

Colorectal Surgery



Center for Colorectal Surgery
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UCSF Health

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What to Expect

1 We'll do everything we can to make your surgery a success.

You will be undergoing surgery in the coming weeks. Our goal is to improve the quality of your life as much as possible during this time. We know it can be overwhelming, but we'll be there to support you every step of the way.

2 Expect to have soreness and discomfort after surgery.

At times, you may have pain on and around your surgical site. Our goal is for your pain to be managed to a tolerable level so that you can get back to your normal routine as quickly as possible.

3 You play the most important role in your own recovery.

Your care team will do everything they can to ensure that your procedure and recovery are successful, but there's also a lot you can do for yourself. This book includes instructions for keeping you safe and healthy before, during, and after surgery. Stay informed, ask questions, and try to maintain a positive attitude. If you're feeling overwhelmed, ask us for help!

Your roadmap

Before Surgery 3-6 weeks

Follow steps to get medically cleared for surgery.

During Your Hospital Stay 1 - 5 days*

Work with your care team to get moving again, manage your pain and your diet.

After Discharge 3-6 weeks

Care for your surgical site, manage your pain at home, and restore your ability to do daily activities.

Before Surgery

To obtain medical clearance for surgery, you must:

3-6 weeks before surgery

- Stop smoking
- Exercise regularly
- Complete blood work or additional tests requested by your surgeon
- Watch any educational videos assigned by your care team
- Receive education on ostomy (Ostomy patients only)

1-2 weeks before surgery

- Meet (in person or on the phone) with anesthesia providers

3-4 days before surgery

- Ensure you have all the supplies needed for your bowel prep. (If a bowel prep has been prescribed by your surgeon. You should have received a *Your Guide to Bowel Prep* handout along with prescriptions for bowel prep and Boost Breeze or Gatorade)
- Ensure you have your medicated soap for your skin preparation (if not provided by surgeon's office)
- Designate someone to drive you home from the hospital

1 day before surgery

- Start your bowel prep (if prescribed). Follow steps in *Your Guide to Bowel Prep* handout

Night before surgery

- Shower with Hibiclens, Chlorhexidine (CHG) Soap
- Pack for your hospital stay

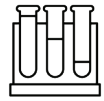
Morning of surgery

- Take medications as prescribed
- Drink **one** container of either Boost Breeze/Gatorade (if you are not diabetic) **two hours** before you arrive at the hospital. Do not eat or drink anything after this
- Wear comfortable clothing
- Wear your eyeglasses and bring a case (no contact lenses)
- Bring two forms of ID (one with photo)

If you get sick before surgery (fever 101.5° F, cough, sore throat, cold, flu, infection), please call your surgeon (415-885-3606) and the Prepare Clinic at 415-885-7670.

 Did everything here? You're ready for surgery!

Ask your surgeon



Why do I need lab tests before my surgery?

We want to be sure that you are medically safe for surgery. To do so, we will ask you to get some lab tests and imaging studies based on your medical history prior to your operation. Please help us by coordinating with your primary care physician to complete all requested testing. The lab results will be reviewed at your PREPARE appointment.



Why do I need to stop smoking?

Easy for surgeons to say, but they have good reason! Cigarettes cause poor wound healing. By causing blood vessels to constrict, nicotine decreases the oxygen supply to the tissues preventing them from healing. This is specially important if you are getting any kind of bowel connection. In other words, nicotine will stop the ends of your intestines from fusing! In addition, risk of pneumonia and other lung complication is much higher if you have not quit. You will need to be nicotine-free (this includes chewing tobacco, vaporizers, patches and gum) for as long as possible prior to surgery. We will often request a nicotine urine test to schedule your surgery date and again 2-3 weeks before surgery. It is also very important that you not return to smoking for at least one year following surgery.



Why do I need to exercise?

Undergoing surgery is like running a marathon. The more fit your body is when you have surgery the faster you will recover. The exercise program that we have designed for you is focused on stability and mobility so that if you get used to it before surgery, incorporating it after surgery will allow you to be back on your feet sooner and with more confidence.



When do I need to stop eating and drinking?

It is important that you have an empty stomach at the time of your operation to reduce your risk of choking while under anesthesia. You need to stop eating the day before surgery but you can take clear liquids up until 4 hours before your surgery. If you drink coffee, do not add any cream. You may take routine medications (only if the PREPARE clinic has given permission to continue these medications) with sips of water before surgery, if needed. If a bowel prep is required for your surgery, you should follow the instructions in *Your Guide To Bowel Prep* to ensure your colon is clean.



Should I keep taking my current medications?

Your medications will be reviewed at your PREPARE appointment and you will be told which ones need to be stopped before surgery. The UCSF PREPARE clinic is an anesthesia and surgical evaluation program that ensures you are medically cleared for surgery.



Will I have pain after surgery?

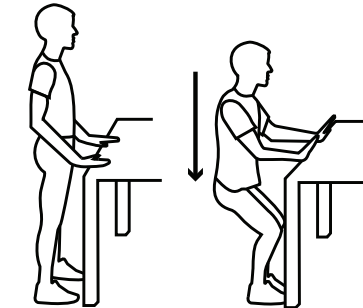
Controlling pain after surgery is a delicate balance between keeping you comfortable and preventing side effects of the pain medications. Some pain and discomfort is to be expected. However if you find yourself in pain that is preventing you from getting out of bed and moving about, you need to let your nurses know, and we will work towards finding a better balance.

Exercise to aid recovery



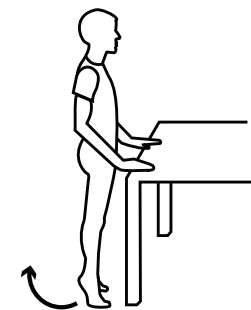
Walking

At least 20 minutes, 5 times per week
This should be in addition to normal activity.



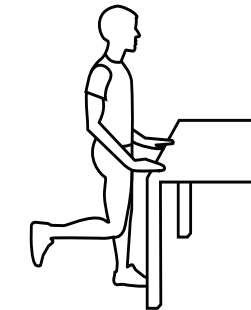
Mini squats

1. Stand at counter, using fingers for balance as needed.
2. Place feet hip width apart.
3. Sit down and back as if you are sitting in a chair.
4. Do not let your hips drop below your knees.
5. Repeat 10 times, 2 times/day



Heel raises

1. Stand at a counter, use fingers for balance as needed.
2. Raise up on your toes, lifting heels off the ground.
3. Stay for 1 to 2 seconds and SLOWLY lower your heels.
4. Repeat 15 times, 2 times per day.

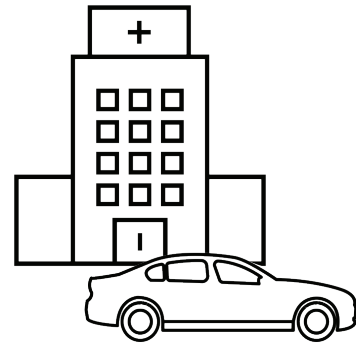


Single leg stance

1. Stand at counter, using fingers for balance as needed.
2. Lift LEFT leg and hold for 30 seconds.
3. Lower and repeat with RIGHT leg.
4. If that gets too easy, try to hold your balance without using your hands for balance, or close your eyes.
5. Perform 2 times/day for 30 seconds on each leg.

More questions? Give us a call at 415-885-3606.

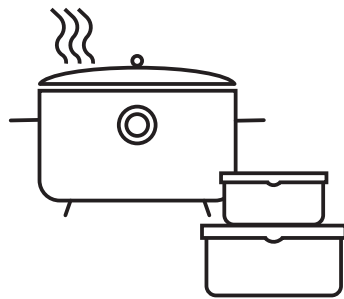
Plan ahead for discharge



You'll need a caregiver to receive care instructions from hospital staff, drive you home, and help you with recovery.

Know who will help you get home from the hospital before your surgery. Planning this in advance will help ensure there are no delays to your getting home – which is the best place for you to recover after surgery.

We typically discharge patients by 10am, so please plan accordingly for your ride. Your caregiver will need time to receive instructions from hospital staff, so have them arrive a few hours early. We will do our best to tell you your discharge time as soon as we can.



You may not want to cook when you come home so plan to have someone help with meals. Or you may want to cook ahead before surgery and freeze meals.

Pack for your hospital stay

Medication list

A written list of your medications, including dosing and frequency, so we can make sure you receive the medications you normally take at home during your hospital stay.

Entertainment

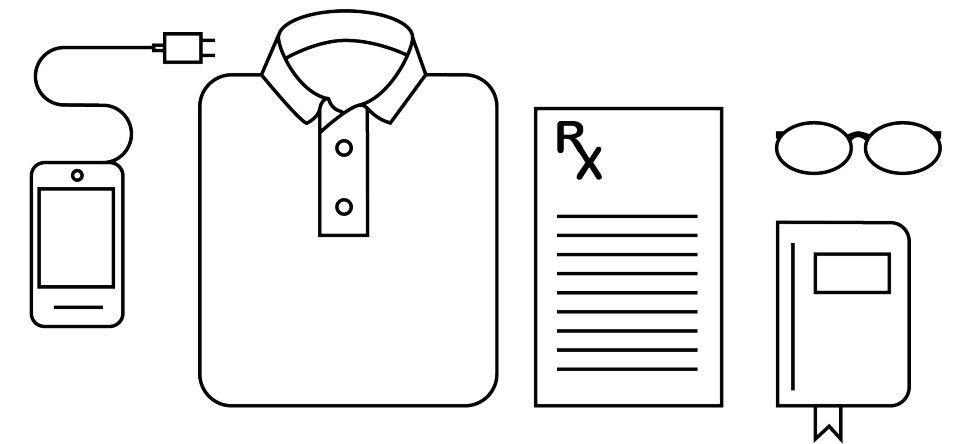
Books, cell phones and other electronics for entertainment.

Clothes

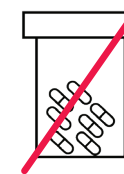
A set of comfortable clothes and shoes to wear home when you leave the hospital.

Toiletries (optional)

The hospital will provide these for you.



Do not bring your own medications*



As a safety measure, we are not allowed to use your home medications. The hospital will provide you with the medications you normally take at home.

* Unless you were specifically instructed to do so. Exceptions apply for certain medications that are rare or difficult to obtain. Check with the surgeon's office if you are unsure whether to bring your own medications.

Do not bring valuables†



Do not bring large amounts of cash, multiple credit cards, jewelry, or any other expensive valuables.

† You may need to purchase items during your hospital stay, so be sure to bring at least one credit card or a limited amount of cash.

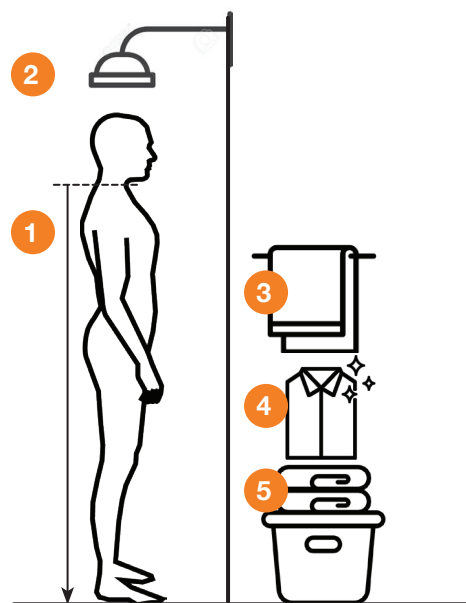
Clean your surgical site

With every surgery there is always a risk of infection. We will do everything we can to prevent an infection, but you can help by following these washing instructions before surgery.

Reducing the amount of germs on your skin prior to surgery is an important step you can take to protect yourself from developing an infection at your surgical site. The most effective way to do this is washing with a special soap called chlorhexidine gluconate (CHG), commonly found in stores as **Hibiclens**. The soap comes in a liquid form and can be purchased at most stores and pharmacies.



Shower with Hibiclens the night before surgery.



1. Turn water off. Apply CHG soap to your entire body from the jaw down. Use a clean washcloth or your hands. Avoid getting CHG near your eyes, ears, nose or mouth.

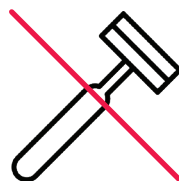
2. After applying CHG soap to your whole body, wash thoroughly for five minutes. Pay special attention to the area where your surgery will be performed. Do not scrub your skin too hard.

3. Pat yourself dry with a fresh, clean, soft towel. Do not wash with your regular soap after using the CHG.

4. Put on clean clothes or pajamas.

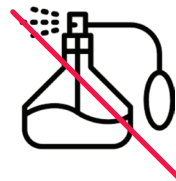
5. Use freshly laundered bed linens.

Do not shave the area of your surgery



Any new cut, abrasion or rash on your surgical extremity will need to be evaluated and may cause a delay in your procedure.

Do not use other hygiene products



Do not apply any lotions, hair conditioner, perfumes, deodorant or powders after using CHG soap.

During Your Hospital Stay

On the day of your surgery:

Check in 2 hours prior to surgery

If your surgery is at Mission Bay Moore/Bakar Hospital (1855 Fourth Street): check in on 2nd floor at the adult surgical waiting room (A2460)

If your surgery is at Parnassus Moffitt-Long Hospital (505 Parnassus Avenue): check in at the admissions office (where you will be directed to the Pre-Op area on the fourth floor)

Meet your surgical team

Sign consent form (operation and possible blood transfusion)

When you wake up after surgery:

Work with your care team to get up and moving

You'll be ready to leave the hospital when:

You are drinking and eating well (no nausea), passing gas, and your pain is well-controlled

You have received instructions about diet, exercise and wound care

You have made a follow up appointment to see your surgeon (in 3-5 weeks)

Congratulations on this huge milestone. You're ready for recovery.

Ask your surgeon



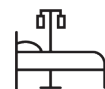
Why is it important to get out of bed so soon after surgery?

Staying active is the most important thing you can do to facilitate your recovery and prevent complications such as pneumonia, blood clots, bed sores or prolonged “sleeping bowels”. You can expect to get out of bed with assistance from your nurse once you have arrived on the surgical unit from the recovery room. Getting out of bed, sitting and walking will help with breathing, circulation, your bowels and your wellbeing.



I’m in pain. Is this normal?

You can expect soreness after surgery and some discomfort as you move about. We try to keep you comfortable but let your team know if you need more help to control your pain. Pain control is a key part of the healing process. Our goal is to keep pain at minimum while avoiding the side effects of pain medication.



Can I have someone stay with me during my hospitalization?

You are welcome to have one adult visitor stay with you overnight during your hospitalization, if you are located in a private room. If you are unsure, please ask your nurse and they will provide you with more information.

We encourage you to invite visitors during your recovery at the hospital.



What activities can I do after surgery?

In general you will be able to return to most normal activity such as walking and climbing stairs. We would ask you to limit heavy lifting (anything more than 10 pounds) for 4-6 weeks after your surgery.



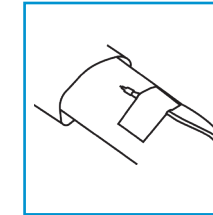
Will I need a special diet after my surgery?

Yes, if you have a new ileostomy. The dietitian will go over this with you in detail while you are in the hospital. If you did not get an ileostomy, no special diet is needed. It is wise however, to take frequent smaller meals with simple foods to start.

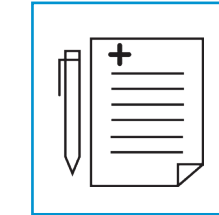
More questions? Give us a call at 415-885-3606.

What to expect the day of surgery

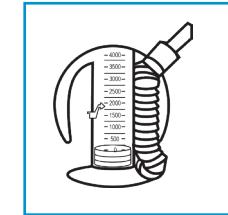
Before your surgery



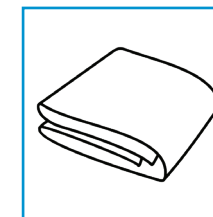
You will have an intravenous (IV) catheter placed on your arm and get IV fluids.



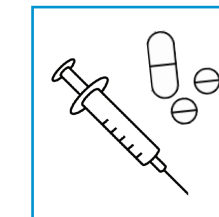
You will sign a consent form for the operation and the possibility of a blood transfusion.



You will learn to use a device for breathing exercises. This can help prevent pneumonia. It is important to use it on your own to help with your recovery.



A warming blanket will keep you warm to help prevent infection after surgery.



You will receive two or three pain medications to help with pain control.



You may have an epidural placed before the surgery to reduce postoperative pain.



You may have an anti-nausea patch placed behind your ear.

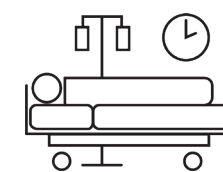
During your surgery

Many patients do not recall being in the operating room because the medications you are given during surgery cause amnesia. You will be connected to monitors that watch your heart rate, blood pressure and blood oxygen levels. After this, you will be given a blood thinner shot to prevent you from getting blood clots and intravenous antibiotics to prevent infections. The anesthesiologist will put you to sleep with a general anesthetic.

Once you are asleep, your surgeon will begin your surgery. A resident surgeon with an average of three to five years of surgical training will assist your surgeon during the operation. During surgery, the operating room nurse will call your family every two hours to update them. In general, most operations last from three to five hours, but do not be alarmed if the procedure takes longer than this.

In the recovery room

After surgery, you will be taken to the recovery room. 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 two hours. If you are in the recovery room for more than two hours, you will sit in a chair in the recovery room, as it is very important to get you moving as soon as possible after surgery. Once awake and stable, you may be given water or juice to drink.



What to expect after surgery

In your hospital room

You will be transferred from the recovery room to a room on one of the surgical units. You will be reunited with your family once you are on the unit. This is a good time for your family to bring the belongings you packed at home. Only close friends or family should visit on this day, as you will still be quite drowsy.

Foley Catheter

You may 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. It should be removed by noon the first day after your surgery. Remind your care team if you still have it in at noon and you have not been told it is necessary to continue using.

If you are unable to urinate after the catheter from your bladder is removed, it 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.

O₂

You may also be given oxygen.

IV

You will have a drip in your arm giving you fluid into your vein. You will be placed on your regular medications, with the exception of some diabetes, blood pressure and a low dose of blood thinning medications to help prevent blood clots.

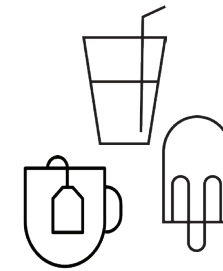
Vital signs

The staff will check your temperature, pulse and blood pressure regularly.

Post-op day 0

Start a liquid diet

Unless instructed differently, you can take clear liquids and chew gum or hard candy within the first day after your surgery.



Feel free to ask for:

Clear Broth

Clear juices such as apple, cranberry and grape.

Jell-O

Popsicles

Coffee/tea (no milk/cream)

You may drink liquids in moderation, but do not push yourself to drink. If you feel full or bloated, or have hiccups or burping stop drinking. If you become nauseated, tell your nurse. It is very common to feel sick to your stomach after your surgery. We give you medication to reduce this but start with reducing the amount of liquid you are taking.

You will also be given chewing gum three times a day to get your bowels moving after surgery.

Post-op day 1

Get moving again!

Early mobilization is the single most important thing you can do to recover more quickly.

Always get out of bed with assistance to avoid the possibility of falling. The first time you walk will be with your nurse. Plan on walking at least five times a day and sit upright in a chair for at least six hours. Your nurse will tell you when you are safe to walk by yourself.

Let your nurse know if you continue to have pain that prevents you from moving.

You will be given pain medication in pill form once you are drinking liquids. The medication works best when used regularly. Ask for another dose before the pain gets too bad, so that we can avoid "chasing" your pain.

Advance to a soft diet

It is okay for you to eat soft foods, unless your surgeon tells you differently. Small, frequent meals with a bland diet are best after abdominal surgery, but don't force yourself to eat. If you feel nauseous, tell your nurse.

Help your nurse record how much you eat and drink, and how much you urinate. They will show you how to do this.

Post-op day 2 (and beyond)

Keep walking!

At this point in your recovery you should spend most of the day out of bed and walking. Have a family member help.

If you have a new ileostomy, a dietitian will guide you on the diet you should follow for the next 4-6 weeks. If you do not have an ileostomy, you can start regular meals.

Receive ostomy education

If you have an ostomy you will learn how to change your pouch, keep track of your ostomy output and diet and actions you can take to prevent dehydration. Your nurse will ask you to “teach back” these things to ensure that you are prepared to care for yourself at home.

Prepare for discharge

Discharge time is 10 a.m. You will not be released without someone present.

When preparing to go home you will receive:

- Hospital discharge instructions, including wound care
- Prescriptions for all medications you need at home. You can arrange to have prescriptions filled while you are in the hospital
- Ostomy supplies (if necessary)

Make an appointment to see your surgeon 2-4 weeks after surgery if you have not done so already. Call 415-885-3606, or schedule through MyChart.

After Discharge

Day of discharge:

- A member of the surgical team will go over your discharge instructions
- If your ride home is more than an hour long, take frequent breaks to stand up and walk around

In your first weeks at home:

- Get moving to increase your stamina, promote circulation and prevent blood clots
- Follow your discharge instructions to reduce your opioid pain medication. Stop taking opioids as quickly as possible
- Watch for wound changes, fever, chills, nausea or vomiting

3-5 weeks after surgery:

- Follow up appointment

Ask your surgeon



I'm still experiencing pain. Is that normal?

It is normal to have some discomfort or pain at the surgical site for a few weeks after your surgery. The pain will vary with activity, but should decrease over time. Abdominal pain with mild cramps and bloating is also normal. This should improve slowly. Eating several small meals instead of a few larger meals will help prevent bloating. Walking before and after meals will also help.



How can I control my pain?

Take your pain medication only as prescribed. Opioid pain medications are the strongest for major pain but these can affect your ability to think clearly, drive or operate machinery as well as slow your intestines. Do not drive if you are taking opioid pain medication. Do not take with alcohol. You should wean off opioid pain medications as soon as you can.

Ibuprofen is good for minor pain. Common brands are Advil®, Motrin® and Aleve®.

Acetaminophen (common brand: Tylenol®) is also an excellent pain reliever for minor pain. Do not take acetaminophen while taking Percocet®, Norco® or other prescription medications that contain acetaminophen. Taking more than 4,000mg of acetaminophen in 24 hours can cause severe liver damage.



I'm experiencing constipation. What should I do?

Pain medicine can sometimes cause constipation or irregular bowel movements (BMs). Drink plenty of fluids. You can take Miralax to help with improving bowel function.

Stop taking stool softener if you develop loose stools.

Don't go too many days before taking action!



It burns when I urinate. What does this mean?

You may experience some mild burning with urination, which will improve with time. If the burning persists, you have difficulty urinating or you urinate small amounts often, call 415-885-3606. If you went home with a urinary catheter, please make sure that you have a follow up appointment for the catheter to be removed.

Call 415-476-3742

If you develop any of these symptoms:

1. Fever of greater than 101.5°F
2. Nausea or vomiting (especially if you are unable to keep liquids down)
3. Severe pain at the incision
4. Pus or foul smelling drainage from the incision
5. Persistent diarrhea or more than 10 bowel movements in 24 hours
6. You are not able to urinate after 8 hours
7. If you experience dizziness, lightheadedness, or extreme fatigue
8. Bright red blood from the incision, rectum or ostomy (greater than 4 tablespoons).
A small amount of bleeding may be normal, depending on your surgery.

More questions? Give us a call at 415-885-3606.

Prevent infection

With every surgery there is always a risk of infection.

We will do everything we can to prevent an infection; this is why we ask you to shower with Hibiclens before your surgery and why we will give you IV antibiotics at the time of the operation. Infection prevention will continue when you go home, and there are a few simple steps you can take to help keep yourself safe.

Monitor your incision daily for signs of infection and call our clinic with any concerns.

A small amount of yellow/red/clear drainage from the incision is normal.

If a wound infection develops, this usually happens three to ten days after surgery.

Most healing takes place by 6 weeks after surgery. The scar will continue to soften, and the skin will become lighter in color over the next year. Keep your incision covered from sunlight for the first few months, or use sunscreen to protect your newly healed skin from sunburn.

Drain care

- If you have been sent home with a drain, you should have learned how to care for it while you were in the hospital.
- After the drain has been in place for three days, you may shower and change the dressing. Do not take a tub bath or swim.
- Check the skin around the tube. If the skin becomes red, tender or you notice foul smelling thick drainage from the skin, call your physician. A little redness and a small amount of clear to pink drainage are normal.

Resume normal activities

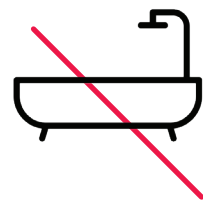
Daily activities

- You may walk flights of stairs, perform non-strenuous activities, ride in a car and shower.
- Avoid driving for at least the first week after surgery and do not drive while on opioid pain medication.
- Continue to walk frequently to promote healing and increase your stamina.
- Do not lift anything greater than 10 pounds for 4 weeks to avoid developing a hernia at the incision.
- It is normal to feel tired; you may need to take naps or rest during the day.

Diet

- Small, frequent meals may be more easily tolerated after abdominal surgery.
- Drink plenty of fluids. Avoid caffeine, alcohol and fluids with high sugar content because they can cause increased urination, diarrhea, and dehydration. Water, Crystal Light and/or sports drinks (Gatorade) are good choices. Sugar free or low sugar sports drinks are better.

Do NOT take baths or soak in water



Do not soak in a bath, Jacuzzi, or hot tub until your surgeon gives the okay.

Do NOT apply any creams, lotions, or ointments on your incision



Do not apply these for 4 weeks after surgery, and do not clean the incision with anything unless your doctor instructed you to do so.

More questions? Give us a call at 415-885-3606.

Additional Resources

Enhanced Recovery After Surgery (ERAS)

The ERAS program uses state-of-the-art care from a multidisciplinary team of professionals on the forefront of advances in this new field. It embodies best practices in surgical care to accelerate your recovery so that you can get home as quickly and safely as possible after your surgery.

Our approach includes:

- Using the most modern anesthesia methods
- Promoting return of bowel function as quickly as possible
- Using best practices for diet, bowel preparation, antibiotics and hydration
- Encouraging our patients to get out of bed and walk early after surgery
- Providing alternatives to opioids to effectively treat pain
- Help patients start drinking and eating soon after surgery with easy-to-digest liquids and foods

Learn more at:

<http://eras.surgery.ucsf.edu>

Contact information

Surgery

Colorectal Surgery Office (General Questions and Concerns)	415-885-3606
Diana Rego, Eileen Moynihan (Outpatient Nurse Practitioners)	415-476-3606
Dominic Buerkle (Practice Coordinator to Dr. Mika Varma)	415-885-3621
Jian Wei (Practice Coordinator to Dr. Ankit Sarin & Dr. Hueylan Chern)	415-514-4818
Narimane Badawi (Practice Coordinator to Dr. Wick, Dr Finlayson & Dr. Kim)	415-885-7676
Miriam Siyam (Social Worker)	415-514-1707
PREPARE Clinic	415-885-7670
Pre-Operative Area at Mission Bay	415-476-0989
Recovery Room (Post Anesthesia Care Unit) at Mission Bay	415-476-0994

Hospital

UCSF Medical Center at Mission Bay	(415) 353-3000
UCSF Medical Center at Mount Zion	(415) 567-6600
UCSF Medical Center at Parnassus	(415) 476-1000
Operator Services	(415) 476-1000 (24 hours)

Other resources

Exercise Classes	415-885-3693	http://tiny.ucsf.edu/TrrHS
Exercise Consultation	415-514-6430	http://tiny.ucsf.edu/VOHfhY
Nutrition Consultation	415-502-5547	http://tiny.ucsf.edu/xUrLCh
Financial Counseling (insurance questions and cost estimates for treatments)	415-353-1966	http://tiny.ucsf.edu/Vvqa8d
Financial Services (understanding medical bills, arranging payment plans or requesting financial assistance)	866-433-4035	http://tiny.ucsf.edu/Vvqa8d
Imaging Library (to obtain copies of CDs with images from Radiology)	415-353-1640	http://tiny.ucsf.edu/VsdSdJ
Interpreting Services	415-353-2690	http://tiny.ucsf.edu/PrZ5HY
Medical Records (to obtain hard copies of your records)	415-353-2221	http://tiny.ucsf.edu/1DzE51
My Chart	415-514-6000	http://tiny.ucsf.edu/XBoqCK
Radiology Central Scheduling	415-353-3900	
Social Work & Other Support	415-885-3693	http://tiny.ucsf.edu/ntiwGm
Surgery Wellness Program	415-476-3474	http://tiny.ucsf.edu/Q3n2Cz
Transportation and Parking	415-476-1511	http://tiny.ucsf.edu/IXG4uf
UCSF Shuttle Service	415-476-4646	http://tiny.ucsf.edu/Nlq7ky
Wheelchair Escort Mission Bay	415-476-1540	
Wheelchair Escort Parnassus	415-353-1664	

Call 911 if you are experiencing:

Signs and symptoms of a heart attack (chest pain or shortness of breath)

Fainting and/or loss of consciousness

Signs and symptoms of a stroke (BE FAST):

- **B**alance: Sudden loss of balance.
- **E**yes: Sudden loss of vision in one or both eyes.
- **F**ace: Noticeable unevenness or droopiness in the face.
- **A**rm: Weakness or numbness in one arm. One arm may drift downwards.
- **S**peech: Slurred speech.
- **T**ime: Every second counts.

