your *pathway* to healing

A Guide for Patients Undergoing Colorectal Surgery

ENHANCED RECOVERY PROGRAM

Bon Secours

Rev 4/2018

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Welcome

Enhanced Recovery After Surgery at St. Francis

It is with great pleasure that we welcome you to the Enhanced Recovery Program for colorectal surgery patients at St. Francis Hospital.

This handbook has been developed to help you understand your care throughout all phases of your surgical experience. We expect you to refer to and use this handbook during your journey to healing.

We are pleased you have chosen Bon Secours St. Francis Hospital for your care. Our goal is to provide you with compassionate care during your hospital experience.

Sincerely,

Your Healthcare Team

St. Francis Hospital

Our Mission

The mission of Bon Secours Health System is to bring compassion to health care and to be good help to those in need, especially those who are poor and dying. As a system of caregivers, we commit ourselves to help bring people and communities to health and wholeness as part of the healing ministry of Jesus Christ and the Catholic Church.

Your Healthcare Team

We use a team approach to your health care at St. Francis. This ensures a smooth transition through all the phases of your experience. In the weeks before surgery and while you are in the hospital, you will come in contact with many members of your healthcare team. They will include:

Surgeon
The doctor who will perform your surgery and is responsible for your overall health during your hospitalization and following your surgery.

Nurse
Before, during, and after your surgery you will meet a number of nurses who perform different jobs. Some nurses attend to your daily health care needs while others assist in pre-operative teaching and discharge planning.

Program Coordinators
These are registered nurses who work with your surgeon to manage your care.

Anesthesiologist and Certified Nurse Anesthetist (CRNA)
An anesthesiologist is a medical doctor who directs your anesthesia care before and during surgery as well as in the recovery room. A CRNA is a nurse with critical care experience and specialized training in anesthesia and will monitor your vital signs closely during surgery and assist the anesthesiologist in administering your anesthesia.

Hospitalist
A hospitalist is a medical doctor who may be asked to help manage any medical needs you may have while you are in the hospital.

Nurse Practitioner/Physician Assistant
Nurse practitioners are advanced practice registered nurses and Physician Assistants are medical providers with advanced education who work with you and your surgeon to manage your care. Nurse practitioners and Physician Assistants can diagnose and treat medical problems, prescribe medications, and order needed tests.

Care Manager
Your care manager is a registered nurse or social worker in charge of coordinating your hospital discharge.

Dietitian
Your dietitian is specially trained in meeting your nutritional needs while you are in the hospital and assisting you to maintain a healthy diet before surgery and after you return home.

Hospital Chaplain
The hospital chaplains at St. Francis are available to meet the spiritual care needs of you and your family.

Patient Care Technician
A patient care technician will be assigned to assist you and your nurse with a variety of tasks, including bathing, walking, changing clothes, using the bathroom, and changing your bed.

Your Information

Patient Name: _____

Surgery Date & Time: _____

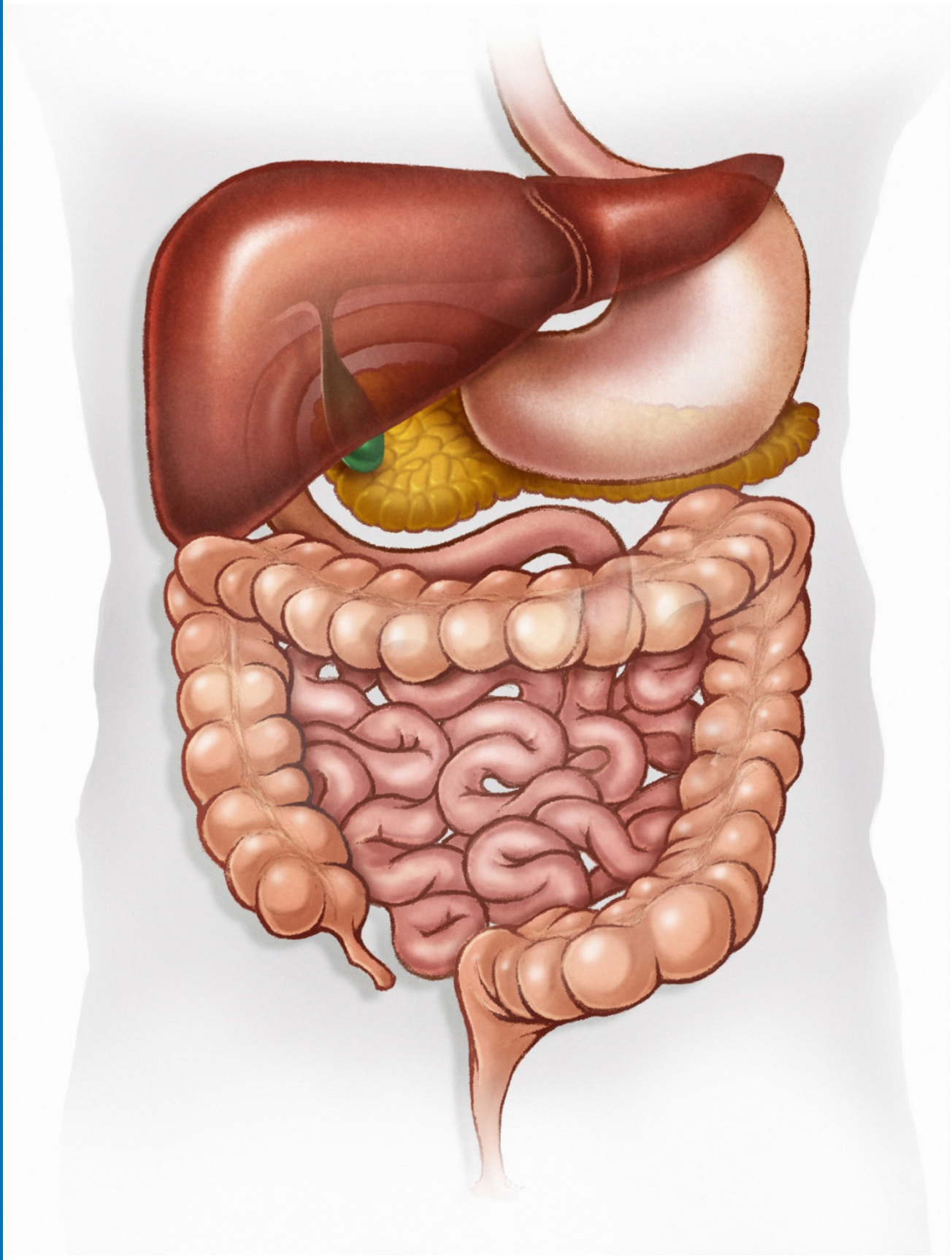
Date & Time for Arrival: _____

Surgeon Name: _____

Important:

Please bring this book with you to every office visit, your admission to the hospital, and follow-up visits!

My Surgery



Office Visit

During your office visit you will meet:

- The surgeons, who may have nurse practitioners or physician assistants working with them
- The clinical staff who may assist with your evaluation
- Other office staff who may assist with scheduling and administrative tasks

During your office visit you will:

- Learn what type of surgery you will need
- Talk about your medical history
- Have a physical exam
- Have an opportunity to have your questions answered

You will receive:

- Instructions on preparing for surgery
- Instructions for what to do before surgery
- Prescriptions for preoperative medications

Write Questions or Special Instructions Here:

Pre-Admission Testing (PAT)

After your office visit, you will have an appointment at the Pre-Admission Testing Center. Office staff will call you with your appointment date and time. The Pre-Admission Testing Center is located at 3 St. Francis Drive in the Outpatient Center building. **Bring this handbook with you to your appointment.**

At this appointment a nurse may do the following:

- Review your medical history
- Draw blood for lab tests
- Get an EKG (a test for your heart) or a chest x-ray, if necessary
- Talk about things you will need to do before and after surgery to help you recover faster
- Give you an incentive spirometer and teach you how to use it
- Give you a special soap to be used the night before and the morning of surgery

You may need to stop some of your regular medications before surgery. The PAT nurse will tell you if you need to stop taking them.

If there is a possibility you will have an ostomy created during surgery, you will receive a booklet of information to read. You will also receive a call from an ostomy nurse to discuss this with you.

Write Questions or Special Instructions Here:

Use the following checklist to help you plan for your surgery:

Item	Week Prior to Surgery	Check When Complete
Diet	• Drink Ensure Enlive or Ensure Plus supplement 2 times daily for 5 days. Diabetic patients should drink **half** a bottle 4 times per day. You should stop drinking the Ensure the evening before surgery. • Continue to eat a regular diet of healthy food.	
Actions	• With the help of your primary care provider, stop smoking and drinking alcohol prior to surgery.	
Activity	• Walk and exercise, as tolerated	
Medication	• Ensure your prescriptions for pre-operative medications are filled at least 2 days before your surgery date.	
Gatorade (or Powerade)	• Purchase two (2) 32 oz Gatorades. Avoid red, blue, or purple-colored flavors. Be sure it is the regular version (not low calorie/carbohydrate). Instructions on when to drink the	

Helpful Hints

You can do a few simple things before your surgery to make things easier for you when you get home:

- Clean and put away laundry and complete other housework.
- Put clean sheets on the bed. Avoid having pets sleep in your bed. This can help avoid infection.
- Put the things you use often between waist and shoulder height to avoid having to bend down or stretch too much to reach them.
- Bring the things you are going to use often during the day downstairs. But remember that you WILL be able to climb stairs after surgery.
- Buy the foods you like and other things you will need since shopping may be hard when you first go home.
- You are encouraged to drink Ensure prior to surgery to build the amount of protein in your blood to help with post-operative healing. **It is also recommended you purchase extra Ensure to drink after your surgery as protein is equally as important after surgery**.
- When you leave the hospital, you will need some help from family or friends. It will be important to have help with meals, taking medications, and daily chores such as getting the mail and taking care of your pets.
- Have a responsible adult with you to hear your discharge instructions and drive you home. If you plan to take public transportation, a responsible adult should travel with you.

Scheduled Surgery Time

An employee with pre-operative (pre-op) services will let you know what time your surgery is scheduled and what time to arrive at the hospital.

If you do not receive this information before the day prior to surgery, please pre-op services at 864-255-1080. Write the time the nurse tells you to arrive on page 3 of this handbook in the space provided.

Bowel Preparation:

Your surgeon and his office nurse will tell you if you need a bowel prep before surgery. If needed, you will receive prescriptions for the bowel preparation during your office visit. The office nurses will tell you exactly which medications you should take.

Food & Drink the Night Before Surgery

Regardless of bowel prep, you are encouraged to drink clear liquids or Gatorade/Powerade up until 2 hours before your scheduled surgery time. Drinking th liquids and Gatorade/Powerade ensure you are adequately hydrated prior to surge The Gatorade/Powerade also provides you with carbohydrates which are an import factor in preparing your body for surgery.

Clear liquids you can have are:

- Water
- Gatorade/Powerade (Do NOT drink red, blue, or purple-colored flavors)
- Black Coffee (no cream or milk. Sugar is okay)
- Tea (no cream or milk)
- Apple Juice

Use the checklist on the following page for more detailed instructions.

Follow instructions you were given regarding all of your medications before surgery.

Remember to shower as normal and then use the special soap as instructed.

Day Before Surgery Checklist

Use the following checklist to help you plan for your surgery:

Item	DAY BEFORE SURGERY	Check When Complete
Medications	• Follow instructions given to you about medications to stop.	
Diet (for patients needing bowel prep)	• If you doctor ordered a bowel prep, continue eating regularly until 5pm and then only drink clear liquids. • Follow directions below for when to take antibiotics and anti-nausea medicine. • At 5 pm, begin drinking bowl preparation solution, drinking one 8oz glass every 10-15 minutes until stools are clear and watery. • Continue to drink clear liquids throughout the evening. • **Schedule:**	
	11:00AM **Take Metoclopramide**	
	1:00PM **Take Metronidazole and Neomycin**	
	2:00PM **Take Metronidazole and Neomycin**	
	5:00PM **Begin drinking GoLYTELY and Metoclopramide**	
	10:00PM **Take Metronidazole, Neomycin, and Metoclopramide**	
Diet (for patients **not** needing bowel prep)	• If a bowel prep is **NOT** ordered, continue eating regularly until midnight. You are encouraged to drink clear liquids until 2 hours before your scheduled surgery time.	
Gatorade (or Powerade)	• **All patients should drink one 32oz Gatorade before going to bed. Do NOT drink red, blue, or purple colors.** Be sure it is the regular version (not low calorie/carbohydrate).	
Actions	• Take a shower as normal then use the special soap as instructed.	
Actions	• Call pre-op if you do not know what time to arrive at the hospital. Downtown Hospital 864-255-1080 or 864-255-1073	

Morning of Surgery

Hospital Arrival:

- Arrive on time (approximately 2 hours before your surgery is scheduled).
- Free valet parking is available beginning at 5:30am.
- Please report to the admissions department just inside the main entrance to St. Francis hospital. The patient may give their security code to the family in order to receive information.
- Your family will be directed to the surgical waiting area. There is a chapel, gift shop, and cafeteria nearby for convenience. Wi-fi is available in the hospital.

Surgery:

- A nurse will direct you to the surgical holding area.
- In the holding area, you will:
    - Be checked in by a nurse
    - Be given an IV and weighed by a nurse
    - Meet the anesthesia and surgery team where your consent for surgery will be signed or reviewed
    - Be given several medicines that will help keep you comfortable during and after surgery
    - If you are scheduled for an operation that involves the possible creation of an ostomy, an ostomy nurse will talk to you and mark your abdomen

Use the following checklist to help you plan for your surgery:

Item	Morning of Surgery	Check When Complete
Shower	• Take a shower as normal then use the special soap as instructed. • Remove nail polish, makeup, jewelry, and all piercings.	
Diet	• Do not eat food. • Continue drinking clear liquids until 2 hours prior to your scheduled surgery time. • Drink **HALF** of **the second** 32 oz Gatorade/ Powerade before you arrive at the hospital. Throw the rest of the Gatorade/ Powerade away. • Do not drink anything else after you drink the Gatorade/ Powerade.	
Medications	• Take any medication you were instructed to take.	

Write Questions or Special Instructions Here:

In the Operating Room

Depending on the type of surgery you have, you will be given pain medications that will act in different ways to help you recover faster.

General Anesthesia:
You will receive medications that will make you sleep during the surgery. These will wear off quickly after the surgery is completed.

Abdominal Block:
In addition to general anesthesia you may receive an abdominal nerve block. Your anesthesiologist will discuss this with you the day of surgery. This type of procedure involves an injection of local anesthetic (numbing medication) into the abdominal wall. It will be used along with other medications to help to keep your pain under control following your surgery.

Recovery Room (PACU)

Once you are awake:

- You will be given clear, non-carbonated fluids to drink.
- You will get out of bed (with help) to be weighed and start moving as soon as possible. This helps you recover faster and prevents blood clots and pneumonia.
- You can expect to have some discomfort but we will work with you to manage your pain.
- The surgeon will meet with or call your family to give them an update.

Inpatient Unit

From the recovery room, you will be sent to the inpatient unit. The volunteers in the surgical waiting area will tell your family your room number so they can join you.

- You will have your pain assessed by nursing staff. Managing and treating your pain early is important so you can take deep breaths, cough, and move.
- Nurses will monitor your urine output. You may have a urinary catheter placed in your bladder in the operating room.
- You will be given oxygen, if needed, and have your vital signs checked frequently.
- You will have an IV in your arm to give you fluids.
- You will be allowed to eat and drink fluids as ordered by your surgeon.
- You will use your incentive spirometer 10 times every hour.
- You will be restarted on your home medications as soon as possible.
- You can expect to sit in a chair and walk around your room on the day of your surgery, with help from nursing staff.

Post-Operative Checklist

Item	AFTER SURGERY	Check When Complete
Mobility	• Walk around your hospital room within 4 hours of arriving to the inpatient unit. Sit in a chair after you walk.	
Pain Management	• Discuss with your nurse what medications will be used to manage your pain. • Communicate your pain to nursing staff.	
Diet	• Eat and drink as you are able.	
Breathing	• Use the incentive spirometer as instructed by your nurse 10 times every hour.	
Item	**POST-OPERATIVE DAY 1**	**Check When Complete**
Diet	• Eat and drink as you are able. • Drink as much Ensure Enlive as you feel comfortable (goal: 2 bottles/day).	
Urinary Catheter	• Nursing staff will remove your catheter if appropriate.	
Dehydration Prevention	• List 2 signs and symptoms of dehydration: • Name 2 ways to avoid dehydration:	
Fluid Monitoring	• Identify the importance of daily weights during hospitalization. • If you have an ileostomy, participate in keeping strict record of intake and output.	
Mobility	• Get out of bed for each meal. • Spend at least 6 hours out of bed. • Walk 2-3 times in the hallway. • List one benefit of mobility.	
Breathing	• Use the incentive spirometer 10 times every hour.	
Ostomy Teaching (if needed)	• Participate in ostomy care. • Describe plan for ostomy care following discharge.	

Post-Operative Checklist - continued

Item	POST-OPERATIVE DAY 2	Check When Complete
Mobility	• Get out of bed for each meal • Spend at least 6 hours out of bed • Walk 3 times in the hallway	
Urinary Catheter	• Urinary catheter will be removed if not done so yesterday	
Diet	• Tolerate solid food • Drink as much Ensure Enlive as you feel comfortable (goal: 2 bottles/day).	
Breathing	• Use the incentive spirometer 10 times every hour	
Ostomy Teaching (if needed)	• Demonstrate understanding of how to empty and record ostomy output. • Identify the actions to take for low and high ostomy output.	
Item	**POST-OPERATIVE DAY 3**	**Check When Complete**
Diet	• Tolerate solid food. • Drink as much Ensure Enlive as you feel comfortable (goal: 2 bottles/day).	
Pain Management	• Pain is managed on oral pain medications.	
Discharge Instructions	• Verbalize understanding of signs and symptoms of a potential complication and what actions to take in the event of a complication.	
Ostomy Teaching (if needed)	• Work with ostomy nurse to learn how to care for your stoma and appliance.	
Item	**DISCHARGE**	**Check When Complete**
Discharge Preparation	• Ensure you have a ride home from the hospital, extra oxygen (if you need it), and all of your belongings you brought with you to the hospital. • Ensure you have ostomy supplies to take home.	

Keeping You Safe

While you are a patient in our care we do many things to keep you safe, prevent infections and complications. The following are a few examples:

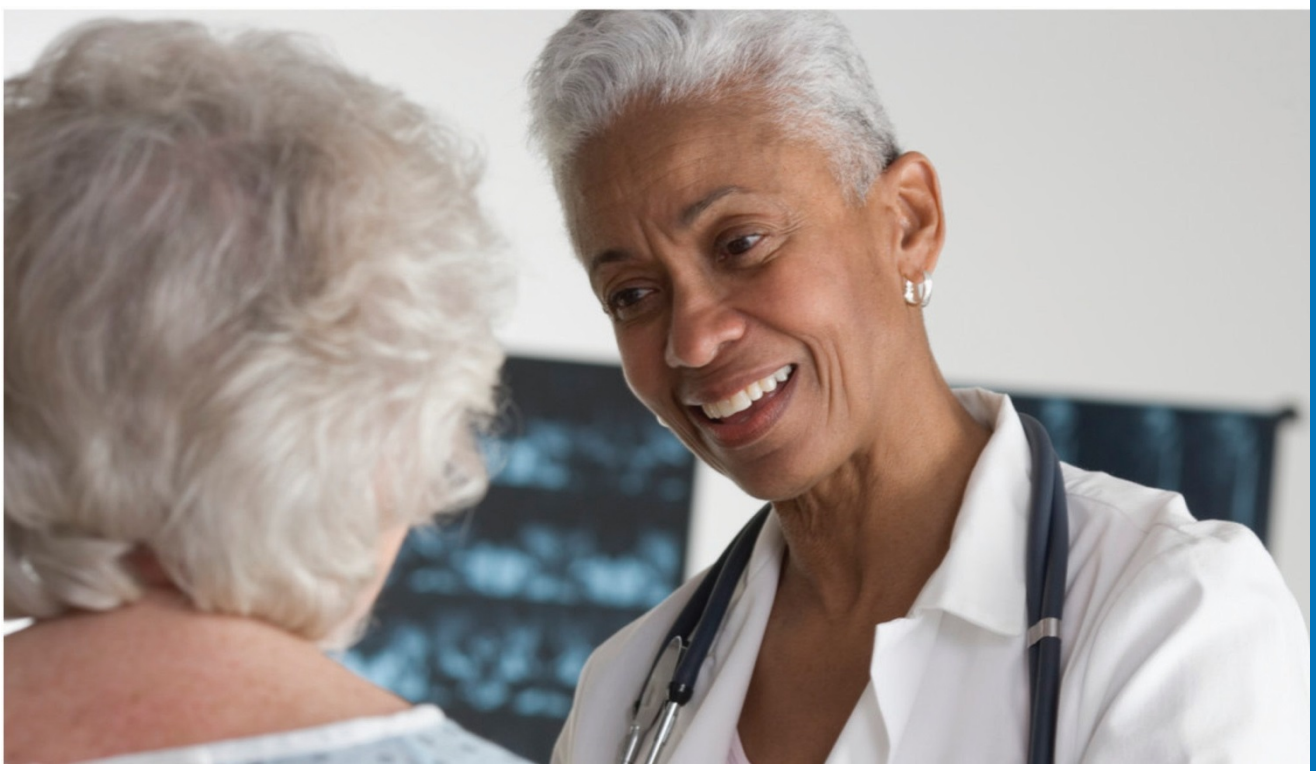
Preventing Blood Clots

Blood clots can sometimes occur after surgery. In order to prevent blood clots your surgeon may prescribe the following:

- TED hose: elastic support stockings that decrease swelling and help with circulation
- Compression device: mechanical sleeves placed on the legs to help with circulation
- Activity: Begin walking the day of surgery

Managing Pain

- You will be asked to rate the intensity of your pain through the use of a pain scale. A pain scale is a line numbered from 0 to 10, with each number representing a degree of pain
- Reporting your pain as a number helps nurses and doctors know how well your medication is working. Our goal is to control your pain to a level that is tolerable



Preventing Infection

Infection can also occur after surgery. It is important for you to help us prevent this.

- Wash with the special soap while in the hospital. This is the same soap you used at home before surgery but may come in a bottle
- Wash your hands frequently
- Avoid touching your incision
- If you have diabetes, maintaining good blood sugar control before, during, and after surgery will help prevent infections

Monitoring

- There are a variety of ways nurses will monitor your progress after surgery. In addition to your vital signs and urine output being monitored, your respiratory system will also be monitored closely
- You will use an incentive spirometer to help encourage you to take deep breaths.

Discharge from the Hospital

Remember…You are going home a well person. Be as active as possible!

Before you are discharged you will be given:

- A copy of your discharge instructions
- A list of any medications you may need
- A prescription for pain medicine
- Ostomy supplies, if you have a new ostomy
- Contact information for the home health liaison, if you have a new ostomy
- Follow-up appointments with primary care provider

Follow-up Appointments:

Primary Care Provider:

_____

Surgeon:

_____

Questions Prior to Discharge

Write any questions you may have for your physician or nurses here:

After Discharge

Complications do not happen very often but it is important for you to know what to look for if you start to feel bad.

After you leave the hospital, notify your provider if you develop any of the following conditions:

- Fever greater than 100.5
- Vomiting and inability to keep down liquids
- Increased or severe abdominal pain
- Increased or severe diarrhea
- Watery diarrhea more than six times per day
- Inability to pass gas for 24 hours
- Increased redness, swelling, or drainage from your incision site
- Persistent pain, swelling, or redness in calf of either leg

If you experience a sudden increased shortness of breath, chest pain, or rapid or unusual heartbeat, call 911 immediately.

Contact Numbers:

Carolina Surgical – Downtown Campus	**864-233-4349**
Carolina Surgical – Eastside Campus	**864-675-4815**

After 4pm and on weekends,
please call the on-call provider for your surgeon.

For pouching/appliance questions, please contact home health or the St. Francis Ostomy Nurse

M-F 7:00am-3:30pm

Home Health 864-233-5300 or

Wound Ostomy Continence Team 864-255-1392

Bowel Function

After your operation your bowel function will take a while to settle down and may be unpredictable for several weeks. For most patients, this will get back to normal with time.

Patients can have a variety of bowel complaints including:

- Irregular bowel habits
- Bowel movements that are loose
- Constipation
- Difficulty controlling bowel movements
- Continuing to feel that you need to have a bowel movement even if you've had several in a row

Make sure you eat healthy meals, drink plenty of fluids and take regular walks during the first two weeks after surgery.

Diarrhea

- The first step to improving frequent or loose stool is to eat foods that can thicken the stool like bananas, applesauce, rice, pasta, white bread, saltines and peanut butter. If this doesn't work your surgeon may try other medications such as over the counter loperamide (Imodium). Your care team will give you additional information on what medications you may need to help with this.

Wound Care:

For the first 1-2 weeks following your surgery, your wound may be slightly red and uncomfortable. If your wound is inflamed, painful, swollen, or leaking milky fluid, please contact the surgeon's office.

- You may shower and let the soapy water wash over your incision but do not scrub your incision.
- Avoid tub baths, swimming pools, and hot tubs (for 4 weeks).
- If you have staples or sutures, we will arrange for them to be removed in approximately 7 days.
- If you have dermabond (surgical glue), do not scrub off. This will dissolve over time.
- If you have steri-strips, do not remove. They will fall off when appropriate.

Diet:

- Drink plenty of fluids. Aim for at least 8-10 cups per day or at least 24 oz between breakfast and lunch and again between lunch and dinner. Avoid carbonated beverages for several weeks.
- Drink Ensure (Enlive or Ensure Plus) 2 times per day until your diet and appetite are back to normal. Diabetic patients can choose to drink ½ bottle Ensure Enlive 4 times daily OR 1 bottle Glucerna Shake or Ensure High Protein 2 times per day.

For a few weeks following your operation, you may need to make some adjustments to your diet depending on your bowel pattern.

You may find some foods can cause loose stools. If this happens, avoid these foods in the first few weeks after surgery then try them again, adding them back to your diet one at a time.

- Eat 4-6 small meals per day instead of 2-3 large meals.
- Choose white or refined grains, and avoid whole grains. That means eating white or refined cereals, breads, crackers, rice, or pasta.
- Peel the skin from fruits and vegetables before you eat or cook them. Avoid eating skins, seeds, and hulls.
- Eat frozen or canned fruit or low fiber raw fruits like bananas, melon or grapes.
- Eat low-fiber cooked vegetables, like green beans, carrots, asparagus, beets, white potatoes without skin, summer squash and mushrooms.
- You can drink fruit juice without pulp and vegetable juice.
- Drink or eat milk, yogurt, or other milk products, if you can digest dairy without too many problems.
- Eat tender, well-cooked meat, like chicken, turkey, any fish, or lean meat. You also can eat eggs and tofu.

Avoid these foods:

- Fried, greasy, spicy or highly seasoned meats.
- Brown or wild rice, oatmeal, granola, corn, graham crackers, and whole wheat and other whole-grain breads, such as rye bread.
- Cereals with more than 3 grams of fiber a serving.
- Berries, prunes, prune juice, and coconut, nuts, crunchy peanut butter, popcorn, raisins, seeds, and all dried fruits.
- Raw vegetables.
- Cabbage, broccoli, brussel sprouts, and cauliflower.
- Cooked dried beans, lentils, and split peas.

Hobbies and Activities:

Walking is encouraged following your surgery. Plan to walk 3 or 4 times daily. Remember, it can take 2-3 months to fully recover. It is not unusual to be tired and need an afternoon nap even 6-8 weeks after surgery. Your body is using its energy to heal your wounds on the inside and out.

You SHOULD:

- Be able to climb stairs from the time you are discharged.
- Return to hobbies and activities soon after your surgery. This will help you recover.
- Take a nap if you are feeling tired.

You should NOT:

- Drive for two weeks following surgery (or while taking narcotics). Your surgeon may restrict driving even longer.
- Do any heavy lifting (nothing heavier than a gallon of milk) for 4 weeks following surgery.
- Play contact sports until 6 weeks following your surgery.
- Insert anything into the vagina (no tampons, intercourse) until your postoperative appointment.

Ostomy Instructions

If you have an ostomy created during surgery, you will be taught how to care for it before you are discharged.

The colon absorbs most of the water from stool. If you have diarrhea and lose too much water, you may become dehydrated.

Dehydration is the most common reason patients with an ostomy have to come back to the hospital in the month following surgery.

Please call your surgeon's office if you develop any of these symptoms of dehydration:

- Dry mouth
- Urinating less often
- Urine that is dark in color
- Dizziness or weakness
- Difficulty keeping the ostomy bag on

To avoid dehydration you should:

- Drink 24 ounces of water between breakfast and lunch and again between lunch and dinner. We also encourage you to drink electrolyte-enhanced beverages such as Gatorade, Pedialyte, or Powerade.

If you have an ileostomy:

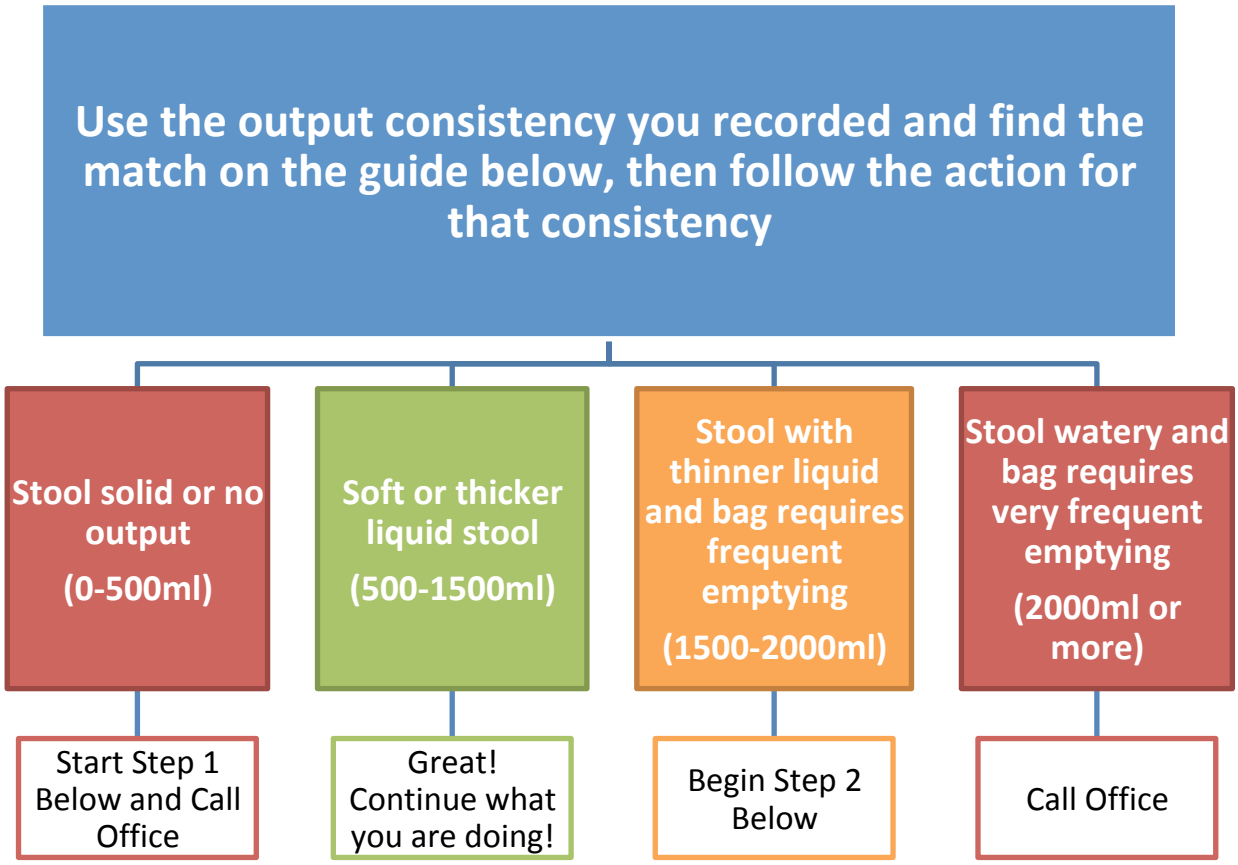
- Measure your ileostomy output with the clear plastic container as you were taught in the hospital
- Measure your fluid intake
- Record your fluid intake and ileostomy output amounts in the Intake and Output Log (page 26-27 of this handbook)
- Follow the directions on the next page (page 25)

For pouching/appliance questions, please contact home health or the St. Francis Wound Ostomy Continence Team

M-F 7:00am-3:30pm
864-255-1392

About Your Ileostomy Output

On the next two pages we have provided a log for you to record and check your fluid intake and ileostomy output. Use this information to monitor your recovery. Based on the output you observe, use the following diagram to choose the appropriate actions you should take.



Step 1 for pasty or semi-solid output:
Take Metamucil 3.4g of powder in 8oz of liquid twice daily. Notify provider if stool remains pasty or semi-solid after two days.

Step 2 for watery output requiring frequent emptying:
Take Immodium 2mg tablets for every ½ (half) bag emptied. If output remains high with frequent bag emptying, call your surgeon's office for further instructions.

Intake and Output Log

Please record the amount of fluids you take in and the amount of fluid out of your stoma. This will help prevent dehydration.

Date/Time	Fluids In	Stoma Output

Intake and Output Log

Date/Time	Fluids In	Stoma Output