

What to Expect After Bowel Resection Surgery

Your Hospital Stay: Approximately	Days. The exact number of days will be decided by your surgeon after
surgery. After surgery you will go to a recov	very room, and then to a medical/surgical inpatient unit.

- Food:

- o Immediately after surgery, you will not eat or drink anything by mouth (also known as NPO).
- o Starting the day after surgery, you will be allowed to drink clear fluids.
- Once you can tolerate a liquid diet, usually within 1 -2 days, your surgical team will put you on a low fiber diet. Timing will depend on your progress, and may correspond to your ability to pass gas or have a bowel movement.

- Drains/Tubes:

- While you are not eating or drinking, you will receive fluids and medications via an intravenous (IV) catheter.
- A urinary catheter (or Foley Catheter) will be in place after surgery, draining urine from your bladder into a bag. This
 catheter will usually be removed the first day after surgery unless you have had rectal surgery, you have a history of
 prostate enlargement, or your surgery is more complicated.

- Pain Management:

- If you chose to have an epidural catheter for pain control (a thin catheter placed into the space that surrounds the spinal cord in the lower back), you will be connected to a machine that delivers pain medication called Patient Controlled Epidural Analgesic, also known as EPCA. You control when the medication is delivered, but you will not be able to administer more medication than is safe.
- o If you decided not to have an epidural, you will receive intravenous pain medications. Once you are able to tolerate food, you will be given oral pain pills.

- Activity:

- Getting out of bed
 - You will be expected to get out of bed with assistance approximately 6 hours after surgery.
 - You should try and do this at least 3 times a day, increasing your activity as your pain improves.
 - o The more you are active, the faster your overall recovery will be.

Breathing exercises

• You will perform breathing exercises using an incentive spirometer at least 10 times an hour while awake. This will prevent complications, such as pneumonia.

You are ready for discharge when:

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	☐ Your vital signs are stable, including blood pressure, heart rate and temperature.
	Your pain is controlled with oral pain medication.
	You are eating.
	You are passing gas or have had a bowel movement.
	You are able to get in and out of bed with minimal or no assistance.

****Once you have met the discharge criteria, your surgeon or his/her care team will let you know that you are ready for discharge. Discharge may be as early as 10 am****