Preparing and Recovering from Your Gastrointestinal (GI) Surgery

This handout gives you information about what to expect before, during and after your surgery. If you have questions, ask your nurse or doctor for more information.

Important Medicine Information

Talk to your doctor about any medicines you take to thin your blood or prevent clots. You may need to change these medicines or adjust the amount you take before surgery.

These medicines include:

- Aspirin
- Clopidogrel, brand name Plavix
- Prasugrel, brand name Effient
- Ticagrelor, brand name Brilinta
- Apixaban, brand name Eliquis
- Ticlopidine, brand name Ticlid
- Warfarin, brand name Coumadin
- Enoxaparin, brand name Lovenox
- Dabigatran, brand name Pradaxa
- Fondaparinux, brand name Arixtra
- Rivaroxaban, brand name Xarelto
- Cilostazol, brand name Pletal
- Edoxaban, brand name Savaysa

If you have a stent, do not stop taking your medicines to prevent clots without first talking to the doctor who put in the stent. For more information, ask a member of your health care team for the patient education handout on protecting your stent.

This handout is for informational purposes only. Talk with your doctor or health care team if you have any questions about your care.

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If you take aspirin or medicines like aspirin for arthritis pain, your doctor may have you take a different medicine in the weeks before your surgery.

If your surgery or procedure is canceled for any reason, call your doctor because you may need to restart the medicines you take to thin your blood or prevent clots.

Talk to your family doctor before you stop any of your medicines. This includes medicine for:

- Diabetes
- High Blood Pressure

**Before Your Surgery**

You will have an appointment with your doctor for a physical exam to check your overall health before surgery. You may also have tests done before surgery. Your doctor and nurse will give you more information about the following:

- You may have an electrocardiogram (EKG), chest x-ray, blood work and other tests may be done before surgery.

- **You may be given a bowel preparation guide and a special diet to follow.**

- You may need to use a special soap on your body the night before and morning of surgery. Your doctor and nurse will give you more information about how and when to use this soap.

- Do not drink alcoholic beverages before your surgery. If you have questions about your use of alcoholic beverages, talk to your doctor.

- Do not use tobacco products 4 weeks before surgery and 6 to 8 weeks after your surgery. Tobacco products (cigars, cigarettes, chewing tobacco, or snuff) lower the amount of oxygen in your blood and decreases blood flow to your tissues. This may cause problems with healing and lung problems after surgery. Do not use a nicotine patch or nicotine gum because both of these products can cause a decrease in blood flow to the area where you will have surgery. The James has resources available to help you quit using tobacco. You will meet with a member of the anesthesia team before your surgery.
You will need to bring the following items with you to the hospital:

- Insurance card and a photo ID
- Medicine list or your medicines in the original bottles (include both prescriptions and over the counter medicines)
- Pharmacy name and phone number
- Family medical leave paperwork
- Power of Attorney and or Living Will paperwork
- Any medical equipment you use at home (walker, cane)
- A suitcase with a change of loose-fitting clothing, comfortable shoes, toothbrush and toothpaste, comb or brush, deodorant and other personal grooming supplies.
- Bring a storage case for your glasses, contact lenses or hearing aids. You can give them to a family member or friend to keep for you until after your surgery.
- A nurse will talk with you and ask questions about your health and the surgery. You will also be asked to not wear or remove the following items the day of surgery:
  - Nail polish
  - Make-up
  - Jewelry
  - Hair clips
  - Dentures or partial plates
  - Contact lenses or eyeglasses
  - Hearing aids

Day of Your Surgery

- Your family can stay with you until you go to the Pre-operative Holding Area.
- The nurse will answer any questions you may have and tell your family where they can wait while you are in surgery.
- Your vital signs (blood pressure, pulse, temperature and breathing rate) will be taken at this time. Blood tests will be done, if needed.
- An IV (intravenous) catheter will be put into a vein to give you fluids.
During Surgery

- A nurse will check your identification (ID) bracelet. You will be asked about your allergies. Then you will be made comfortable on the operating room table.

- Your vital signs will be watched closely. You will be hooked up to a heart monitor to watch your heart rate and rhythm.

- A small clip (pulse oximeter) will be put on your finger to measure your pulse and the amount of oxygen in your blood.

- Your doctor will tell you how long your surgery may take. Your family will be updated on how you are doing. After the surgery is over, the surgeon or an assistant will call or come to the waiting area to talk with your family.

After Surgery

Once your surgery is done, you will be moved to the Post Anesthesia Care Unit (PACU), for a period of time before going to your hospital room. The following is a list of what to expect when you wake up after surgery:

- Your vital signs and oxygen levels will be checked often. If needed, you may be given oxygen through a small tube inside your nose.

- You may feel cold. This is normal when you have general anesthesia. Warm blankets are available for you.

- Tell your nurse if you have pain and they will give you medicine to help make you more comfortable.

- When you are awake and your vital signs are normal, you will be taken to your hospital room when the room is available. Your vital signs, IV fluids and any drainage tubes and dressings will be checked.

- After you are moved to your hospital room, your family will be able to visit.
Care After Surgery

You will be connected to monitors, drains, and tubes. The following is a list of what to expect after surgery.

- Your vital signs will be check often.
- You will be asked to do deep breathing exercises. This helps lower the risk of getting pneumonia after surgery. You will be taught to use a breathing exercise device (incentive spirometer). This device helps to keep your lungs clear after surgery.
- You will have an IV in your arm during your hospital stay.
- You will start sipping clear liquids and then move to a regular diet.
- **Some patients may need a Central Venous Catheter (CVC):** This is a special IV placed into a large vein in the body, often in your neck or chest. The CVC is a thin, soft, plastic tube that is put in during surgery and used for IV fluids, medicines, blood transfusions and taking blood samples.
- If you have an incision, it may be covered with a dressing. Your nurse will check your incision for any bleeding, swelling, signs of infection or other problems.
- It is important to change your body position at least every 2 hours while in bed.
- You will sit up in a chair and walk the day of your surgery. The staff will help you walk in the hallways several times each day. Walking is one of the most important things you can do to help in your recovery.
- Most people have some pain after surgery. It is important to keep pain under control to help with your recovery. Good pain control helps you feel comfortable, so you can take deep breaths, walk and sleep better.
- **Tell your nurse right away if you have pain.** Pain medicine may be given into your IV, as a shot or a pill. The kind of pain medicine you get will depend on how much pain you are having and how well you can drink fluids.
- **Some patients have a Patient Controlled Analgesia (PCA):** A PCA is a pain pump used to help control pain. The pain medicine is ordered by your doctor. The pump is connected to your IV line and is set so you can push a button when you have pain. This will give a small amount of pain medicine into your bloodstream. You should be the only person to push the button. Your nurse will give you further instructions about this pump.
• **Epidural analgesia** is another way to give pain medicine after surgery. A very thin plastic tube called an epidural catheter is put into your back just before surgery. A small pump is attached to the epidural catheter. The pump gives a small amount of pain medicine through the catheter in your back at a set rate. The catheter is taped to your back and you will be able to move around in bed or walk. You can use epidural medicine until the pain has eased enough for you to take pain pills by mouth. While you have the epidural in place, you may also have a tube in your bladder to drain urine. This is called a Foley catheter.

• **Sequential Compression Device (SCD):** The SCD is a soft plastic sleeve that is placed around each leg. The sleeve is connected to a pump. The pump pushes air into different parts of the sleeve in sequence, creating pressure around the legs. The air pressure helps move blood through the vessels in your legs to help prevent blood clots. You will wear the SCD’s during the night while resting, and throughout the day, except when you are out of bed or walking.

**Discharge From the Hospital**

• It is common to feel more tired than normal for the first 1 to 2 weeks after surgery. Try to get extra sleep at night and take a nap during the day to help you feel less tired.

• You may shower after your surgery. Use soap and warm water to gently clean your incision. Pat the area dry, do not scrub.

• Do not take tub baths, soak in hot tubs or swimming pools until your doctor says it is okay to do these activities.

• Leave the incision open to air and keep it clean and dry.

• Check your incision each day.

• Your nurse will give you the following information before you leave the hospital.
  
  ▶ A follow-up appointment to see your doctor
  ▶ Important phone numbers
  ▶ Home health care agency information
  ▶ Signs and symptoms of infection and when to call your doctor
  ▶ Instructions on wound and drain care
  ▶ A list of current medicines and prescriptions
  ▶ Activities you can or cannot do while healing from surgery
• You will have a follow-up appointment about 1 to 2 weeks after surgery. Your doctor will talk with you about the pathology results at this follow-up appointment.

When to Call the Doctor

Call your doctor if you have any of the following:

• Skin near the incision becomes red, swollen or painful
• Change in the amount, color or odor of the drainage from the incision (yellow or green pus-like drainage)
• Fever of 101.5 degrees Fahrenheit (38 degrees Celsius) or higher
• Nausea or vomiting that keeps you from eating or drinking
• Pain that gets worse and is not relieved by pain medicine