

FAIRFAX COLON & RECTAL SURGERY, P.C.

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COLORECTAL/ANORECTAL SURGERY, COLONOSCOPY, ANORECTAL PHYSIOLOGY

POST ABDOMINAL SURGERY INSTRUCTIONS

1. Soft diet for first week. Try eating six (6) small frequent meals rather than 3 big meals. Excessive sweets tend to make the stools more liquid. Add one new food at a time in small mounts. Drink plenty of fluids.
2. Fibers: Avoid raw vegetables and raw fruits for 1-2 weeks. Gradually increase the fiber in your diet, as this will thicken the stool. If you have been instructed to take a fiber supplement, lessen the if abdominal cramps or bloating occur.
3. Activity: Avoid activity which causes pain. Taking short walks and climbing stairs slowly can be done. No lifting more than 20 lbs and no vigorous sports for 4-6 weeks or as directed.
4. Resume home medications except: Aspirin or NSAIDS (Ibuprofen, Advil, Motrin, Aleve etc) unless otherwise directed by the Doctor.
5. No driving until seen in the office.
6. Possible problems
 - a) Wound issues: It is okay to shower and get the incision and overlying steri-stripes wet. If the steri-strips fray or are coming off it is alright to remove them yourself. Otherwise, they will be taken off at your first office visit. Some drainage from the incision is common; a light gauze pad over the incision can be helpful. If drainage is cloudy or the wound begins to swell up or turn red and more painful or you develop a fever > 101 degrees, call the office.
 - b) Medication reactions: Reactions to medicines can occur. The most common symptoms are nausea, vomiting, or itching or rash related to taking the medication. If this occurs stop the medication and contact the office.
Note: All Narcotics cause constipation
 - c) Urinary difficulties: Urinary tract infections occasionally occur following abdominal surgery. Pains with urination and/or blood in the urine are symptoms of infection. Bring these symptoms to the doctor's attention at your post-op visit.
 - d) Bowel obstructions: Post operative intestinal blockage is not uncommon the first week or two after discharge. Symptoms include abdominal cramps, bloating, nausea, vomiting, and failure to pass air or stool. When these develop, call your physician for advice. If the symptoms are mild, you may restrict intake to liquids only and avoid solid food. If the symptoms are severe or if persist beyond 24 hrs, you must call your physician and may need readmission to the hospital.

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- e) Diarrhea or frequent stools: This is common in patients who have had the lowest segment of their bowel removed and reconstructed. Try eating more constipating foods such as bananas, rice, oatmeal, peanut butter. Add a fiber supplement such as Metamucil and take a tablespoon in 4 ounces of water or stir into your food to bulk up the stools. If this does not help, call the office for further advise. If the diarrhea is watery, foul smelling and unrelenting, keeping you awake at night, call the office. This could be a antibiotic-related diarrhea which is becoming a more frequent phenomenon and will need to be assessed and treated. Call the office.
 - f) Irritation around anus from severe diarrhea: Use Destin ointment or Skin protective paste. Avoid vigorous wiping after a bowel movement. Instead use a shower nozzle attachment to clean the area. A warm tub bath or sitz bath is also helpful. Pat gently dry afterwards. Baby wipes can be used instead of toilet paper.
 - f) Steroid withdrawal: If you had been on Prednisone for a long time previous to yur surgery and have now stopped the medication, you are at risk for steroid withdrawal if the weaning is too quick, or if you are undergoing a stressful situation. The manifestations may be vague with feelings of being rundown, giddy, nausea or severe joint aches. If there is no improvement within 24 hours, call your physician.
 - g) Infection: Fever, shaking, chills, lower abdominal discomforts, difficulty in passing urine and sometimes drainage of pus from wound, call your physician.
7. Call the office on the day of your discharge to make follow up appointment in 1 to 2 weeks (as directed at time of discharge).