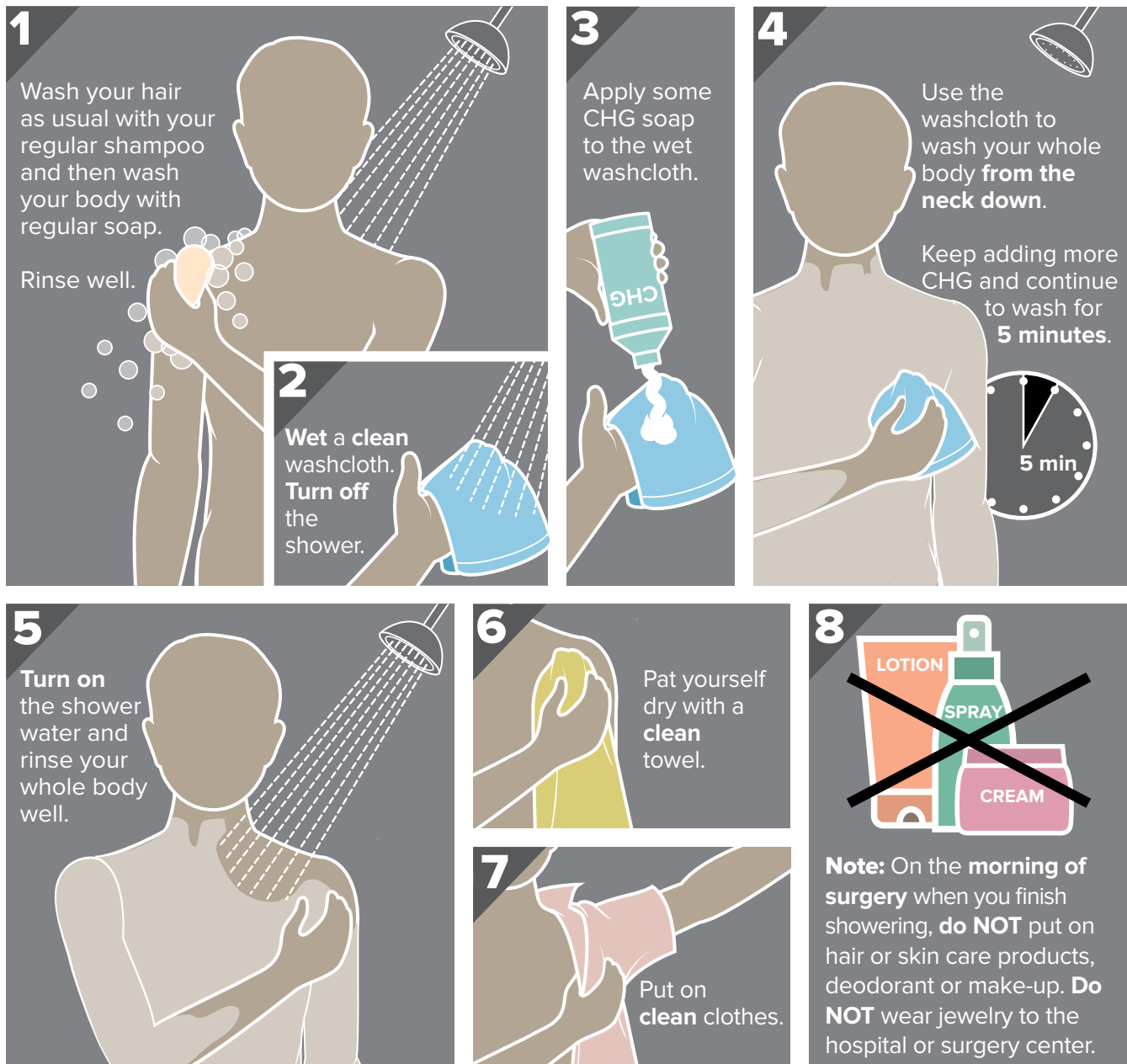
Drink 1 bottle of carbohydrate drink from your prep kit.

Cleaning Your Skin with CHG Foam Wash

Steps 6 and 8

Your surgery involves cutting through the skin. Because germs live on everyone's skin, there is a chance of getting an infection. To lessen your chance of getting an infection, you need to wash your skin with a special soap, called chlorhexidine gluconate (CHG), also known by the brand name of Hibiclens, before your surgery.

You will need to take a **shower with CHG the night before your surgery and then again the morning of your surgery. Use 3 pumps of the foam wash for each shower.** Please call your surgeon's office if you have any questions.



Day of Surgery

Finish your prep for surgery

- **Step 8** - Take another shower with the CHG foam wash and put on clean clothes. Do not put on any hair or skin care products, deodorant, or makeup. **Refer to page 11, Cleaning Your Skin with CHG Foam Wash.**
- **Step 9** - Drink the last bottle of carbohydrate drink 2 to 4 hours before your surgery time.
- Take any medicines you were instructed to take the morning of your surgery with the carbohydrate drink or small sips of water.
- Remove any nail polish, artificial nails, piercings, and all makeup before your surgery.

Things to bring with you

Please bring these items with you:

- Your photo ID and health insurance card(s).
- Co-pay or co-insurance or deductible amount you are responsible for.
- Phone number for the doctors and pharmacy you use.
- List of preferred home health agencies or rehabilitation centers, if needed.
- Your blood band in the **Red Envelope** if you were given one by the lab.
- Current copy of your medicine list. Be sure to include any vitamins, herbals or other over the counter medicines. Also list the last time the medicine was taken.
- Your Living Will and Health Care Power of Attorney forms (if you have them)
- Comfortable clothing, such as a robe, slippers, and toiletries.
- Do NOT bring jewelry, money, or other valuables.
- **Step 10** - The “Pre-Surgery 10-Step Bowel Preparation Kit” form that was with your pre-surgery kit.

Plan to arrive at Registration 2 hours before your surgery.

Pain Management Before and Through Surgery

Most people have some pain after surgery. Good pain control helps you feel comfortable, so you can take deep breaths, walk, and sleep. These things help to lower your risk of problems, such as pneumonia and blood clots after surgery.

Take your medicine as ordered by your doctor to bring you the most relief as your body heals.

Starting before surgery

Your doctor may order medicine to help control your pain before surgery. These may include:

- Acetaminophen, brand name Tylenol
- Oxycodone, brand names Oxycontin, Oxecta, or Roxicodone
- Gabapentin, brand names Neurotin, Gralise, or Horizant
- Celecoxib, brand name Celebrex

Other medicines may be ordered to control anxiety or to prevent nausea.

Pain relief procedures

Besides oral medicines, your surgeon or anesthesiologist may recommend spinal or epidural analgesia for your surgery to control pain.

Spinal Analgesia

- Can also help to control pain after surgery. After cleaning and numbing the skin, a needle is put into the spinal space below the spinal cord. (It does not go into your spinal cord.) When the needle is in the right place, you will be given an injection of pain medicine and then the needle is removed.
- Rare side effects may include: headaches, numbness or tingling in lower legs, back soreness, bleeding, allergic reaction, or infection.

Epidural Analgesia

- Also gives pain relief after surgery. A very thin flexible tube, called an epidural catheter, is placed in the epidural space in your back just before surgery. A small pump is attached to the catheter to deliver numbing medicine. The catheter is taped to your back. You will be able to move around in bed and walk. This can be left in place for 24 to 48 hours before you leave the hospital.
- Rare side effects may include: headaches, bleeding, allergic reaction, or infection.

Other pain relief options

If the other pain control procedures are not best for you, there are other options to provide pain relief after surgery.

Patient Controlled Analgesia (PCA)

- This is a special pump that connects to your intravenous (IV) line. When you feel pain, you push a button to get a measured dose of pain medicine. Your doctor orders the kind and amount of pain medicine to meet your needs.
- The pump limits how much pain medicine you can receive, so you cannot give yourself too much medicine. This is safe and puts you in control of your pain relief.
- You should be the only person to push the button, not your family members or friends. Your nurse will give you more instructions about the use of your pump.

Non-Drug Pain Control

Many patients find using other treatments helps to reduce the need for pain medicines. Some of these options may include:

- Activity:** Start moving as soon as possible after surgery if your doctor says it is okay. Moving helps your breathing and digestion, and helps you heal faster. Moving and being active can help lessen pain over time.
- Cold and heat:** Both cold and heat can help lessen some types of pain. Some pain improves best using cold while other types of pain improve with moist heat. Talk to your nurse about, which is best for your type of pain.
- Deep breathing:** Taking slow deep breaths can help you relax and lessen pain.
- Distraction:** Focus your attention on something other than pain. Playing cards or games and talking and visiting with family may relax you and keep you from thinking about the pain. Watching TV or reading may also be helpful.
- Music:** Whether you listen to music, sing, hum, or play an instrument, music can help you relax and help you breathe more deeply and slowly. It can also increase your energy and help change your mood.
- Relaxation techniques:** Stress and anxiety can make pain worse and may slow healing. Since it is hard to avoid stress, it can help to learn how to control it. Some ways to help you relax:
 - Use extra pillows and blankets to stay in a comfortable position.
 - Make sure the room is the right temperature for you.
 - Ask your support person to massage your back, hands, or feet to lessen your pain.
 - Try placing a cool cloth on your hands or face.
 - Close your eyes and imagine yourself in a place you find relaxing. Think about sounds or sights that you enjoy.

What to Expect after Surgery

Your plan of care

To help you and your family know what to expect after surgery, we have created this plan. Changes may be made based on your needs and recovery.

You and your family need to learn about your care, so you know what to do after you leave the hospital. Please ask questions and share any concerns with your care team.

Every day

- Ask your nurse and doctor about your progress.
- **Ask for pain medicine before your pain gets out of control.** You will be ordered several medicines to help control your pain, such as acetaminophen (Tylenol), gabapentin, and ibuprofen (Motrin).
- **Be active.** Staff will help you up to a chair the evening of your surgery, and they will help you to walk starting the day after surgery. The goal is to walk 4 times each day and increase the distance walked every other day.
- **Use your breathing exerciser** (incentive spirometer) 10 times every hour while you are awake.
- **Use a pillow to support your belly incision when you cough and deep breathe** to help control pain. An abdominal wrap may be used to help reduce pain while you sit or when walking.
- **Compression wraps need to be worn on your legs to help prevent blood clots.** You may also be given medicine to help prevent blood clots. This medicine may be given as a shot for 28 days. Your nurses will help you learn how to do this shot, so you can take the medicine after you leave the hospital.
- You will be asked if you are passing gas, having bowel movements, and about your appetite.
- You can chew gum to help get your bowels moving more quickly.

Day of surgery

- The breathing tube and stomach tube (NG) will often be removed before you wake up from surgery. Your throat may feel sore or irritated for a few days.
- You will start with a clear liquid diet. Your diet will be advanced to full liquids and then soft foods as you are able to tolerate.
- Staff will help you up to sit in a chair.

Day 1 after surgery

- You will be helped out of bed to sit in the chair for 2 to 4 hours.
- Staff will help you walk 2 to 4 times.
- When you are able to drink clear liquids without stomach upset, IV fluids will be stopped. Your IV site will be capped. It will be removed when you are ready to leave the hospital.

Day 2 until discharge

- You will sit in the chair for 4 to 6 hours.
- Staff will help you walk 4 to 6 times.
- If you have an epidural for pain control, it will be removed by the pain team.
- If you are taking prescription pain medicine, you may need a stool softener. Tell your nurse if you feel you need to have a bowel movement.

Day of discharge

Be sure you understand:

- How to care for your incision.
- Medicines you are to take, how much and when, and any side effects to watch for.
- Follow up appointments.
- When and who to call if you have problems.

You will be given more specific instructions in your After Visit Summary. You may also have prescriptions that you need to have filled at the pharmacy.

If you have questions or concerns about your surgery or care after leaving the hospital, please call:

- **Colorectal surgery at 614-293-3230 or**
- **Surgical oncology at 614-293-3230**

After hours, on weekends and holidays, call the hospital operator at 614-293-8000. Tell the operator your surgeon's name, and they will get someone to help you.



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