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Before surgery

LIFESTYLE

Before your surgery, we want to make sure you are as fit as possible. To help achieve this we strongly suggest that you **STOP SMOKING**, continue to **EXERCISE** and **NOT DRINK ALCOHOL** for 24 hours before your surgery.

FOOD

If your surgery is in the morning you may eat solid food until midnight.

If your surgery is in the afternoon you may have a light snack (dry toast and fruit) up to 6 to 8 hours before your surgery

DRINK

You can drink clear fluids (excluding alcohol) up to 2 hours before your surgery

- Juice without pulp | No milk or milk products,

Your doctor may suggest a drink made up of complex carbohydrates 2 hours before your surgery

- [Nutrica preOP® Pre-Surgery Clear Carbohydrate Drink](#)
- [DEX Preop Surgery Drink](#)

PREPARATION

Please let your clinician know if you are allergic to chlorhexidine based products.

On the day of admission please shower using a chlorhexidine based soap. We recommend cleansing your whole body, not just the area that you are having surgery on.

- [MICROSHIELD® 2 Chlorhexidine Skin Cleanser](#)

Following your shower please get dressed in freshly washed clothes.

Do not put on any creams, lotions, perfumes, makeup or nail polish.

- [If you do not have access to a chlorhexidine based soap or have an allergy, please use a regular bar of soap instead.](#)

MEDICATIONS

Please discuss with your clinician if you are taking regular medications and bring a list of them on the day

Some surgeons may prescribe you medications before your surgery to help reduce pain or the experience of nausea and vomiting.

The most common medications prescribed include

- [Simple analgesia: paracetamol or ibuprofen](#)
- [Anti-nausea: metoclopramide or ondansetron.](#)

In the operating room, the anesthetists may inject some local numbing agent to the surgical site to reduce pain after surgery and administer antibiotics to prevent infection.

BOWELS

Not all surgery requires bowel preparation. If bowel preparation is required for your surgery please refer to your surgeon's preferred bowel preparation guide.

- [Often these can be purchased from your local pharmacy](#)



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After surgery

DIET

Following a balanced diet after surgery can improve recovery and assist with healing by helping meet nutritional requirements

PAIN RELIEF

Pain after an operation is common,

Pain relief is important as it helps you breathe easier, move easier, sleep better and recover faster

We want your post-operative period to be as comfortable as possible.

Please let your treating team know if your pain is 4/10 or more.

NAUSEA+ VOMITING

ACTIVITY

A combination of activities following surgery can help prevent complications and improve your recovery.

Introduction of a regular or low-fat solid diet as soon as possible following your surgery.

Chew gum for 30 minutes after meals, three times a day. This is to help your bowels start moving and return to their usual function.

Add a nutritional supplement drink such as Ensure or Twocal to increase your protein intake and improve healing.

To help control pain after surgery a combination approach is recommended.

Simple painkillers such as paracetamol and anti-inflammatories are commonly used as the standard pain relief regime. These pain relievers may not completely treat your pain, however, regular use may reduce the amount of other pain killers that you might need.

- **Paracetamol 1000mg four times a day**
- **Ibuprofen 400mg – 800 mg every 6 hours**

Sometimes you may need stronger pain relief such as tramadol and oxycodone in addition to the standard paracetamol and ibuprofen.

- **+/- Tramadol 100 mg orally every 4 to 6 hours when required**
- **+/- Oxycodone 5–10 mg orally every 4 hours when required**

The most common side effects are nausea, constipation, itchiness and confusion.

Most pain killers can be given by mouth if you are eating and drinking normally. In some cases, pain relief can be given through an injection under your skin, into the muscle or through a drip.

To help with symptoms of nausea vomiting the following medications are commonly prescribed after surgery

- **+/- Ondansetron 4 mg orally every 6 hours when required for nausea**
- **+/- Prochlorperazine 10 mg IV every 6 hours for breakthrough nausea**

Aim to mobilize 8 times per day

- **If you are able to, get up and walk to the bathroom or toilet.**
- **With assistance, attempt to walk the length of the hallway and back again**

Eat all of your meals sitting out of bed, in a chair.

Aim to be out of bed for at least 8 hours of the day (on and off)

Every hour (while awake) take 10 deep breaths to help prevent a chest infection during recovery



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DVT PREVENTION

Following surgery, you are at increased risk of developing a blood clot in your lower legs called a deep vein thrombosis (DVT). We can help prevent this from happening through early mobilization and the use of sequential compression devices.

If your treating team believes you are at a higher risk for DVT they may recommend a small daily injection to prevent this from happening (low molecular weight heparin).

BOWELS

We want to make sure that your bowels are working well and return to their usual function following surgery.

To help you return to normal bowel function we recommend a combination of laxatives to ensure you are passing stool regularly.

Your doctor may choose one or more of the following medications.

- **Docusate + Senna 1–2 tabs orally twice a day (Coloxyl with Senna®)**
- **Lactulose 15–30 mL orally three times a day (Actilax®)**
- **Macrogol 3350 13.125 g, sodium chloride 350.8 mg, sodium bicarbonate 178.6 mg, potassium chloride 50.2 mg - 1 sachet daily (MOVICOL®)**
- **Psyllium Husks - 1–2 capsules orally daily (Metamucil® - Fibercaps)**

At home

- Your **INCISION** may be slightly red or uncomfortable for 1-2 weeks. Stitches or staples can be removed 7-10 days after the procedure
- You can **SHOWER** after 1-2 days following surgery however please do not scrub the area and only gently wash allowing water to run over the incision. No soaking in a bath for 2 weeks
- Your **BOWELS** should return to normal over time
- Your **DIET** can return to what it previously was unless otherwise indicated by your dietician or treating team
- Continue to **EXERCISE** and gradually increase the incidence and intensity until you are back to your normal level of activity. Please follow any specific advice given by your treating team

Complications don't happen very often but it is important to know what to look out for. Please refer to the information about your surgery and what to look out for and reasons to follow up with your treating clinician

CALL YOUR TREATING TEAM ON THE FOLLOWING NUMBER IF

- Your incision becomes warm, red or you see anything draining from the wound
- You have a fever
- You cannot eat or drink
- You are having pain that is not relieved by medications