

FAIRFAX COLON & RECTAL SURGERY, P.C.

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COLORECTAL/ANORECTAL SURGERY, COLONOSCOPY, ANORECTAL PHYSIOLOGY

PREOPERATIVE INSTRUCTIONS FOR PATIENTS

UNDERGOING COLON SURGERY WITH NO BOWEL PREP

A number of recent clinical studies have demonstrated that it is unnecessary for certain patients undergoing colon surgery to have an oral bowel preparation to thoroughly clean out the colon. Some of these studies suggest that minimizing bowel preparation may hasten recovery of normal bowel function following the surgery, may decrease the risk of fluid or electrolyte imbalances and might even decrease the risk of infection. Your surgeon has decided that for your particular surgery oral bowel prep is not required. Please follow these instructions carefully and ask if you have any questions.

To diminish the risk of bleeding please stop all aspirin; Motrin; Advil; Coumadin; Plavix and all non prescription dietary supplements one (1) week prior to and after the procedure

On the day before your operation:

1. You may only have a clear liquid diet. This includes soups, broth, Jell-O, Kool-Aid, Italian ices, coffee, tea, carbonated beverages and clear fruit juices without pulp.
2. Do not eat or drink anything after midnight the night prior to surgery.
3. Purchase two Fleet enemas at any drug store.

On the day of surgery:

1. Two hours before coming to the hospital use the two fleet enemas to wash out the rectum.

If you have difficulties or problems with the preparation, call the office day or night.

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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. Lessen the doses of Metamucil, Konsyl or Citrucel if abdominal cramps or bloating occur.
3. Activity: Avoid activity which causes pain. Walking and climbing stairs OK. 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 unless otherwise directed by the Doctor.
5. No driving until seen in the office.
6. Possible problems
 - a) Wound problems: It is okay to shower and get the incision and staples wet. Some drainage from the incision is common; a light gauze pad over the incision can be helpful. If drainage is cloudy or associated with fever > 101 degrees, call the office.
 - b) Medication reactions: Reactions to medicines can occur. The most common symptoms are nausea, vomiting, or itching 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: abdominal cramps, bloating, nausea, vomiting, and constipation. 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.

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- e) 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 previously for ulcerative colitis 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)