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Follow-up

- If you do not already have an appointment, make a follow-up appointment. Typically, this should be 2 weeks after your surgery date.

What to Expect

- Most healthy patients find that they feel pretty good after 1-2 weeks and nearly normal after 3 weeks.
- Pain is usually only significant for the first day or so. Fatigue can be significant (multiple naps throughout the day) but is nearly resolved by week 3 typically.
- Most patients can return to work at week 2 for "office jobs" and at weeks 2-3 for jobs that are more physically active.
- You should start walking the evening of surgery and are cleared for aerobic activity as soon as you feel able to engage in this easily. Going up the stairs is okay to do immediately after surgery as long as you are healthy enough to do it. You should NOT engage in any activity where you feel chest pain, get dizzy, or feel weak.
- The most important thing is to listen to your body. If you feel tired, then rest.
- Most people notice abdominal bloating after surgery. This peaks at 2 weeks after surgery and then generally goes away in another week or so.
- The better your nutrition and exercise ability before surgery, the better you will heal after surgery. The best way to get stronger after surgery is to start moving as soon as you can safely after surgery.
- If you have had part of your bowel removed or your colostomy / ileostomy reversed, your first bowel movements may be hard to control. This does not mean that you will continue to have problems!! Your body just needs a little time to adjust. This usually happens VERY quickly, typically within a day or so.
- Every patient is different, so all of this information is an estimate. Some patients heal slower and some heal faster.

Activity

- You will likely feel tired for at least 1-2 weeks after your surgery. Take your pain medicine as needed to stay active, but rest as needed for recovery. Take short walks 2-3 times a day. This will help reduce the risk of blood clots following surgery. You may use the stairs as needed as long as you are not dizzy or weak. Make sure someone is around the first few times you use the stairs or exercise. Do not lift anything greater than 15 lbs for 6 weeks.

Driving

- You may drive when you can react safely in an emergency. You must not be taking an opioid or sedating medications when you are driving. You should you also not have a great deal of pain, as this will affect your ability to react quickly

Coughing

- Practice 10 deep breaths every hour and 2 coughs every hour (for at least 12 hours a day), for the first week after surgery. This will decrease your risk of lung problems or pneumonia. When coughing, be sure to place a pillow over the incision and gently press inward to reduce the pressure (from coughing) on your incision.

How to manage bowel movements and diet

- To avoid constipation, take a fiber supplement and Colace 200 mg twice per day. For fiber, you can take Metamucil (orange bottle), Citrucel (orange bottle), or Benefiber (green bottle), etc. Pick the option that you tolerate the best. You can (and should) start this before surgery unless you have previously not tolerated fiber supplementation.
 - o Start with one teaspoon once a day. You can increase this slowly to two teaspoons twice daily and the two teaspoons twice a day. Increasing fiber quickly can cause bloating and gas pains.
- If you are not having bowel movements (or having bowel movements less than every 3 days), your bowel movements are hard, you have to strain with bowel movements, and/or your bowel movements are small pebbles - YOU ARE CONSTIPATED.
 - How to treat constipation:
 - o Make sure that you are drinking at least 64 ounces of non-caffeinated non-alcoholic liquids daily.

- o Start with 200 mg Colace twice a day AND fiber.
- o If that does not work, then ADD MiraLAX 1-3 times a day.
- o If that does not work, then ADD one dose of magnesium citrate or milk of magnesia.
- o If you have not had a bowel movement by the morning of the fourth day following surgery, drink one bottle of citrate of magnesium, which can be purchased at any pharmacy. Following the first bowel movement, you should have a bowel movement at least every other day.
 - After a bowel movement, you can use toilet tissue, wet Kleenex, cotton, Tuck's pads, or use a bidet to clean yourself. If possible, take a warm bath. After completing your cleaning, pat the area dry with dry tissue or use a hairdryer on a cool setting. Constant moisture in the area can cause itching and also delay healing.
 - Eat a regular diet including plenty of fresh fruit and vegetables.
 - Sitz Baths: sit in 8 to 10 centimeters of warm water (sitz bath) for 15 to 20 minutes 3 times a day and / or after bowel movements. Then pat the area dry. Do this as long as you have pain in your anal area.
 - Avoid sitting on the toilet for long periods of time (greater than FIVE MINUTES) or straining during bowel movements.

Incisions

- Your incisions have been closed with dissolvable suture on the inside and a special skin glue or Steri-Strips over the incision. The skin glue will dissolve on its own. If you have Steri-Strips, they will fall off on their own after approximately 2 weeks. Do not try to remove it from your skin. You may shower on the day of surgery and allow clean, soapy water to run over your incision but do not soak your incisions in water (no hot tub, bathtub, or swimming pool) for the first 3 weeks after surgery. Do not put any ointment, creams, or hydrogen peroxide over the incisions for the first 6 weeks after surgery or while the incision is open, draining or scabbed.
- If you have a bandage over the Steri-Strips and/or skin glue, the bandage can come off after 48 hours. If the bandage is saturated with liquid, then remove it (before 48 hours). You can shower with the bandage in place.

- You can place an icepack over the area for 20 minutes, 3 times a day for the first 5 days to control pain and decrease inflammation. Use a thin cloth between the incision area and the ice pack.

Medications

These are *Over-The-Counter medications* to that can be used after surgery. I highly recommend taking all of these medications using the instructions below. Each medication affects a different pain receptor. Using them all together can be very effective.

Pain Medications

- Ibuprofen (Motrin/Advil). This is an anti-inflammatory medication.
 - Take 600 mg (usually 3 tablets but check medication dose before using) every 8 hours with food or milk for 2 weeks. After 2 weeks, take as needed for pain. DO NOT TAKE IF YOU TAKE A BLOOD THINNER, TAKE ASPIRIN DAILY, OR HAVE HEARTBURN. DO NOT TAKE THIS WITH CELEBREX (CELEBREX REPLACES THIS MEDICATION).
 - Extra-Strength Tylenol (500 mg). This is a pain reliever medication.
 - Take 2 tablets (two 500 mg tablets or 1,000 mg total of medication) every 8 hours for 2 weeks. After 2 weeks, take 1-2 tablets as needed for pain every 8 hours.
- Take BOTH Tylenol and Motrin (Advil/ibuprofen) THREE TIMES A DAY for 2 weeks after surgery.

Constipation Medications

- Colace 100 mg. This is a stool softener.
- Take 2 capsules twice a day to prevent constipation. If you have loose stools take 1 tablet daily. If you still have loose stools then stop this medication.
- MiraLAX (Purple Top container). This is a laxative.
- Take 1-3 capfuls daily with liquid for constipation. Put the powder in a liquid and mix it. Wait 10 minutes for it to fully dissolve; this will significantly help the taste. Then drink the liquid. If you have loose stools, stop this medication.
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These are *prescription* medications that you may be prescribed after surgery.

Pain Medications

- Celecoxib (Celebrex) 100 - 200 mg. This is an anti-inflammatory medication.
 - o Take 1 tablet or capsule 1-2 times per day (your prescription bottle will provide full instructions). This is INSTEAD OF IBUPROFEN, typically if you have a history of heartburn. DO NOT TAKE IF YOU TAKE A BLOOD THINNER OR TAKE ASPIRIN DAILY
- Oxycodone 5 mg. This is an opiate pain medication. One tablet of this medication provides the same pain relief as a combination of Tylenol and Motrin together. Tylenol, Motrin, and Oxycodone all work on different pain receptors.
 - o Take 1-2 tablets every 4-6 hours for pain not controlled by Tylenol or Motrin.
 - o This medication causes significant constipation.
- Baclofen 5 - 10 mg. This medication is a muscle relaxer.
 - o Take 1 tablet 1-3 times daily for muscle spasm pain. This medication can make you sleepy, so start this medication at night.
- Lidocaine Ointment or Cream. This is a numbing medication.
 - o Apply to the area 1-2 times per day.
- Gabapentin 100 - 300 mg. This is a nerve pain medication.
 - o Take 1 capsule at night. You can increase this up to 3 times a day. This medication can cause you to be sleepy or dizzy. If this happens, stop taking the medication.
- Journvax (suzetrigine) 50 mg. This is a pain medication that works on different pain receptors than the other medications listed above.
 - o Take this medication every 12 hours. For the FIRST dose, take 2 tablets on an empty stomach. For all of the following doses, take ONE tablet with or without food every 12 hours.

When Should I call the Physician?

- Diarrhea: Occasional loose bowel movements are common. Constant watery diarrhea, especially with fever, can mean there is an infection of the bowels.
- If you do not have a bowel movement for 3 days despite doing all of the recommended steps (Colace AND MiraLAX AND fiber AND water AND magnesium citrate or milk of magnesia).
- Inability to drink liquids due to nausea
- Fever with or without cough (temperature of at least 101.4F): This could be a sign of lung, wound or stomach infection. Elevated

heart rate: If your heart rate is more than 100 beats per minute, this could be a sign of infection.

- Sudden shortness of breath and/or chest pain: This could be related to a heart problem, such as a heart attack, or could be related to a blood clot to the lung (pulmonary embolus) or a lung infection.

- Leg swelling and pain: Blood clot formation in the leg, particularly if it is on one side, could cause swelling with pain in the calf.

- Passing out: This could be a sign of low blood pressure, which could be caused by blood loss, low blood sugar, or other causes.

- UNABLE TO URINATE WITHIN 8 HOURS AFTER YOUR SURGERY

- If you are concerned, then call. It is better to catch any problem earlier rather than later. If you cannot easily reach someone who can answer your questions, then seek medical attention.