

Leaving the Hospital after Major Surgery

Information for Patients and Their Families

Leaving the hospital after a major operation is a natural source of anxiety both for patients who have had an operation, as well as for their families who will need to provide additional support during the remainder of the recovery period.

At the time of hospital discharge, most people are able to walk without assistance, eat a normal diet, and have normal bowel and bladder function. There is usually some pain from the surgical incision, and pain medication will be provided to you to make you more comfortable as this pain subsides.

The only restriction on activity after leaving the hospital is to avoid lifting objects weighing more than 10 pounds, or straining the abdominal muscles for a total of six weeks following your operation. This is to allow the abdominal wall to regain sufficient strength so as not to form a weak area, or hernia, in the deep layers of the incision when normal activities are finally resumed. Climbing stairs, riding in a car, walking up and down hills and other activities are to be encouraged, not avoided.

Diet after surgery is unrestricted unless you are told otherwise by your physician; that is, anything which appeals to you and was part of your normal diet before surgery can be consumed without fear of damage to the intestine. This includes such things as popcorn, nuts, potato chips and bran in all forms. There is no reason to limit diet to only liquids or soft foods.

At the time of discharge, your incision will usually be held together with surgical staples, or if these have been removed, little white strips of paper tape will be present. If staples are present, these will be removed in your doctor's office several days after your discharge. Both the staples and the tape are waterproof and showering or bathing can be performed as usual; there is no need to vigorously clean the incision or tape area. The tape will fall off with time, and there is no harm in this. The incision seals itself against infection within 24 hours of surgery, so there is no need to cover it with a dressing unless the rubbing of your clothes on it is uncomfortable. In that case, a light piece of gauze held in place with paper tape is all that is necessary.

Bowel movements usually will return to normal within a few weeks after surgery. Prior to that time, it is common to have stools slightly looser and more frequent than normal. Pain medications which contain codeine or similar narcotic drugs tend to slow down the intestine and cause constipation, but generally they provide more pain relief than pain medication not containing these drugs. If

LOS ANGELES

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constipation is a problem, milk of magnesia is a gentle, safe laxative which can be taken if instructed to do so by your physician; it is formulated as pills or a liquid, and the proper dose is 2-3 tablespoons of the liquid, or 2 tablets, as needed.

A 'bulk laxative' containing bran or psyllium seed preparation is often helpful in helping the bowel movements to normalize during the month or two following surgery. Such 'bulk laxatives', such as Konsyl, Metamucil, Citrucel, Hydrocil, Fibercon, and others, are available at any drug store and most grocery stores, without a prescription, and should be taken once a day. They may cause some bloating initially, but this will improve after a few days.

Many people mention that their energy level is low after surgery, and this is perfectly normal. After all, with several days of not eating food and lying in bed, this is not uncommon even without the stress of surgery. A nap or two during the day, for the first few weeks after surgery is often helpful. Energy will gradually return to its pre-surgical level or higher, usually after one to two months, depending on the individual. Despite one's natural impatience, there is no medication or activity which will hurry the process; nature simply will take its own time in strengthening you. Eating a balanced diet and avoiding becoming overly tired will allow this process to proceed normally.

How soon a person may go back to work depends in part on the type of job involved and how quickly one feels up to returning. When a person works at a job requiring minimal physical exertion, sometimes work can be resumed in 3-4 weeks. Obviously, if a job involves heavy lifting or long hours of exertion, one should wait a minimum of six weeks (or sometimes longer, depending on the return of energy) before beginning work again. Returning to work part time for a week or two, when possible, can provide a good transition to a full time job.

Intercourse can be resumed as soon as a person feels up to it. Some discomfort in the incision is usually felt, but this is not harmful. Sometimes a soft article of clothing over the incision improves comfort until complete healing occurs.

While most complications of surgery occur in the hospital, occasionally some develop after a patient is discharged. Signs to watch for are fever (more than 100 degrees Fahrenheit), nausea, vomiting, diarrhea, and constipation for more than two days, burning on urination and increasing pain in the incision or abdomen. If you believe you have one or more of these signs, or simply have a question for the doctor, please do not hesitate to call your physician.