

Your Guide to Colorectal Surgery (ERAS)

Preparing for and Recovering from Surgery

Patient Name: _____

Surgeon Name: _____

Surgery Date: _____

Surgery Location: Northwest Medical Center Oro Valley Hospital



**NORTHWEST
HEALTHCARE**

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Welcome

Preparing for surgery can be overwhelming. Everyone is different. Your surgery team will create a recovery program just for you.

This booklet is based on research that helps **everyone** recover better and faster after surgery. For example: walking and moving soon after surgery is key. And if you had surgery before, some information may be new or different.

This booklet will help you:

- Get ready for surgery
- Find out what to expect at the hospital
- Plan for recovery in the hospital
- Plan for recovery at home

There are planners and checklists at the end of this booklet to help you and your family.

Read this booklet as soon as you can.

Bring this booklet to all your appointments and to the hospital.

Write down any questions to ask your surgical team when you see them. Or call with any questions.

We want you, your family and friends to understand what to expect so everyone can help you recover.

Your Surgery Team

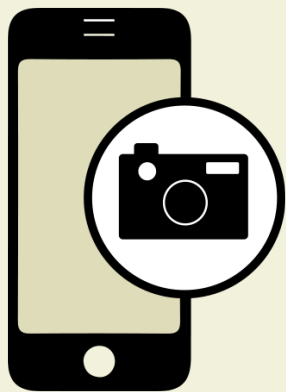
Get Ready for Surgery

Your Surgery Team

Your surgeon will oversee your care. Your care team may also include nurses, physician assistants, nurse practitioners, and doctors in training.

Gather information to bring to the hospital

- Your insurance card
- Contact information for your primary care doctor
- Any other important medical information
- A list of any prescription medications
- A list of any and over-the-counter medications you take regularly (like aspirin, Tylenol, Benadryl, eye drops, etc.)



If you have problems writing or typing your medication list, you can also use a smartphone to take pictures of any medications you take.

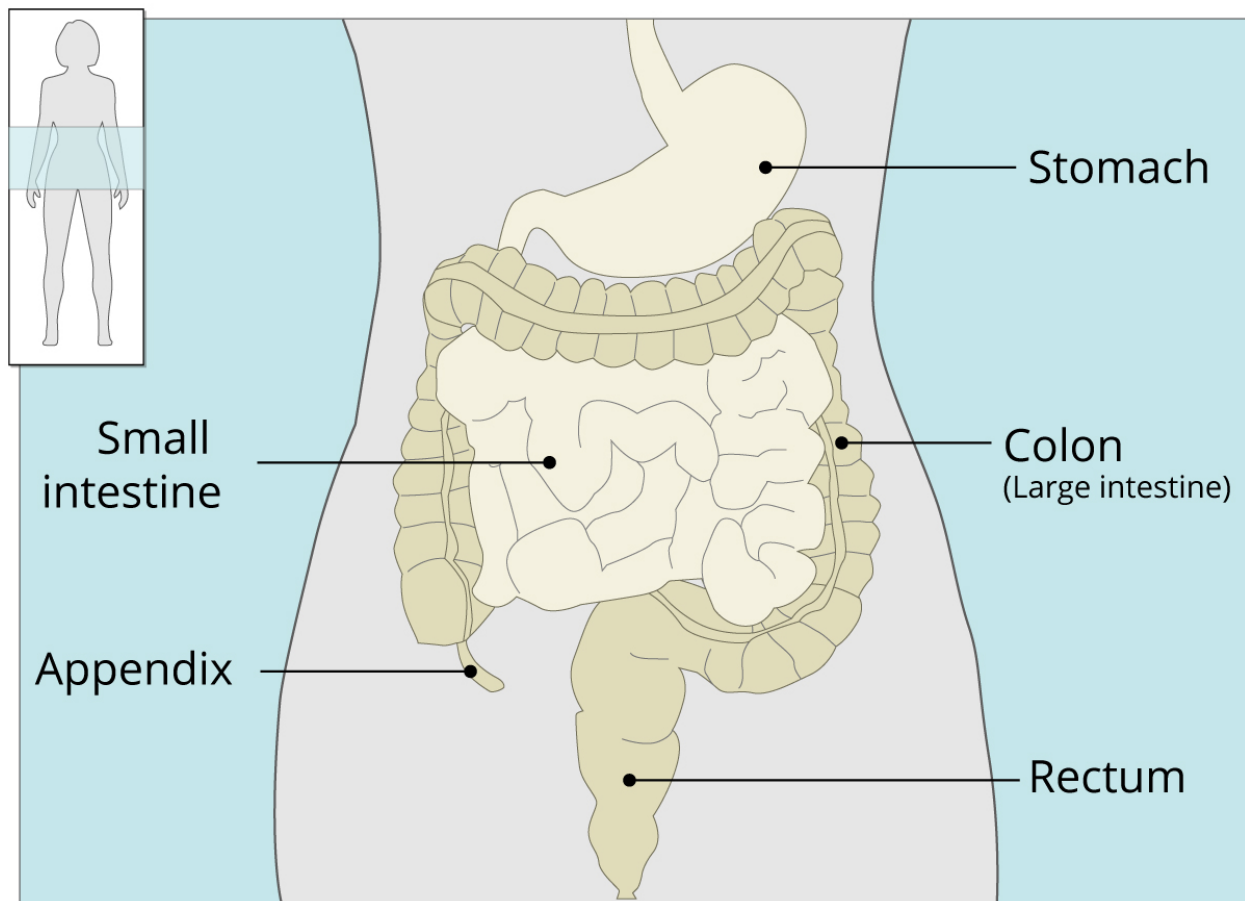
You can also ask your pharmacist to print out a list of your prescription medications.

Your Body

After the food is broken down in your **stomach**, it moves into your **small intestine**, where nutrients are absorbed. Then it moves into the **colon** (large intestine). The colon absorbs water from the waste. And the waste becomes more solid feces (poop).

Near the beginning of the colon is a little sac called the **appendix**. It has good bacteria that can help keep your gut healthy.

At the end of the colon is the **rectum**. When the waste moves into the rectum and it feels full, your body knows it's time to go to the bathroom. And the muscular walls of the rectum help your body push everything out.



Why is surgery performed?

Colorectal surgery may be done to treat conditions like colon cancer, or a condition you've had for many years like diverticulitis, Crohn's disease, or ulcerative colitis.

Talk with your doctors and surgery team to understand:

- What kind of surgery you're having
- How it should treat your condition
- What to expect afterward about eating and drinking
- How it will affect going to the bathroom
- How it may help you work and travel

If you're a woman and you still want to get pregnant, ask how surgery may affect this .



These are important conversations, so don't be afraid to ask questions.

What to Do Before Surgery



During your office visit find out:

- If you need any blood tests
- The date and time of your surgery
- The date and time of your pre-surgery (pre-op) visit
- What medications you should and should **NOT** take the morning of surgery
- This will also be discussed at your preoperative appointment
- **IMPORTANT:** If you take a blood thinner like warfarin (Coumadin®), clopidogrel (Plavix®), or aspirin, find out if you should stop taking it in the days or weeks before surgery.



Who Speaks for You?

Most of the time, surgery goes fine. But everyone should make sure their doctor and family know their wishes. If a decision needs to be made about your care during surgery, or if you cannot speak for yourself after surgery, your team needs to know who speaks for you. Make sure this family member or friend knows what treatments (like a breathing tube or CPR) you would or would NOT want if there was a serious problem.

It's best to create an **advance directive** (living will) to document what you would or would **not** like done to keep you alive. It's a good idea for everyone to have advance directives, even if they're not having surgery. You can change it any time.

If you have an advance directive, bring a copy to the hospital. If you don't have one, ask the hospital to help you create one. Find the advance directives form for your state on the internet here: <http://bit.ly/StateForm>

2 Weeks Before Surgery

Many people stay in the hospital for 3 to 5 days. Your surgeon can tell you what to expect.

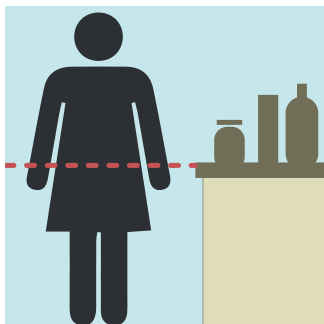
Friends to Help at the Hospital and at Home



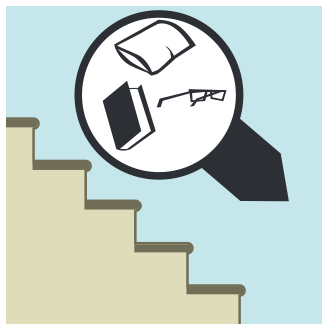
Choose one friend or family member to be your advocate during your surgery and hospital stay. They can help you make decisions and coordinate your care before, during, and after surgery.

When you get home, you'll need help from friends or family. You'll also need help caring for any children or anyone you take care of, like an older parent. If help is limited, some people stay in a rehab center for a little while until they get their strength back. If you don't have people nearby who can help you in the first week at home, talk with your team.

There are things you can do **BEFORE** you go to the hospital to make life easier when you get back home:



Put anything you use often at waist and shoulder height so they're easy to reach. You don't want to bend down or stretch to reach things. Remember to do this in the kitchen.



Bring anything you need during the day downstairs. You will be able to climb stairs after surgery, but it may be hard to go up and down frequently.



Buy food and other supplies. It may be hard to shop when you first get home.

Get Strong for Surgery



Eat healthy in the weeks before surgery.

This helps you recover faster. Find out what's best for you or ask to talk with a nutritionist. Protein can help your body heal. It's often good to eat things like chicken, eggs, or use protein powder in your smoothie.



Get exercise so you're strong for surgery.

Find out what kind of exercise is best for you. Walking is often a good option. Exercise improves blood flow, which helps you heal better and faster. If you don't feel well, do what you can. Some people may just walk down the block, while others can do more.



Smoking, vaping or chewing tobacco can cause serious problems with healing.

Smoking and nicotine affect blood flow and make it hard for your body to heal after surgery. People who smoke in the weeks before surgery are more likely to have problems with their heart, lungs, or surgical wounds during or after surgery. And they may need to stay in the hospital longer.

Do NOT use any kind of tobacco or nicotine at least 4 weeks before and after surgery.

Other people should NOT smoke around you in the weeks before and after surgery.



Talk to your doctor about ways to stop smoking so you can heal well.



Make a list of movies you'd like to watch or books you'd like to read while you recover from surgery. It helps to have things you enjoy to look forward to.

The Day Before Surgery



Find out if you need to use any kind of special toothpaste or mouthwash in the days before surgery.

Clear Liquid Diet **Find out when you need to start a clear liquid diet.**



Think of “clear liquids” as anything you could read a newspaper through. This includes things like water, broth, sport drinks, or tea **WITHOUT** any kind of milk or cream.

Once you are told to start a clear liquid diet, only drink these things until you leave for the hospital or when the hospital says to stop.



You may drink clear liquids up to two hours before your procedure or surgery. If you have a history of diabetes or slow gastric emptying, please stop drinking liquids four hours before your procedure or surgery

Clear liquids you **CAN** drink:

- Water
- Clear broth: beef, chicken, vegetable or bone broth with nothing in it
- Gatorade
- Lemonade or Kool-Aid
- Clear soda
- Tea, coffee (**no cream**)
- Jell-O (**without** fruit)
- Popsicles (**without** fruit or cream)
- Italian ices
- Juice **without** pulp: apple, white grape, or cranberry juice
- You may use salt, pepper, and sugar

Do NOT drink:

- Milk or cream
- Soy milk, almond milk, coconut milk, or other non-dairy drinks and creamers
- Milkshakes or smoothies
- Tomato juice
- Orange juice
- Grapefruit juice
- Cream soups or any soup other than broth

Clear Liquid Diet:



- Do NOT eat any solid food.
- DO NOT eat or suck on mints or candy.
- Do NOT chew gum.
- Do NOT drink thick liquids like milk or juice with pulp in it.
- Do NOT add milk, cream, or anything like soy milk or almond milk to coffee or tea.

Bowel Prep: Cleaning Out Your Colon



Find out if you need to do a “bowel prep.” For this, you drink a liquid called “the prep” to clean out your colon (bowels). Most people say that drinking this is the worst part. So, once you’re through this, the worst is usually behind you.

If you need to do the bowel prep:



- **It’s important to drink all of the prep** so that your colon is clean and there’s less chance of infection.
- Plan to stay at home the day of the prep. You’ll need to keep going to the bathroom throughout the day.
- You’ll usually get antibiotic pills to take during the prep.

If you need to take antibiotics, these can make some people feel sick to their stomach. But try your best to take all the pills. They help prevent infections after surgery.

Bowel Prep: Cleaning Out Your Colon



- It may be easier to drink the prep if you chill it and drink it through a straw.
- It may help to use Vaseline or wet wipes, so your bottom doesn't get sore.

You'll be able to tell when your colon is clean when there's no longer any waste coming out and it's mostly just clear fluid in the toilet.

The Day of Surgery

Preparing Your Skin For Surgery

Preparing or "prepping" skin before your surgery can reduce the risk of infection at the surgical site. To make the process easier, the office will provide you with disposable cloths moistened with a special rinse-free 2% Chlorhexidine Gluconate (CGH) antiseptic solution. Please refer to the pre-op preparation form provided in your bag for instruction on how to use the cloths.



Do NOT shave, wax or remove ANY hair on your body before surgery:

This can cause infections. If any hair needs to be removed, your doctor will remove it with an electric hair clipper on the day of surgery.



Do NOT put anything else on your body like lotion, oils, creams, deodorant, or makeup. This can add new germs to your skin.

Medications



Find out what medications you should and should **NOT** take the morning of surgery.

- If you need to take any pills, take them with a sip of water.
- Leave your medications at home. The hospital will give you any medications you need while you're there.

Ensure Pre-Surgery Clear or Sport Drink 2 Hours Before Surgery



Find out if your doctor wants you to drink Ensure Pre-Surgery Clear or a sport drink **2 to 4 hours before surgery**. This can give your body extra energy to get through surgery.

Important: If you have diabetes, you will probably **NOT** be told to drink this, so find out.

- Ask your doctor what to drink.
- Most people drink it on the way to the hospital.
- After you get to the hospital, you **CANNOT** have anything else to drink.

Your Belongings

Only bring what you need to the hospital. Leave valuables at home or give them to a friend or family member for safe keeping. They can bring them to you after surgery.

We have towels and gowns for you. But you can bring your own **clean and freshly washed** bathrobe and toiletries.

What to Wear

- Do NOT wear any jewelry, including wedding rings, earrings, or body piercings.
- Wear loose, comfortable clothes, like sweat pants (joggers).
- Wear comfortable shoes that are easy to slip on and off.

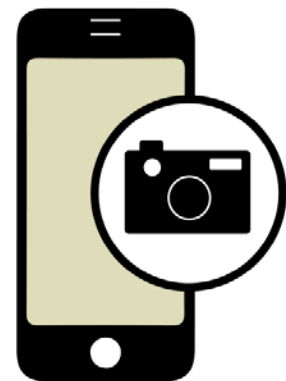


Bring a button-down shirt so you can put it on and take off without raising your arms. This can be painful after surgery.

Computers, tablets, and cellphones are allowed and there is Wi-Fi (internet access) in the hospital.

What to Bring

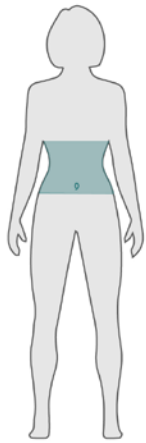
- Your health insurance cards
- A photo ID, like a driver's license
- A list or photos of all your medications, including how much you take and how often you take them
- A way to pay your deductible or copay
- This booklet
- A copy of your advance directive (optional)



We'll do our best to keep things on schedule. Sometimes there are delays and you may have to wait. Bring a book or something to do just in case.

Managing and Controlling Your Pain

We'll check you in. And one member of your family can go with you to the pre-surgery area. A small tube (an IV) will be placed in your arm for fluids and medications.



This area will be numb

A small tube may be placed in your low back to help control pain and numb the belly area during and after surgery. You may hear this called: an epidural. This lets us deliver pain medication right to the nerves that sense pain.

- It's very safe and one of the best ways to help manage pain.
- This way you can also get pain medication through it after surgery.

With an epidural, you may not need opioids to help manage your pain. Or you may only need some opioids (like oxycodone or dilaudid).



Unfortunately, opioid medications:

- Can make people feel sick to their stomach
- Can slow down your recovery
- Can be addictive
- Can make it hard or painful to have a bowel movement or poop (constipation)

Problems like constipation can be painful and serious. So, we'll use epidurals and other pain medications when possible. Also let us know if anyone in your family has issues with addictions. This way we can make sure we put together the best plan for you.



IMPORTANT

We want to manage your pain and help prevent the problems some pain medications can cause. Please tell if you have any concerns about pain medications or pain control.

In Surgery

Most people get “general anesthesia,” which puts you to sleep. So most likely, you won’t remember anything.

Surgery takes about 2 to 4 hours, sometimes longer, so ask what to expect.

During surgery, a nurse will update your family and friends.

In the Recovery Room

Most people are in the recovery room for about 2 hours. Once you’re awake, you may get water or juice. And the surgeon will talk with your family.



If you need to stay in recovery a little longer, we’ll help you get up and sit in a chair. It’s important to get you up and moving. This speeds your recovery and helps prevent problems (like blood clots) and lung infections (like pneumonia).

In the Hospital Room

You'll go to a hospital room where your family can see you. Usually, a family member or friend can stay with you in the room overnight in a reclining chair.

- You'll still have a small tube in your arm for fluids.
- You may get oxygen.
- You may still have a small tube in your bladder. This helps us see how well your kidneys are working by measuring how much urine you make.



Find out what medications you'll get while you're in the hospital.

- You'll still get many of your regular medications.
- You may get a shot of blood thinner medication to help prevent blood clots.
- Some of your diabetes, blood pressure, or blood thinner medications may be stopped while you're in the hospital.



Call, Don't Fall!

- A nurse will help you get out of bed the first time. You may be lightheaded and could fall.
- **Do NOT get up on your own!** Press the call button and a nurse can help you get up.

TIP

Only close friends or family should visit the day of surgery. You'll still be tired and need rest.

Plan for Recovery in the Hospital

Pain Relief After Surgery

To guide your pain relief, we'll ask you about your pain regularly. You'll still have some pain, but we want to make sure your pain isn't too bad. You should be able to take deep breaths, cough, move and walk. So, staying ahead of the pain is important.



To help manage your pain:

- If you have an epidural in your low back, you'll get pain medication through it after surgery.
- You may get a pain patch to help with pain by your surgical scar.
- You may get opioid pain medications as needed.
- You may get anti-inflammatory medications like Tylenol and ibuprofen.



Focus on things you enjoy. Listen to music, watch a movie, read a good book, or talk to a friend on the phone. This can help take your mind off any pain you still have.



Ask a nurse to help you walk the day of surgery. This will help you get better and go home on time. If your blood pressure is low, we may have you wait.

One Day After Surgery

- You'll drink clear liquids.
- A nurse or assistant will help you get out of bed, sit in a chair for meals, and start to walk down the halls.
- The tube to drain urine may be removed from your bladder.
- You'll meet with a case manager or discharge planner to figure out if a nurse should visit you at home.
- If you need help getting your strength back at a rehab facility, a social worker will help with this.

If you were told an “ostomy” (colostomy or ileostomy) will be done as part of your surgery:

An ostomy is a small opening that's made in the belly (abdominal wall). The end of the intestine is attached to the opening, and a bag is attached to collect waste. Sometimes an ostomy is temporary and other times it's permanent. If this is part of your surgery plan, we'll teach you how to care for it and give you supplies to change it at home.

Your doctor may order home care.

With home care, people to visit you at home to help with medications, teach you how to take care of any wounds, and can let your doctor know how you're doing.



If you are NOT planning to go home from the hospital, let us know. A home care coordinator can meet with you to discuss your options.

2 Days After Surgery

- Most people can eat soft food. You'll eat solid food as you feel up to it.
- If there's a bandage on your wound, it will usually be removed.



You should be up out of bed most of the day. Try to walk down the hall at least 3 times a day. Ask for help if you need it.

3 Days After Surgery

You'll eat more solid food. And you may be ready to go home if:

- You can get around on your own
- You are drinking enough to stay hydrated
- Your pain is well controlled
- You're not burping or feeling sick to your stomach
- You are passing gas: this is normal and expected
- Your team thinks you're ready

Leaving the Hospital (Discharge)



- Arrange for someone to meet you and take you home.
- **You will NOT be allowed to go home alone or take a cab home alone.**

Reasons People Cannot Go Home Right Away

We will help you go home as soon as possible, but sometimes there are delays.

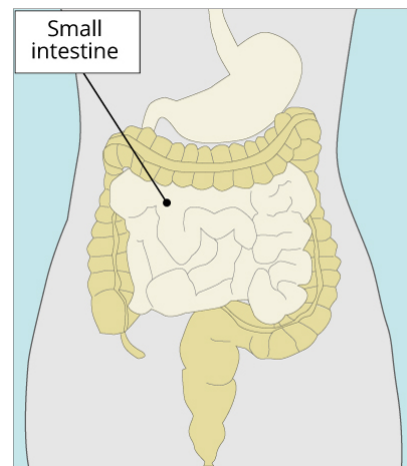
You may need to stay in the hospital:

If you feel sick to your stomach or you're throwing up

You'll get medication for this. If you still feel sick, eat and drink small amounts throughout the day. As long as you can drink and stay hydrated, feeling sick will probably go away.

If your small intestine becomes blocked

After surgery, food and gas may not move through your intestines well. This can build up in there and get stuck. You may hear this called an "ileus." Your recovery program is designed to help prevent this. Sometimes it still happens. It usually lasts 2 to 3 days. During this time, you cannot eat, and a small tube may need to be placed down the nose to treat it.



The best way help get food and gas moving through your intestines again is to:

- Only have small amounts of opioid pain medications
- Get up and move around after surgery
- Eat and drink small amounts

Reasons People Can't Go Home Right Away (Continued)

If the reconnected ends of the colon leak

If the place where the colon was reconnected doesn't heal completely, the area may leak. This can cause severe pain in your belly, a fever, and people often feel sick to their stomach and throw up. This problem is rare, but serious. Another operation is usually done to treat it.

If your surgical wound gets infected

During surgery you'll get medications to help prevent infections. Sometimes people still get an infection in the days, weeks, or months after surgery.

If some urine stays in your bladder

If you can't urinate after the tube is removed from your bladder, it may need to be put back in place until you can urinate on your own.

To help you at home, you'll get:

- Information about your surgery
- Directions about how and when to take any medications
- Prescriptions for medications you need at home
- An appointment to see your surgeon or doctor in 1 to 2 weeks
- Ostomy supplies, if you need them



Prescriptions for medication can be filled while you are in the hospital. Ask if you would like to do this.

At Home



When to Call

Call us if you are worried or have a question. (See back page for phone and fax numbers.)

Call **RIGHT AWAY**:

- If you have a fever higher than **101.5 F degrees**
- If your wound is red or **MORE** painful
- If your pain is **WORSE**
- If your pain medication doesn't control your pain enough
- If you have pain in your belly (abdomen)
- If pus is coming from your wound
- If bad-smelling fluid is coming from your wound
- If it burns when you urinate (pee)
- If you feel sick to your stomach or you are throwing up

Call early if you think something is wrong, don't wait!



If you start to run low on any medications, call the office a few days before you run out.

Call 911 or go to the Emergency Room if you:

- Have very bad pain in your belly (abdomen)
- Have chest pain
- Are short of breath or have trouble breathing
- Or if you have any other severe problems

Have the emergency team call us once you are stable.

What to Watch for At Home

Bowel Function After Surgery

For the next 5 or 6 months, you may have loose or watery bowel movements. Or you may get constipated (when it's difficult or painful to poop). This should get back to normal over time.



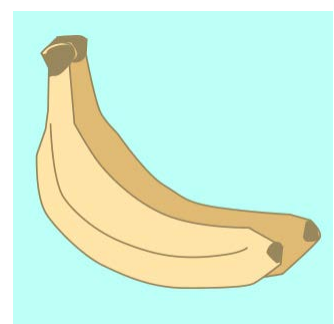
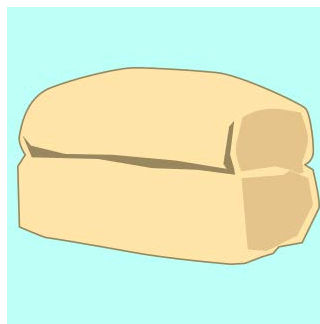
Eat healthy, drink plenty of fluids, and take regular walks during the first 2 weeks at home. Walking and activity can help get things moving.

Belly (Abdominal) Pain

You may have cramps the first week after surgery. These usually last for a few minutes and then goes away. If you have severe pain that lasts for more than 1 or 2 hours or if you have a fever and just don't feel well, please call. The phone numbers are at the end of this booklet.

Diarrhea

If you have diarrhea, where your bowel movements (poop) are loose or watery, eat things like peanut butter, marshmallows, bread, and bananas.



If this doesn't help enough with any diarrhea, take a fiber supplement called: **Psyllium**. You can buy it at drugstores or in the nutrition section of many grocery stores.

1. Mix 1 teaspoon into food, like yogurt or oatmeal. Do this in the morning and again in the evening.
2. After you eat it, **do NOT drink anything for 1 hour**.
3. Do this for 3 to 5 days.



Call your health team:

- If you keep getting cramps in your belly.
- If you still have problems with diarrhea or constipation after 6 days, talk with your doctors. Don't suffer in silence!

Urinating



After surgery, sometimes people feel like they still have to urinate (pee) and like some urine is staying in their bladder. This usually goes away in a few days. If it doesn't go away or if you have any pain or burning when you urinate, please call your doctor. Pain or burning can be signs of infection.

How to Take Care of Your Surgical Wound

For the first few weeks, your wound may look a little red and the scar may feel hard. It can be uncomfortable. It will take many months for the scar to “soften.” You may have bumpy areas in the wound near your belly button and at the ends of the scar.

- You can shower and let the soapy water wash over your surgical scar. This may burn or sting a little.
- **Do NOT take a bath, go swimming, or sit in a hot tub for 1 month or until the wound is well healed.**
- You may have special surgical glue material on your scar. It helps keep the area closed so it can heal. **Do NOT pick at this.** The glue will come off on its own over time.

If you have surgical staples, these will be removed when you see your surgeon. You'll also have stitches on the inside of your body. These will dissolve over time.

Eat Healthy



- Your body will heal better if you get enough vitamins and protein (fish, chicken, etc.)
- **You may be told NOT to eat raw fruits and vegetables for the first few weeks after surgery (called a: low residue diet).** Ask about this before you go home.
- You should be able to eat the same foods you ate before surgery. If you can't, let your doctor know.

Possible Weight Loss

You may lose 10 to 15 pounds in the weeks after surgery. But you should STOP losing weight 4 or 5 weeks after surgery. If you don't, let your doctor know.

Sometimes people don't feel like eating after surgery.

In the days after surgery some foods may taste different and certain smells may make you feel sick to your stomach.



If this happens, eat a lot of small meals throughout the day. Over time, you'll be able to eat more and more.

What to Eat and Drink	What to AVOID
Eat soft, moist foods that are easy to swallow, like applesauce.	Do NOT eat food with a lot of salt or seasoning.
Eat starchy foods like rice, pasta, and potatoes.	Do NOT eat fried, greasy foods.
Eat COOKED fruits and vegetables.	Avoid RAW fruits and vegetables.
Eat protein: meat, eggs, and cottage cheese, etc.	
Have nutrition drinks (Boost®, Ensure®)	Do NOT drink a lot of caffeine; this may dehydrate you.
Drink at least 8 glasses of fluids: water, fruit juice, and sport drinks.	Do NOT have fizzy, carbonated drinks, like soda, for the first 2 weeks.

Exercise, Walking and Lifting



Get exercise, a few times a day. Walking is often good. Exercise a little more each day over the next 4 weeks until you're back to your normal level of activity.

- You can climb stairs.
- Do **NOT** lift anything heavier than 10 pounds, like a full bag of groceries.
- Do **NOT** play any contact sports for a month.

If you have pain, slow down!

Pain is your body's way of telling you it's not ready to do something.

Hobbies and Activities

You can get back to most activities soon after surgery. It can take up to 2 to 3 months to fully recover. Your body is using this energy to heal. So, you may feel tired and worn out.



- Take afternoon naps.
- Set small goals. Try to do a little more each day.

When can I go back to work?

Many people go back to work 4 to 6 weeks after surgery. If your job involves heavy physical work, like lifting, it's usually 6 weeks.

- Ask your employer if there are any rules about when you can return to work.
- If you need a return-to-work form or disability papers, bring them to your follow-up appointment or fax them to our office (see phone and fax numbers at the end of this booklet).

When can I drive again?

Opioid pain medications slow down your reaction time. Since this makes it dangerous to drive, most people need to wait 3 or 4 weeks after surgery when:

- You no longer take **ANY** opioid pain medications like (like oxycodone or dilaudid).
- **AND** most of your pain is gone. You need to be able to react quickly with the foot you use to brake and stop.

When is it OK to have sex?



Ask your surgeon when it's OK to have sex or any questions you have about sexual function after surgery.

It's often fine to have sex once your pain goes away. But it can depend on what kind of surgery you have and any other conditions. The important thing is to ask and get your questions answered.

Planners and Checklists

This section includes planners and checklists

Planners

- Pre-surgery Planner
- Recovery Planner

Checklists for Surgery and Recovery

- 1 month before
- A few days before
- The day before
- The morning of
- After surgery
- 1 day after surgery
- 2 days after surgery
- 3 days after surgery
- Before you go home
- Notes

For the hospital

- Specific Bowel Prep Instructions
- Insurance Authorization
- Parking and Check in
- Visiting Hours
- Contact Numbers

My Pre-surgery Planner

The grid below is a calendar page. Use it to write down important dates.



In the bottom row of the calendar mark what day of the week your surgery is scheduled for.



In the top 3 rows, mark any appointments **leading up to surgery** (for example, anesthesia clinic, primary care doctor visit, etc.). Also write down reminders for things you need to do in the days and weeks before surgery.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Write your surgery date in bottom row so you know when to plan ahead.							

My Recovery Planner

The grid below is a calendar page. Use it to enter important dates.



In the top row, add your surgery date on the appropriate day of the week. Then mark what day you expect to go home from the hospital.



Mark any follow-up appointments on the calendar.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Checklist for Before Surgery

One Month Before Surgery

- Get a copy of your medical records to bring to your appointments.
 - Choose who speaks for you, talk with them about your wishes, and create an advance directive. Visit <http://bit.ly/StateForm> for more information.
 - Meet with your health team to review your medical history. Find out if you need to stop taking any medications before surgery.
 - Get blood tests done if your doctor orders any.
 - If you smoke, vape or use chewing tobacco, work with your doctor to quit in the weeks before surgery.
-

2 Weeks Before Surgery

- Find out what time to arrive for surgery.
 - Find out if you need to stop any medications the day of surgery.
-

A Few Days Before Surgery

- Find out what time to arrive for surgery.
- Find out if you need to stop any medications the day of surgery.
- Make sure you have any supplies you need for your bowel prep to clean out your colon.
- Make sure you have anything you need to clean your skin, like special soap or washcloths.

The Day Before Surgery

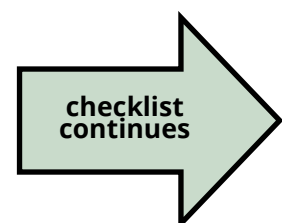
- If you were told to do a bowel prep to clean out your colon, follow the instructions.
- If you were told to shower the night before surgery, follow any instructions about how to shower.
- Do NOT remove any hair on your body by shaving or waxing.**
- Use any special toothpaste or mouthwash if your doctor told you to.
- Follow your doctor's instructions about when to start a CLEAR LIQUID diet.
- Pack clean, comfortable clothes (button-down shirt, sweatpants, and a bathrobe).

The Morning of Surgery

- Take any medications as instructed.
- Shower with any special soap or washcloths.
- If you're told to have something like apple juice or a sport drink be sure to drink it at least 2 hours before surgery.

Make sure you have:

- Your health insurance card
- A photo ID
- A list of any prescription and over-the-counter medications you take
- A way to pay your co-pay or deductible
- A copy of your advance directive (optional)



Checklist for After Surgery

After Surgery

You'll get pain medication. You will still have some pain, but talk to your nurses if:

- You're worried about taking pain medication
- You still have too much pain

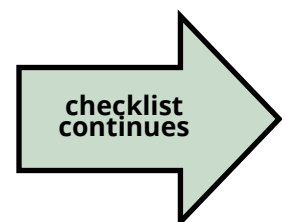
1 Day After Surgery



Get up and moving.

This gets your blood flowing and helps you heal.

- A nurse will help you get out of bed the first time.
- Spend at least 6 hours out of bed.
- Ask for help to walk down the hall at least 2 times.
- Drink clear liquids and eat as you feel up to it.



Checklist for After Surgery continued

2 Days After Surgery

Remember, moving helps you heal.

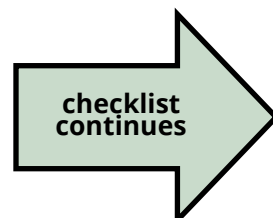
- Spend at least 6 hours out of bed.
- Walk down the hall at least 3 times each day.
- Eat soft foods like applesauce and eat solid food if you feel like it.

You'll get medication to manage your pain. Tell your nurses if:

- You're worried about taking pain medication.
- You still have a lot of pain.

If you have an ostomy bag, ask your nurse to teach you how to:

- Empty the ostomy bag
- Care for the skin around the opening on your body (called a "stoma")
- Measure how much liquid is in the ostomy bag
- Keep enough liquids in your body at home so you don't get dehydrated



Checklist for After Surgery continued

3 Days After Surgery

- Spend a lot of the day out of bed and walking around.
- Start to eat solid food (if you haven't already).
- Find out how to manage your pain at home. But your pain should already be well controlled.
- Ask what you should eat to make the waste that goes into the bag thicker.

Find out when to call. Call if you have signs of a wound infection like:

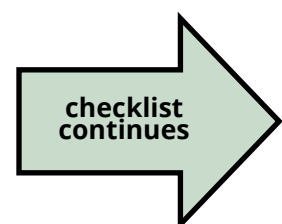
- The area around the surgical scar becomes red, painful, or there's fluid coming out of it.
- You have a fever of 101.5 F or higher.

If you have a new ostomy bag:

- Ask what you should eat to make the waste that goes into the bag thicker.
- Practice how to remove an ostomy bag and put a new one on in front of a nurse. You may want to do this a couple times, so you feel sure you can do it at home.
- Make sure you have supplies and know how to order supplies, so you don't run out.

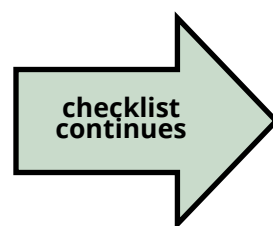
TIP

Make sure you know how to get enough water and fluids, so you don't get dehydrated at home.



Before you go home, make sure you have:

- Instructions that tell you what to do at home.
- An appointment to see your surgeon in 1 to 2 weeks.
- Any prescriptions for new medications.
- Ask if you should avoid raw fruits and vegetables (low residue diet).



AT HOME

For the first month:

- Follow instructions about what to eat and drink and what to avoid.
 - Get exercise, like walking, a few times a day. Do a little more each day.
 - Do NOT drive until you no longer take ANY opioid pain medications.**
 - Do NOT lift anything heavier than 10 pounds (like a full bag of groceries).**
 - Do NOT play any contact sports like football or basketball.**
-

Call Right Away:

- If you have a fever higher than **101.5 F degrees**
- If your wound is red or MORE painful
- If your pain is WORSE
- If your pain medication doesn't control your pain enough
- If you have pain in your belly (abdomen)
- If pus is coming from your wound
- If bad-smelling fluid is coming from your wound
- If it burns when you urinate (pee)
- If you feel sick to your stomach or you are throwing up

Call 911 or go to the Emergency Room if you:

- Have very bad pain in your belly (abdomen)
- Have chest pain
- Are short of breath or have trouble breathing
- Or if you have any other severe problems

Have the emergency team call us once you are stable.

Parking and Check-in

To ensure a smooth registration process, please arrive two hours before your scheduled surgery. It is important to allow ample time for parking and walking to the check-in desk. You will report to Patient Registration located on the first floor at the main entrance to the hospital. After you are checked in, you will then be directed to go to the preoperative area.

Northwest Medical Center

6200 N La Cholla Blvd
Tucson, AZ 85741

Oro Valley Hospital

1551 E Tangerine Rd
Tucson, AZ 85755

Self and Garage parking are available at the main entrance of the hospital.

IMPORTANT NUMBERS:

Northwest Colorectal Surgery:

Office Number: **520-219-8690**

Office Fax Number: 520-219-8694

Northwest Hospital Main Number:

520-742-9000

Oro Valley Hospital Main Number:

520-901-3500

For questions concerning parking, please call the main hospital number at 520-219-8690 (NW) or 520-219-8694 (Oro Valley).

Visiting Hours

Visiting hours and guidelines vary and may differ for each patient. Please check with the nursing staff to find out what the hours are for a particular area.

Bowel Prep Instructions

Breakfast

- Begin clear liquid diet (see list on page 9)

11 a.m.

- Prepare the “Miralax mix” by pouring an entire bottle of powder (238 grams) into a 64-ounce bottle of any clear liquid like Gatorade, Powerade, lemonade or other non-carbonated beverage. Shake the bottle of liquid and powder well; this will form a slushy mixture. Place in the refrigerator and chill for one hour.
- Take the four Dulcolax tablets. Continue to drink clear liquids.

2 p.m.

- Take your first dose of antibiotics
 - Take TWO neomycin (500 milligrams each) tablets and TWO metronidazole/erythromycin (500 milligrams each) tablets by mouth and follow with a glass of water.

3 p.m.

- Take your second dose of antibiotics
 - Take TWO neomycin (500 milligrams each) tablets and TWO metronidazole/erythromycin (500 milligrams each) tablets by mouth and follow with a glass of water.

3 p.m.

- Drink an 8-ounce glass of “MiraLax mix” every 10-15 minutes until the solution is gone. Drink each glass quickly. If you become nauseated stop drinking for 10 minutes and then resume drinking the solution.

10 p.m.

- Take your third dose of antibiotics
 - Take TWO neomycin (500 milligrams each) tablets and TWO metronidazole/erythromycin (500 milligrams each) tablets by mouth and follow with a glass of water.

*Continue to drink clear liquids. You may drink clear liquids up to two hours before your procedure or surgery. If you have a history of diabetes or slow gastric emptying, please stop drinking four hours before your procedure or surgery.

You may want to tear out this smaller version of the checklist to put on your refrigerator or to share with a family member who is helping you.

Before Surgery

One Month Before Surgery

- Get a copy of your medical records to bring to your appointments.
- Choose who speaks for you, talk with them about your wishes, and create an advance directive. Visit <http://bit.ly/StateForm> for more information.
- Meet with your primary care provider to review your medical history. Find out if you need to stop taking any medications before surgery.
- Get blood tests done if your doctor orders any.
- If you smoke, vape, or use chewing tobacco, work with your doctor to quit 6 weeks before surgery.

Two Weeks Before Surgery

- Find out what time to arrive for surgery.
- Find out if you need to stop any medications the day of surgery.
- Begin drinking your nutritional shakes before surgery as directed by your care team.

A Few Days Before Surgery

- Find out what time to arrive for surgery.
- Find out if you need to stop any medications the day of surgery.
- Make sure you have any supplies you need for your bowel prep to clean out your colon.
- Make sure you have anything you need to clean your skin, like special soap or washcloths.

The Day Before Surgery

- If you were told to do a "bowel prep" to clean out your colon, follow the instructions.
- Use your CGH wipes the night before surgery as directed. After showering!
- Do NOT remove any hair on your body by shaving or waxing.
- Use any special toothpaste or mouthwash if your doctor told you to.
- Follow your doctor's instructions about when to start a CLEAR LIQUID diet.
- Pack clean, comfortable clothes (like a button-down shirt, sweatpants, and a bathrobe).

The Morning of Surgery

- Take any medications as instructed.
- Use your CGH wipes the morning of surgery as directed. Do not shower after.
- Drink 1 bottle of the Pre-Surgery Ensure provided in your bag (within 10 minutes) at least 2 hours prior to surgery.

Make Sure You Have:

- Your health insurance cards
- A photo ID
- A list of any prescription and over-the-counter medications you take
- A way to pay your deductible or copay
- A copy of your advance directive (optional)

After Surgery

After Surgery

A couple hours after surgery, they'll help you get out of bed, take a few steps, and sit in a chair.

1 Day After Surgery

- Get up and moving. This gets your blood flowing and helps you heal.
- A nurse will help you get out of bed the first time.
- Spend at least 6 hours out of bed.
- Ask for help to walk down the hall at least 2 times.
- You will be started on a clear liquid diet and advanced based on your doctor's recommendations

2 Days After Surgery

- Spend at least 6 hours out of bed.
- Walk down the hall at least 3 times each day.
- Eat soft foods like applesauce and eat solid food if you feel like it.

If you have an ostomy bag, ask your nurse to teach you how to:

- Empty your ostomy bag.
- Care for the skin around the opening on your body, called a "stoma."
- How to measure how much liquid is in the ostomy bag.
- Keep enough liquids in your body at home so you don't get dehydrated.

3 Days After Surgery

- Spend a lot of the day out of bed and walking around.
- Ask what you should eat to make the waste that goes into the bag thicker.
- Practice how to remove an ostomy bag and put a new one on one in front of a nurse.
- If you have an ostomy, make sure you have supplies and know how to order them.

Find out when to call. Call if you have signs of a wound infection like:

- The area around the surgical scar becomes red, painful, or there's fluid coming out of it.
- You have a fever of 101.5 F degrees or higher.
- Make sure you know how to get enough water and fluids, so you don't get dehydrated at home.

If you have a new ostomy bag:

- Ask what you should eat to make the waste that goes into the bag thicker.
- Practice how to remove an ostomy bag and put a new one on one in front of a nurse. You may want to do this a couple times, so you feel sure you can do it at home.
- Make sure you have ostomy supplies and you know how to order supplies, so you don't run out.

Before you go home, make sure you have:

- Instructions that tell you what to do at home.
- An appointment to see your surgeon in 1 to 2 weeks.
- Any prescriptions for medications.
- Ask if you should avoid raw fruits and vegetables (low residue diet).
- Any ostomy supplies, if you need them, and a plan for how to get more supplies delivered at home.



**NORTHWEST
HEALTHCARE**

NORTHWEST | ORO VALLEY | SAHUARITA | HOUGHTON