

Your Guide to Abdominal Surgery



This booklet explains what to expect when having abdominal surgery. It is a guide you can turn to before surgery, while in the hospital and after you go home. Inside are info sheets written by our experts at University Hospitals.

Bring this booklet with you on your surgery day so you can use it while you are in the hospital. If you have any questions after reading this, please speak with your surgeon or nurse.

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This info is a general resource. It is not meant to replace your doctor's advice. Ask your doctor or health care team any questions. Always follow their instructions.

This booklet was created by University Hospitals Department of General Surgery and University Hospitals Seidman Cancer Center Office of Patient and Public Education.

Your Hospital Stay: Common Questions and Answers

This handout answers some common questions about your hospital stay. Read the **What to Expect** handout for more details.

What should I bring to the hospital?

- A list of your current medicines. Include any prescribed medicines, over-the-counter medicines, vitamins, herbs and supplements.
- Your insurance card.
- Your driver's license or state ID.
- Any advance directives, if you have them.
- Comfortable clothes from home. You may want to wear your own pajamas. Something that zips or buttons in the front is best since you will have an IV in your arm.
- Slippers or comfortable shoes to walk in the halls.
- Any comforts from home such as a pillow, blanket or toiletries.
- Things to help pass the time such as books, magazines, puzzles or smart phone. We offer free Wi-Fi in all patient rooms.
- You will be given gum to chew after surgery, to help get your bowels moving. If you have a special flavor of gum, bring it with you. Sugarless gum is best.

Please leave any items of value at home.

What will happen during my hospital stay?

- After surgery, you will most likely go to a floor that specializes in your type of surgery. The nurses on these floors are trained to care for you.
- We will work with you to control your pain. We may give you high dose Tylenol® for pain. Tylenol works well to control pain. It also lessens the need for stronger pain meds like narcotics.
- You will need to stay out of bed as much as you can. Staying out of bed and walking up to 5 times a day helps return your bowel function to normal.
- You will be given chewing gum on the first day after surgery. This can also help get your bowels moving.
- You will be ready to go home when:
 - Your pain is controlled
 - You can drink liquids
 - You can eat without feeling sick to your stomach (nauseated)

Questions?

Call your doctor or nurse if you have any questions.



What to Expect After Abdominal Surgery

You are scheduled for an Open Abdominal surgery **or** a Laparoscopic Abdominal surgery.

Please read this handout **before** your surgery. It can help you prepare and know what to expect. If you have any questions or concerns after reading this, please speak with your doctor or nurse.

This handout:

- Explains what to expect for the first few days after abdominal surgery
- Gives steps to take to help you heal from your surgery
- Gives steps to take that may lower the risk of some problems (complications)

What do I need to do?

- **Read the handouts given to you by your doctor or nurse.** They answer many common questions.
- **Write down any questions you have.** Speak with your doctor or nurse to get your questions answered.

What You Need to Know

This section explains things you need to know about the first few days after your surgery.

Pain Control

How do we manage pain?

- You may have a special IV pump for pain control. This is called a patient controlled analgesia (PCA) pump. You control the IV pain medicine you get by pushing a button on the PCA.
- If you are not on a PCA pump, your nurse may give you pain medicine through your IV as needed.
- Once you are able to drink liquids without any problems, you may be switched from IV pain medicine to pain pills, such as Tylenol®.

Why does pain control matter?

When your pain is under control, you can focus on healing. It will be easier to walk around and do your breathing exercises if your pain is well-managed.

What to Expect After Abdominal Surgery (continued)

What do I need to do?

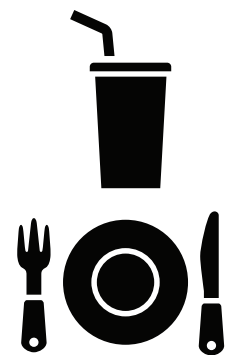
- Tell your nurse if your pain medicine isn't working. We can often try something else.
- Ask your nurse how often you can have your pain medicine.
- Ask your nurse for your pain pills as soon as your pain starts. Pain pills work just as well as IV pain medicines, but they take slightly longer to start working.

Your Diet

When can I eat and drink?

You will not be able to eat solid food right after surgery. You will be given liquids to drink the night of your surgery or the day after. Be careful not to drink too much. Do not have pop or other carbonated drinks.

You will be given solid foods after you can drink liquids without problems. It is important not to eat too much. Only eat what you are hungry for. You may find that you feel better eating small, frequent meals, even after you go home.



What should I do if I feel bloated or sick to my stomach?

Tell your nurse or doctor if you feel sick to your stomach.

If you feel bloated or sick to your stomach, stop drinking or eating. Try to eat or drink again after an hour or two. If the problem does not get better, tell your nurse.

Bowel Movements

Surgery can slow your bowels or change the number of bowel movements you have for some time. Help your bowels go back to their normal function by:

- Getting up and moving around shortly after surgery
- Standing and walking instead of lying in bed
- Chewing sugar-free gum after surgery
- Limiting your use of IV pain medicines

Your bowel movements will become more normal over time. This will happen as your diet returns to normal.

What to Expect After Abdominal Surgery (continued)

Breathing Exercises

Breathing exercises help the small air sacs in your lungs expand. They are a very important part of your healing.

You will be given a small plastic device that will help you practice deep breathing. This device is called an incentive spirometer.

Use your incentive spirometer at least 10 times each hour you are awake.

These breathing exercises help lower your risk of fever and pneumonia after surgery. Keep doing your breathing exercises each day you are in the hospital.

Walking

Plan to walk around at least 5 times a day after your surgery. Walking does not harm your wound or the surgical area in any way. Getting up and walking after surgery helps you in many ways.

Walking can:

- Reduce pain from muscle spasms
- Help your breathing and improve blood flow to your lungs
- Prevent blood clots from forming
- Help your bowel function go back to normal faster

What to Expect After Abdominal Surgery (continued)

Planning to Leave the Hospital

When will I go home?

If you have an open abdominal surgery, plan on going home 3 to 5 days after surgery.

If you have laparoscopic surgery, plan on going home the same day or the day after surgery.

Keep in mind plans to go home can change. Some patients may leave earlier than this, and some may have their discharge delayed for health reasons.

There is a small chance you will need to stay in a rehab facility for a short time after leaving the hospital. If needed, your doctor will talk with you and the hospital social worker will meet with you to help arrange the stay.

If you live alone, you may want to plan on staying with family or friends for a few days, or have someone stay with you.

What else do I need to do?

- Make plans for a ride ahead of time. Discharge is most often before 11 a.m. This time can be later if you leave a day or two after surgery.
- Make sure you know **before** you leave:
 - What medicines to take at home
 - What problems or concerns you need to look for
 - Who you should call if you have questions or problems
 - When you need to see your doctor for follow-up
 - What diet you should follow
 - What activities you can and cannot do
 - When you can go back to work
 - How to care for your wound

What to Expect After Abdominal Surgery (continued)

Once You Are Home

- You should be able to eat and drink without having problems.
- You will be given pain pills for any continued pain.
- You will most likely be passing gas and you may have had a bowel movement.
- Expect to be more tired than you were in the hospital. This is because you get more rest in the hospital than you may realize.
- Keep walking at home. This helps keep up your strength.



What if I don't feel like eating or drinking at home?

Your appetite may take a few weeks to go back to normal. It may be easier to eat 3 small meals with snacks in between and at bedtime.

If you don't feel like eating solid food, it is important to keep drinking plenty of liquids so you don't get dehydrated. Drinks like chicken broth and Gatorade® are good since they replace salts as well as liquid. You can also blend Carnation Instant Breakfast® with ice cream. Drink these milkshakes between meals to increase your calorie and vitamin intake.

When will my staples be removed?

- If you have staples, they will be removed about 10 to 14 days after surgery.
- Check your hospital discharge papers to see if an appointment was made to take out your staples. If not, call your surgeon's office to schedule a visit to have your staples removed.

At a Glance: Day-by-Day After Laparoscopic Abdominal Surgery

This is a basic outline of what to expect each day after **laparoscopic abdominal surgery**. These are only guidelines. Your plan may change based on your needs. Read the **“What to Expect”** section to learn more.

Common Questions	Day 0 The evening and night of your surgery	Day 1 The day after surgery
What do I need to do?	<ul style="list-style-type: none"> • Start breathing exercises once you wake up. Use your incentive spirometer each hour you are awake. • Sit in a chair. • Start walking. Ask for help when getting up so you don't fall. • Wear compression devices on your lower legs to help lower your risk of blood clots. Be sure they are put back on each time you get into bed. 	<ul style="list-style-type: none"> • Do your breathing exercises each hour you are awake. • Walk at least five times each day. Ask for help if you need it. • Keep wearing compression devices on your lower legs when you are in bed to help prevent blood clots.
What can I eat and drink?	<ul style="list-style-type: none"> • You will be allowed to sip liquids. • Ask your nurse when you should start chewing gum to help get your bowels moving. 	<ul style="list-style-type: none"> • You will be given clear liquids in the morning. If you do not get sick, you will be given solid food for lunch or dinner.
How will my pain be controlled?	<ul style="list-style-type: none"> • You may start taking pain pills if you are able to eat and drink without getting sick to your stomach. If you cannot, then you will be given IV pain medicine. 	<ul style="list-style-type: none"> • You will be given pain pills.
What else do I need to know?	<ul style="list-style-type: none"> • You may wake up with a tube in your bladder to drain your urine. It will be taken out unless it is needed as part of your recovery process. • There is a chance you may be able to go home the same day as your surgery. Your doctor will let you know if this is possible. 	<ul style="list-style-type: none"> • If you still have a tube to drain your bladder, it may be taken out. • Your nurse will give you a blood thinner shot to prevent blood clots. • If you are doing well, you may be able to go home. If you are not ready, you may stay a little longer until you are well enough to leave.

At a Glance: Day-by-Day After Open Abdominal Surgery

This chart is a basic outline of what to expect each day after **open abdominal surgery**. These are only guidelines. Your plan may change based on your needs. Read the **“What to Expect”** section to learn more.

Common Questions	Day 0 The evening and night of your surgery	Day 1, 2, 3 and 4 The first days after surgery
What do I need to do?	<ul style="list-style-type: none"> • Start breathing exercises once you wake up. Use your incentive spirometer each hour you are awake. • Sit in a chair. • Start walking. Ask for help when getting up so you don't fall. • Wear compression devices on your lower legs to help lower your risk of blood clots. Be sure they are put back on each time you get into bed. 	<ul style="list-style-type: none"> • Do your breathing exercises each hour you are awake. • Walk at least 5 times each day. Ask for help if you need it. • Keep wearing compression devices on your lower legs when you are in bed to help prevent blood clots.
What can I eat and drink?	<ul style="list-style-type: none"> • You may be allowed to drink liquids. • Ask your nurse when you should start chewing gum to help get your bowels moving. 	<ul style="list-style-type: none"> • Day 1 – You will be given liquids to drink. Stay away from pop and carbonated drinks. • Day 2 – You may be given thicker liquids and solid food in the evening. • Day 3 – You will start eating some food. If you are drinking without problems, your IV fluids may be stopped.
How will my pain be controlled?	<ul style="list-style-type: none"> • You will get IV pain medicine from your nurse or through a special pump called a PCA. 	<ul style="list-style-type: none"> • You may be switched to pain pills as early as Day 1. If so, the PCA pump may be removed.
What else do I need to know?	<ul style="list-style-type: none"> • You will wake up with a tube in your bladder to drain your urine. 	<ul style="list-style-type: none"> • Your nurse will give you a blood thinner shot to prevent blood clots. • If you still have a tube to drain your bladder on Day 1, it might be taken out. • If you are doing well, you may be able to leave on Day 3. • Many patients leave on Day 4. If you are not ready, you may stay a little longer until you are well enough to leave.

Getting Ready for Your Abdominal Surgery: Bowel Prep and Eating the Day Before

This handout tells you what you need to know about bowel prep and eating the day before your surgery.

Prep Your Bowels

You may get a bowel prep plan from your doctor's office. This is to make sure there is no stool in your colon for surgery. Follow the bowel prep plan the day before your surgery. It will involve taking medicines like Miralax® or Golytely®.

Drink Only Clear Liquids

Drink only clear liquids the day before surgery. Clear liquids are fluids that you can see through.

Clear liquids include:

- Fruit juices like apple, punch or grape
- Sodas
- Popsicles
- Water
- Sports drinks like Gatorade® or Propel®
- Clear broths like chicken, beef or veggie
- Clear Jell-O
- Tea and coffee with no milk products added

Do Not Eat as of Midnight

You must not eat as of midnight before your surgery day. You may drink a small amount of clear liquids up to 2 hours before surgery. This is for your safety. Having food in your stomach could cause you to throw up during surgery. If you eat after midnight, your surgery may have to be cancelled or rescheduled.

Questions?

Call your doctor or nurse if you have any questions.



Your Diet After Abdominal Surgery

After surgery, your doctor will slowly increase the amounts and types of food you can eat. This handout goes over the eating plans that may be ordered for you.

Diet After Surgery

The doctor may order any of the eating plans listed below after your surgery. Your eating plan will be based on how well you can handle certain foods. If you get sick to your stomach, your eating plan may change. You may also get shakes to drink such as Boost®, or Carnation Instant Breakfast® to go along with your eating plan.

- **Sips of Water and Ice Chips.** This is the first step to eating by mouth after surgery.
- **Fixed Amounts of Clear Liquids.** You can have 6 ½ to 8 ½ ounces (which equals ¾ cup to 1 ½ cups) of clear liquids in an 8-hour period.

Clear liquids you can have:

- Water, popsicles and Jell-O
- Chicken, beef or veggie broth
- Coffee, tea, sports drinks

You will not be allowed to have bubbly drinks like soda pop. These can cause bloating and discomfort.

- **Clear Liquids with No Limit.** You can drink clear liquids as much as you like. Stop drinking if you feel sick to your stomach.

Clear liquids you can have:

- Water, popsicles and Jell-O
- Chicken, beef or veggie broth
- Coffee, tea, sports drinks

You will not be allowed to have bubbly drinks like soda pop. These can cause bloating and discomfort.

- **Full Liquids.** With this food plan you can have clear liquids and certain foods.

Foods you can eat:

- Milk products, ice cream, pudding, yogurt
- Sherbet, creamy soups
- Oatmeal, grits, Cream of Wheat®

Your Diet After Abdominal Surgery (continued)

- **Soft or Low Residue Foods.** You will eat solid foods that are soft and can be cut with a fork. With this food plan it is important to drink liquids and eat small bites. Because you may not feel like eating, it's best to drink liquids instead of filling up on solid foods.

Follow these tips for eating:

- Stay away from raw fruits and veggies. Eat cooked veggies and canned fruits instead.
- Stay away from tough pieces of meat like steak. This is hard to chew and for your stomach to break down.
- Eat small meals throughout the day instead of 3 big meals. Do this until your appetite returns.
- Stop eating and leave the table when you are full.

A hospital dietitian is available to answer your questions or concerns.

Tell your doctor or nurse if you would like to speak with a dietitian. Before you leave the hospital, your doctor will tell you what diet to follow and how long to stay on it.

What You Need to Know About Breathing Exercises After Abdominal Surgery

Breathing exercises are an important part of healing after surgery. This handout tells you what deep breathing exercises to do and how to do them. Begin these breathing exercises as soon as you arrive to your hospital room after your surgery is over.

Deep Breathing Exercises

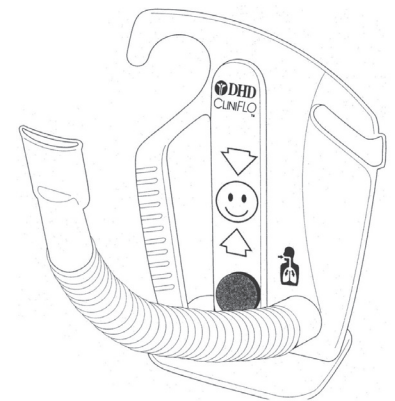
After having surgery you may not breathe as deeply as normal. This can be due to pain or weakness. Not breathing deeply can cause lung sickness. Deep breathing exercises fill your lungs with air and keep them clear of mucus. This helps guard against lung problems after surgery. You will be given a tool called an **incentive spirometer**. This tool helps you breathe deeply and exercise your lungs. Ask your doctor or nurse for an incentive spirometer if you do not have one in your hospital room after surgery.

How to use your incentive spirometer:

- Sit up and hold the spirometer upright.
- Put the mouthpiece in your mouth and make a tight seal with your lips.
- Slowly breathe in through your mouth. Keep breathing in until the plastic disk goes up to the happy face between the arrows. Keep the disc on the happy face as long as you can. Then slowly let your breath out.
- Repeat these steps 10 times each hour while you are awake. Pause for a few seconds between exercises. If you start to feel dizzy, slow down and take some normal breaths.

Other tips:

- After you do 10 breathing exercises, hold a pillow against your surgical wound, take a deep breath, and give a strong cough. This will help clear mucus from your lungs.



Incentive Spirometer

Talk with your doctor or nurse if you have any questions or concerns.

Blood Clots:

What Are They and Ways to Prevent Them

What are blood clots?

A deep vein thrombosis (DVT) happens when a blood clot forms in your deep veins. This blood clot may form in any part of the body where blood flows, but they most often happen in the arms or legs. If a piece of a blood clot breaks free and travels to the lung, it is called a pulmonary embolus (PE). A PE can be a very serious problem.

Who is at risk for getting a blood clot?

You are at a higher risk for getting a blood clot if you:

- Are obese (overweight)
- Have had a heart attack, stroke or congestive heart failure
- Have cancer
- Had surgery
- Are pregnant
- Are taking birth control pills
- Are or have been in the hospital

Being in the hospital or having surgery puts you at risk for getting a blood clot because you may not be well enough to walk and move around as much as you do at home.

Ways to prevent blood clots

While you are in the hospital, you can lower your risk of getting a blood clot by:

- **Walking.** When you walk, it helps move the blood in your legs. If your doctor says it is OK, walk in the halls at least 5 times each day. **Always let your nurse help you before you try to get out of bed, so you don't fall.**
- **Wearing your SCDs.** Your doctor may order special sleeves called SCDs that wrap around your legs. SCD stands for **Sequential Compression Device**. SCDs are attached to a machine that fills up with air to gently squeeze your legs every few minutes. This helps return the blood in your legs to your heart. SCDs should only be taken off if you are walking or bathing.
- **Taking any blood-thinning medicines your doctor orders.** Your doctor may order blood-thinning medicines, such as heparin or Lovenox[®], to help prevent blood clots. Your nurse will give the blood-thinning medicine to you each day as a shot. Sometimes your doctor may also tell you to take a blood-thinning medicine after you leave the hospital. If you have questions, please ask your health care team.

What are the signs of a blood clot (DVT) and PE?

Let your doctor or nurse know right away if you are having any of these problems:

- Pain, swelling, redness or warmth in your leg or arm. These are signs of a blood clot (DVT).
- Chest pain or shortness of breath. These may be signs of a PE.

What You Need to Know About Pain After Abdominal Surgery

This handout tells you what you need to know about pain after surgery. With your help, your health care team can work to control your pain.

Pain Control After Surgery Is Important

Getting control from pain after abdominal surgery is important for many reasons. People whose pain is under control often do better after surgery. With less pain you can do things needed to help you heal more quickly. You can start walking, do breathing exercises and get your strength back sooner.

Getting the best pain control is up to you. You are the only one who knows your pain. Being honest with your doctors and nurses about your pain will help them know if your pain medicine is working.

Below are things you can do to help your doctors and nurses provide the best pain control they can.

- **Let your doctor or nurse know as soon as you feel pain.** Don't wait until the pain is bad. Pain meds work better when the pain is just starting. Pain meds given when pain is bad do not work as well.
- **Be specific when you describe your pain.**
 - Where do you feel pain? Is it in one part of your body or all over?
 - What does the pain feel like? Is it sharp, dull, throbbing?
 - Give the pain a number from 0 to 10. Zero is no pain. Ten is the worst pain.
 - Does the pain come and go or is it steady?
 - How long does the pain last? A few minutes, an hour, or longer?
 - What makes the pain better or worse?

**Let your doctor or nurse know if your pain is not controlled.
This will help them make changes to your medicine as needed.**

What You Need to Know About Pain After Abdominal Surgery (continued)

Types of Pain Relief

Pain can be controlled with or without medicine. The most common types of pain relief are listed below.

Pain Relief With Medicine

- **PCA Pump.** PCA stands for **Patient Controlled Analgesia**. Analgesia is a word for pain relief. A PCA pump holds a pain medicine prescribed by your doctor. The pump gives the medicine straight into your bloodstream through an intravenous (IV) line. The PCA pump lets you give yourself pain medicine when you need it by pushing a hand-held button that's linked to the pump.
The PCA pump is programmed so that you cannot give yourself too much medicine. You will not become addicted to the PCA when you are on it for a few days. Often, you will stop using the PCA and start taking pain pills about 1 to 3 days after your surgery.
Please note: Do not let family or friends press the PCA button. No one should push the button except you. When you are on a PCA, you are not to leave the hospital floor except for tests, treatment or activity ordered by your doctor. This is for your safety.
- **IV Narcotic Pain Meds.** Narcotic pain meds (also called opioids) are drugs like morphine, oxycodone, Percocet® and Dilaudid®. Narcotics are used for pain that is very bad and not helped by other types of pain meds. IV narcotics go straight into your bloodstream through an intravenous (IV) line. It is rare for people to become addicted to narcotics used to treat pain. Taking narcotics too often or for too long after your surgery can slow down your healing and your bowel function.
- **Oral Narcotic Pain Meds.** Most narcotics come in a pill form that can be taken by mouth.
- **Oral Non-narcotic Pain Meds.** Non-narcotic pain meds include Tylenol® (acetaminophen), Advil® (ibuprofen) and Aleve® (naprosyn). Your doctor may tell you to take these alone or along with narcotic pain meds to help your pain. **Always take your pain meds as directed by your doctor.**

Pain Relief Without Medicine

Pain relief methods can be used alone or along with medicine to help your pain. Common pain relief methods are:

- Warm or cool packs
- Position changes
- Massages
- Music
- Relaxation
- Positive thinking
- Family and friend support
- Distractions such as movies or books

What You Need to Know About Pain After Abdominal Surgery (continued)

Common Side Effects from Narcotic Pain Medicines

Constipation

Constipation is when bowel movements become less frequent and stools are hard, dry and not easy to pass. You may have painful bowel movements and feel bloated or sick to your stomach. You may belch, pass a lot of gas, and have stomach cramps or pressure in the rectum.

Things you can do:

- Drink at least 8 (eight ounce) cups of water or other fluids each day. Drinking warm or hot fluids, such as coffee and tea, can help with constipation. Fruit juices, such as prune juice, may also be helpful.
- Try to walk at least 5 times a day.
- Talk to your doctor or nurse about using a laxative or stool softener.

Upset Stomach and Throwing Up

Upset stomach is also called nausea. Throwing up is also called vomiting. Pain medicine can cause some stomach upset. This is normal. If stomach upset doesn't go away or you start vomiting, tell your doctor or nurse.

Things you can do:

- Stay away from fatty, greasy or spicy foods.
- Stay away from foods with strong smells. Try eating foods that are cool since they have less odor.
- Peppermint or ginger tea can help with stomach upset. You can also try sucking on peppermint candy or chewing peppermint gum.

Feeling Sleepy

You may feel tired or sleep more when you are taking narcotic pain meds.

Do not drive or use heavy equipment.

Caring for Yourself After Surgery

This handout explains what you need to know about caring for yourself after surgery. Talk with a member of your health care team if you have any questions after reading this.

Activity

Increase your activity slowly as tolerated. It will take some time for you to return to the same level of activity as before your surgery. You may get tired more easily. This is normal. Rest when you feel tired. You will have good and bad days early in your recovery.

- You will not be allowed to lift more than 10 pounds for at least a few weeks after your surgery. Your surgeon will tell you how long you need to wait before lifting more than 10 pounds.
- It may hurt to bend, twist and turn shortly after your surgery. If you are sore, you are likely doing too much.
- You may climb stairs but plan ahead because you may get tired easily.
- Do not return to your normal exercise routine until your surgeon says it is okay to do so. This includes activities like jogging, running, tennis and weightlifting. If you are not sure, ask your surgeon first.
- Walk each day for exercise. This means walking more than just around the house or to the car.

Driving

- **Do not drive if you are taking pain meds (narcotics).** You may ride in the car while someone else drives, but you may not drive. This is for your safety and the safety of others.
- Do not drive until you are able to step on the brake pedal without pain.



Caring for Yourself After Surgery (continued)

Wound Care

- Look at your wound at least twice a day to check for signs and symptoms of infection. **Call your surgeon right away if you notice any of these signs or symptoms of infection:**
 - Redness, swelling or firmness around wound
 - Wound is warm to touch
 - New or more pain around the wound that is not helped by your pain meds
 - Drainage from the wound that smells bad
 - White, yellow or tan drainage from the wound that is thick and/or cloudy
 - Fever that is 100° F or higher
 - Chills and/or shaking
- If you have paper strips (called steri-strips) over your wound, they may get wet in the shower. As they loosen, gently peel them off after 5 to 7 days.
- If you have staples, they may get wet in the shower. Your staples will be removed in your surgeon's office 10 to 14 days after your surgery.
- You may wear a dry dressing over the wound to protect your clothing from staining or keep your clothing from rubbing the wound.
- Do not use lotions, powders, ointments or salves on your wound unless your health care team tells you to.



Showering

- You may shower. Let the soap and water run over your wound. Do not scrub your wound.
- No tub baths or swimming until your wounds have healed or your health care team tells you it is okay.

Caring for Yourself After Surgery (continued)

Diet

- Your discharge instructions will tell you what diet to follow at home.
- If you were on a special diet before surgery, such as a diabetic or renal diet, you should restart that diet, along with the diet instructions listed on your discharge instructions.
- Drink at least 8 cups of water or other fluids each day. One cup is equal to 8 ounces.
- Eat soft food for the first couple of weeks. The foods you eat should be soft enough to cut with a fork.
- Do not eat raw fruits or veggies or nuts until your health care team tells you to. These foods can be hard to digest.
- Eat 6 smaller meals. Stop eating once you are full. You may not have an appetite right away, but it will slowly return.



Bowel Movements

Bowel movements (stools) may not be normal after surgery. You may have loose stools (diarrhea) and/or hard stools (constipation). Your bowel movements will become more regular as your diet gets back to normal.

- You may become constipated while taking pain meds (narcotics). Your doctor may suggest you take a medicine to keep your stool soft. Common stool softeners are Colace®, Miralax® and Milk of Magnesia®.
- Drink 8 cups of water or juice to prevent fluid loss (dehydration) and constipation. One cup is equal to 8 ounces.
- Call your surgeon if you feel bloated or uncomfortable and have not had a bowel movement in 4 days.

Going Back to Work

Your surgeon may suggest time off from work after surgery. The amount of time you take off will depend on the kind of work you do.

- Ask your surgeon when you can go back to work. If you need to have any paperwork done for a leave of absence, call your surgeon's office **before** your surgery.

Follow-Up With Your Surgeon

A follow-up visit will be made for you before you leave the hospital. If a visit has not been scheduled for you, call your surgeon's office shortly after you get home to make one.

What You Need to Know About Dehydration After Abdominal Surgery

Dehydration (fluid loss) happens when more fluid leaves the body than is taken in. Dehydration is one of the major reasons people need to be admitted to the hospital again after going home.

This handout will tell you about signs of dehydration and how you can prevent it. It will also tell you about medicines your doctor may order for it.

Signs of Dehydration May Include:

- Dry mouth
- Dark yellow urine
- Smaller amounts of urine than normal
- Getting dizzy when you move in certain ways, such as standing up or bending over
- Feeling weak or unable to do your daily routine

Dehydration is Often Seen in People Who Have:

- An ileostomy (stoma made of small intestine) after abdominal surgery
- A total colectomy (all of the large bowel removed) or partial colon resections (parts of the large bowel removed)
- Radiation to the abdomen (belly)

These treatments cause stool to have more liquid in it. This leads to a greater risk for dehydration.

How to Prevent Dehydration:

- Drink at least 8 cups of water and other liquids each day. One cup is equal to 8 ounces. Do not drink water only. Drinking water only will flush out nutrients that your body needs.
- Drink liquids such as:
 - Sports drinks like Gatorade® or Propel®
 - Chicken or beef broth
 - Tea
 - Orange juice or other fruit juices
- If you are diabetic (have high blood sugar), do not drink Gatorade or any liquids that are high in sugar.
- If you are sweating due to exercise or warm weather, drink extra fluids to replace fluid loss.

What You Need to Know About Dehydration After Abdominal Surgery (continued)

If You Have an Ileostomy (stoma):

- Drink at least 1 cup (8 ounces) of liquid each time you empty your stoma pouch of watery stool.

If You Don't Have an Ileostomy (stoma):

- Drink at least 1 cup (8 ounces) of liquid for each watery stool (diarrhea) you have.

Medicines for Diarrhea

Your doctor may order the medicines below to help stop diarrhea after surgery. **Talk to your health care team before starting these medicines.**

- **Imodium® (Loperimide)**

Imodium works by causing food to move more slowly through your body. This gives your body more time to absorb water which helps prevent dehydration.

How to take Imodium:

- Take 30 minutes before meals and at bedtime.
- Take 1 to 2 tablets four times a day as needed.
- Do not take more than 2 tablets at a time. Too much can cause hard stool.
- Do not take more than 8 tablets in 24 hours.

- **Lomotil® (Diphenoxylate and Atropine)**

Lomotil can be used along with Imodium to help stop loose stools.

How to take Lomotil:

- Take 30 minutes before meals and at bedtime, at the same time you take Imodium.
- Take 1 to 2 tablets 4 times a day as needed.

- **Fiber (Metamucil®)**

Fiber is used to expand your stool. If your stool is watery, take fiber mixed with **½ cup of water**. **Do not mix with 1 cup of water as stated on the package.** Taking fiber with less water works better for diarrhea after abdominal surgery.

Daily Ileostomy Output Record

Record the output of your ostomy each time you empty your pouch. Add up the total every 24 hours. 24 hours is from the time you wake up in the morning until the time you wake up the next day.

Amount of Drainage				
Date	Morning	Afternoon	Evening	24-Hour Total

Drain Care After Abdominal Surgery

After your abdominal surgery, you may wake up with a drain in place. This handout tells you about drain care while you are in the hospital and after you go home.

While You Are in the Hospital

The nurses will empty your drain at least 3 times a day, or more often if needed. Most drains are left in for 7 to 10 days after surgery. Sometimes a drain may need to stay in longer. You may go home from the hospital with your drain still in.

Going Home with a Drain

If you go home with a drain, you will need to record your drainage output every day. Your health care team will teach you how to do this.

Once you are home, call your doctor or nurse right away if you have:

- More drainage from your drain than you have had recently
- Drainage that changes color
- More redness or swelling, the size of a quarter or larger around the drain
- More pain around the drain site
- Bad smelling or thick drainage
- A fever higher than 100° F
- A drain that falls out
- Any trouble or problem with your drain



If you go home from the hospital without a follow-up visit scheduled and your drain has been in for more than 7 to 10 days, call your surgeon's office.

Daily Record Sheet for Drain Output



Amount of Drainage				
Date	Morning	Afternoon	Evening	24-Hour Total

Problems That May Happen After You Leave

This handout explains some common problems that may happen after you leave the hospital and what to do about them.

Going Back into the Hospital

Some patients will need to go back into the hospital after surgery.

Common reasons include:

- Feeling sick to your stomach (nausea)
- Throwing up (vomiting)
- Bloating
- New or more pain
- Fever higher than 100° F
- Infection

Always call your surgeon's office if you have any new problems or concerns.

Wound Problems

Call your surgeon's office right away if you have new pain, redness or drainage from your wound. These can be signs of infection.



Bowel Movement Problems

For the first few weeks after surgery, your bowel movements may not be what you are used to.

It's not uncommon to have:

- Diarrhea and constipation
- A spot of blood with your first bowel movement
- Mucus from your rectum

Call your doctor's office if you have any concerns about these problems.

Problems That May Happen After You Leave (continued)

Nausea, Vomiting or Dehydration (Fluid Loss)

Nausea and vomiting often happen the first few weeks after abdominal surgery. Nausea and vomiting can cause fluid loss (dehydration). **This can become a bad problem quickly.**

If you do not feel like eating solid food, you must drink at least 8 cups of liquids a day. You don't want to lose too much fluid and get dehydrated.

What should I do if I feel sick to my stomach?

- Try chicken broth or Gatorade®. These are good because they replace salts as well as liquid.
- Keep a drink near you. Sip on it often since you may not be able to drink a lot of liquid at once.

What should I do if I throw up (vomit)?

- If you throw up, stop drinking and eating for an hour or two. Then try to slowly sip on a drink.
Call your doctor's office if you throw up again.
- **If you keep throwing up, call your doctor again.** You may need to come to the clinic or go to the ER (emergency room) for IV fluids.

Too Much Fluid From Your Ileostomy

An ileostomy is an opening into the ileum, part of the small bowel, from outside the body. An ileostomy gives a new path for waste to leave the body after part of the bowel has been removed.

If you have a new ileostomy, you can lose too much fluid and become dehydrated. Know what to look for. You may be at risk for fluid loss if:

- Your ileostomy bag gets full more than 4 times a day
- You have a lot of watery fluid in the bag

Problems That May Happen After You Leave (continued)

If this happens, what should I do?

- Keep drinking liquids throughout the day so you don't get dehydrated. Drink at least 8 cups of liquid a day.
- Try liquids like chicken broth and Gatorade® because they replace salts and liquid.
- Keep a drink near you and sip on it often.
- If you have a prescription for Imodium® or Lomotil®, take the pills or syrup as directed. They can slow down the fluid coming out of your ileostomy. These medicines are best taken about 30 minutes before meals and 30 minutes before bed.

Call your surgeon's office right away if you:

- Feel sick to your stomach or you are throwing up
- Have new or more pain not helped by your pain medicine
- Have a fever higher than 100° F
- Have new bleeding or bruising
- Have redness, swelling, warmth or firmness around your wound (incision) or drain site
- Have drainage from your wound or drain that changes color, looks thick or cloudy or smells bad
- Have pain, swelling, redness or warmth in your leg or arm
- Have chest pain or shortness of breath
- Have any other concerns or questions



If you have an ileostomy, you also need to call your surgeon if you:

- Have more than 1000 ml (milliliters) of stool output in 24 hours
- Feel weak, dizzy or more tired than normal

You may need to be seen in the clinic or go to the ER (emergency room) for these problems. You may need IV fluids to make up for the fluid loss.

- **If you do not have your surgeon's phone number, call 216-844-1000 to speak with the hospital operator. Ask for your surgeon's phone number or that they connect you with your surgeon's office.**
- **Call 9-1-1 if you have any problems that you think are an emergency.**

