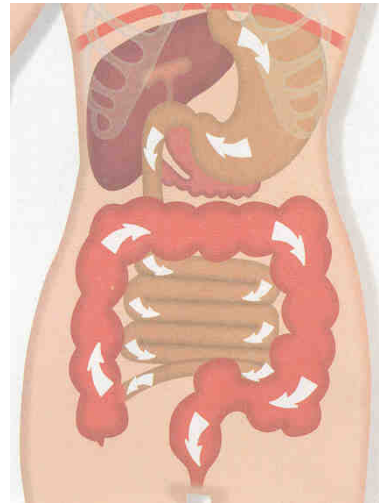


Large Bowel Resection

The **small** bowel is the long 'tube' that absorbs nutrients from food and the **large** bowel is a wider tube that absorbs water and processes waste products into faeces.

A Large Bowel Resection is a surgical procedure where a portion of the large bowel is removed and the two remaining ends are joined together.

The large bowel is able to function normally after part of it has been removed but it may take a little while to settle into a regular patten after surgery.



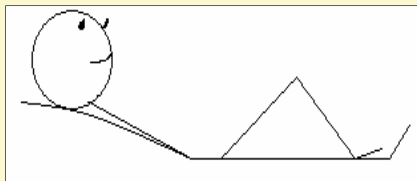
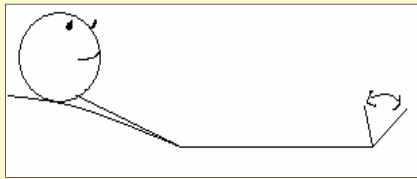
After discharge

- Around the House:** You may need someone to help you around the house for the first 6 weeks, Avoid lifting anything that is heavy (eg wet washing) during this time.
If this is a problem help is available through the Post Acute Care Program.
You will need to gradually increase your level of exercise over the next few weeks. Walking improves circulation, your breathing and helps move wind through your bowel. It is better to start with a short distance often and increase as you gain strength.
- Return to Work:** This depends on the type of work you do, and should be discussed with your doctor. Heavy lifting should be avoided for a least 6 weeks.
- Driving:** You can resume driving when you are not taking strong medication for pain relief.⁷⁶
- Sexual activity:** You may resume sexual activity when you have no further wound discomfort .
- Wound:** You may experience some numbness in the area around your incision. This is a common side effect and the numbness will improve over several weeks or months. If your wound becomes swollen, red, increasingly painful, begins to ooze or you have a fever please see your doctor or visit the Emergency Department.
- Diet and Fluids:** It is important to drink plenty of fluids and to have adequate fibre in your diet. Fresh fruit and vegetables, cereals and whole grain bread are a good source of fibre.
- Bowel Motions:** At the beginning it is quite likely your bowel actions will be loose, unpredictable and quite urgent. It may take several months to develop a pattern that is "normal for you" and this may be quite different from the bowel pattern you had before the surgery. If you have had a large portion of bowel removed less water will be absorbed and your stool may always be loose.

These exercises should be commenced as soon as you wake up on the day of your operation.

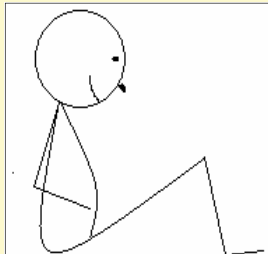
1. Exercises for Circulation

- Bend feet up and down. Repeat 10 times every hour.
- Circle feet in as large a circle as possible. Repeat 10 times every hour.
- Bend one knee upwards, keeping the heel on the bed, slide it down again, repeat with the other . Repeat 5 times every hour.
- With your legs straight, stiffen your legs and tighten your bottom, hold for a count of 5 and then relax. Repeat 5 times every hour.



2. Breathing and Coughing

- Deep breathing:** When sitting or lying, place your hands on the sides of your lower ribs. Breathe deeply making sure your ribs move under your hands. Relax, and breathe out slowly. Repeat 5 times every hour.
- Huffing to assist coughing:** Breathe deeply and huff on outward breath. Repeat twice every hour.
- Coughing:** With abdominal operations, support wound firmly with hands or pillow. Breathe in deeply and cough. Repeat once every hour.



PATIENT PATHWAY FOR Large Bowel Surgery

INFORMATION FOR YOU . . .

The following information will be discussed with you in the Pre-Admission Clinic.

Date of Admission to Hospital:
You will need to telephone the Day Procedure Unit on (03) 5381 9265 between 1.00 p.m. and 3.00 p. m. the day before your surgery.

You will need to stop eating and drinking at least 6 hours before your admission time. You may have a couple of sips of water up until 2 hours before your admission.

You will need to shower at home on the morning of your operation.

You will need to remove all jewellery (your wedding ring may be left on).

BEFORE YOUR SURGERY YOU NEED TO TAKE:

Your own medication/s: to be taken with a sip of water on the morning of your operation, unless advised.

When you come into hospital bring:

- Any medications you are taking (tablets / eye drops / inhalers). These will be continued whilst you are in hospital.
- Eye glasses and / or hearing aids if you use them.
- Toiletries, night clothes (1-2 changes).
- Do **not** bring a large amount of money, jewellery or valuables.

Admission / Discharge Arrangements:

- Please come to Hospital Reception at your admission time.
- You will be expected to stay in hospital for 7-10 days after your surgery. Discharge time is 10 am.
- Before you come into hospital please make arrangements for someone to drive you home on your discharge.
- It is best to limit the number of visitors you have the day of your surgery.

Post Discharge appointment with Surgeon / General Practitioner (GP)

Mr Campbell / Mr Kitchen appointment made for 7 to 10 days after discharge, see local GP if you live out of Horsham.

Your Health Care Team

Your Surgeon: Mr Kitchen or Mr Campbell,
Dietitian: Pam Marshman / Helen Crome 5381 9333

YOUR CHECK LIST . . .

The following checklist is to assist you in preparing for your admission to Hospital.

Confirm Admission by phoning 5381 9265 the day before your operation:

Date: Time:

Confirm Fasting Time
Nothing to eat or drink from: Time:

Shower at home on the morning of your operation: no powder, no deodorant, no make-up, no nail polish. Wedding ring ONLY.

Please clean your belly button with soap and water

Your own medication/s: taken as directed

Do not take your:

Do you have your:

- Own medications
- Eye glasses and / or hearing aids
- Patient Pathway (this document)
- Toiletries, night clothes

Admission / Discharge Arrangements:

- Arrangement made for family / friend to take you home on discharge from hospital.
- Present to Hospital Reception on your admission.

Appointment with :

_____ at _____








General Practitioner (GP): _____

Lister House Clinic 53820011

Yandilla Ward 5381 9255

Oxley Ward 5381 9258

	At Pre-Admission	Day of Surgery	Day 1 after your operation
Treatment and Observations 	You will have: <ul style="list-style-type: none"> A doctor examine you and explain your operation. your blood and urine tested. an electrocardiograph (ECG). your blood pressure, pulse, oxygen levels and weight measured. 	<ul style="list-style-type: none"> You will be admitted to the Day Procedure Unit (DPU) and transferred to a ward after your operation. Your surgery will take at least 2-3 hours. You will have a drip in a vein, to give you fluids and medications. You may have oxygen for the first 24 hours. 	You will have: <ul style="list-style-type: none"> a blood test—if your blood count is low you may require a blood transfusion. your blood pressure, temperature and pulse measured 4 times a day. the oxygen ceased if your levels are satisfactory. a visit from your doctor.
Medication 	Pre-admission Clinic Staff will: <ul style="list-style-type: none"> discuss anaesthetic and alternatives for pain management: <ul style="list-style-type: none"> patient controlled analgesia (PCA) or epidural. review your current medications and may advise you stop taking some prior to surgery. 	<ul style="list-style-type: none"> Before surgery you may be given an injection/tablet to help you relax. Pain relief for the first 24-72 hours after surgery will be either: <ul style="list-style-type: none"> Intravenously through a drip, patient controlled analgesia (PCA). or through an Epidural. 	<ul style="list-style-type: none"> Pain relief will continue. Medication for nausea may be given via your drip. Blood thinning medication will be given to prevent blood clots in your legs via a small injection into the skin of your abdomen. Other routine medications will be given as ordered by your doctor.
Nutrition	You will be instructed to have nothing to eat for 6 hours before your surgery.	You will be given nothing to eat and drink before and for 4 hours after surgery, then ice chips to keep your mouth moist. You may have a tube through your nose to your stomach to drain stomach fluid for 1-2 days.	You may have ice chips to keep your mouth moist.
Mobility	The Physiotherapist will discuss: <ul style="list-style-type: none"> the importance of deep breathing, coughing and leg exercises after your operation. 	Post Surgery you will need : <ul style="list-style-type: none"> frequent position changes in bed with assistance from the nurses. sit up as soon as possible, again with assistance. Leg exercises to help prevent clots forming in your legs. 	The physiotherapist will: <ul style="list-style-type: none"> see you to check your chest and encourage deep breathing exercises hourly. assist you to sit out of bed if you are medically stable. continue with your leg exercises.
Personal Care	You will be asked to shower at home on admission day. No powder or jewellery to be worn to theatre.	Post surgery: <ul style="list-style-type: none"> you will be given a wash in bed. firm stockings (TEDs) will be put on your legs to reduce the risk of blood clots. 	You will have: <ul style="list-style-type: none"> a wash in bed. your mouth cleaned / moistened regularly.
Bladder and Bowel Care	You will be given Picolax to use before surgery to clear your bowel, with a detailed instruction sheet to follow.	You may have a tube in your bladder (catheter) to drain urine.	
Wound Care 		You will have a large wound down the middle of your abdomen which will be covered by a dressing. You may have a drain tube in your wound to prevent collection of fluid around the operation site.	Your wound dressings will be checked frequently and may be reinforced. A small amount of ooze from the wounds is not unusual.
Discharge and Education	The nurse will: <ul style="list-style-type: none"> discuss plans for your discharge. give you information on what to expect after surgery. 	It is a good idea to restrict visitors to immediate family for the first few days.	A nurse will assess you for Post Acute Care – services you may need after discharge.

Days 2 and 3	Days 4 and 5	Days 6 and onwards	Discharge day
Your surgeon and /or his team will visit you each day.	The intravenous tube will be removed from your arm when you are drinking normally and you are able to take your medication by mouth.		You will have been given: <ul style="list-style-type: none"> an appointment to see your surgeon an appointment for removal of stitches / staples 12-14 days after your surgery.
Pain relief: <ul style="list-style-type: none"> the medication through your vein or epidural may be ceased. tablets or injections will be given for pain. Please tell your nurse if you have any pain or discomfort.	Pain relief: <ul style="list-style-type: none"> you will have tablets for pain relief as required for the duration of your hospital stay. blood thinning injections will be continued through out your hospital stay. 	The Pharmacist will supply medications for you to take home on discharge and discuss any new medication with you.	Your own medications will be returned to you with your discharge drugs. 
The surgeon will listen to your abdomen and allow you to begin drinking small amounts of clear fluid when your bowel becomes active. This will gradually be increased over a few days until you are drinking normally.	You may begin eating small meals if you are tolerating fluids well and your surgeon feels you are ready. The Dietitian will visit you and arrange a light low fibre diet taking into consideration your personal food preferences.	You will gradually increase the amount you drink and eat and the Dietitian will visit each weekday to discuss any food issues with you. The Dietitian will discuss with you how you may gradually change your diet to reduce any wind discomfort you may have.	
The physiotherapist will: <ul style="list-style-type: none"> see you daily assist you to sit out of bed and gradually increase your level of activity—this is very important for your recovery and to prevent complications. 	You will gradually increase your level of activity each day with assistance from your physiotherapist and nurse .	You will continue to increase your level of activity until you are able to walk and care for yourself independently.	At home you should continue to gradually increase your activity but also take frequent rests.
You will have a wash in bed or a shower with assistance.		You will be able to shower independently or with minimal help.	
<ul style="list-style-type: none"> If you had a catheter in your bladder, it will be removed. You may pass wind as your bowels begin to move again. 	<ul style="list-style-type: none"> You should be passing urine without difficulty. Your bowels may be open and this will need to be recorded by your nurse. 	It may take some time for your bowel movements to settle into a regular pattern. You may have loose motions with some urgency.	
You will have your dressings removed and replaced after showering.	Your wounds will be checked each day and the dressing replaced.	Your wound should be dry, although a little redness and swelling is not abnormal.	Wound care information is provided over the page.
Education continues through your hospital stay.	Your nurse or Admission and Discharge Coordinator will: <ul style="list-style-type: none"> discuss discharge plans and services you may require give you a discharge brochure 	Any Community Services you may require on discharge will be arranged. You will need to arrange for someone to take you home from hospital. 	Discharge time is 10:00 am