MERCY UNIVERSITY HOSPITAL

Compassion Excellence Justice Respect Team Spirit

YOUR GUIDE TO BOWEL SURGERY IN THE MERCY UNIVERSITY HOSPITAL

Patient Information Booklet

Colorectal Surgery Department

Please bring this booklet with you when you come in to hospital.

PATIENT DETAILS

Your Name: .....

Your RID (Hospital Number): .....

Your Consultant: .....

Your Colorectal Clinical Nurse Specialist: .....

.....

Your Next of Kin: .....

Your Next of Kin's Number: .....

Your Proposed Operation Date: .....

If you have a disability which might impact upon your hospital stay, issues with hearing or sight or require an interpreter/ Irish Sign Language interpreter, please let us know

CONTACT NUMBERS

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Outpatients Department	**021-4935657**
Pre-Assessment Clinic	**021-4935668**
Stoma Department	**021-4935193**
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Medical Secretaries:	
Mr Shane Killeen	**021-4935665**
Professor Micheal O Riordain	
Private:	**021-4935336**
Public:	**021-4935571**
St Patrick's Ward	**021-4935081**
St Brigid's Ward	**021-4935316**
St Catherine's Ward	**021-4935567**
Bed Management	**021-4935615**

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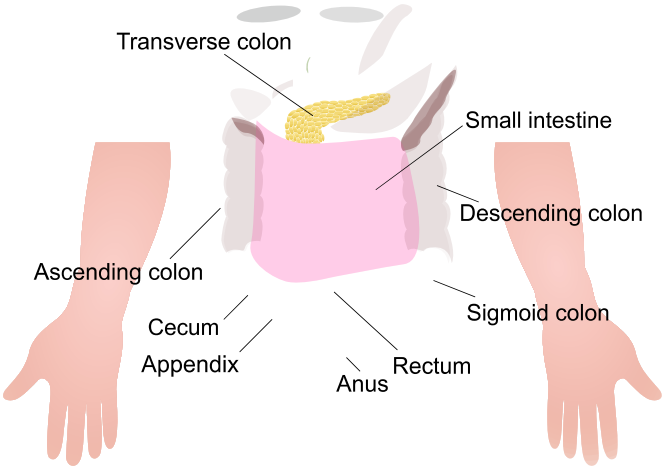
INTRODUCTION

You have been provided with this booklet as you are going for bowel surgery. This booklet will explain what bowel surgery is, what to expect before your operation and what to expect afterwards. It is very important that you read this booklet before your operation so that you understand your surgery, can participate in your own recovery and have a guide for when you are discharged. If there is any topic which you feel is not covered in the booklet feel free to speak to your surgeon or Colorectal Nurse Specialist, we are here to help.

WHAT IS BOWEL SURGERY OR A BOWEL RESECTION?

A bowel resection is an operation to remove a portion of your bowel that is diseased or damaged. There are a number of reasons why your bowel may be resected including cancer, inflammatory bowel disease, blockages or a perforation (tear) in your bowel. This surgery may be done through laparoscopic (keyhole) surgery or by open surgery. The different types of bowel surgery you may have are illustrated at the back of this booklet on pages 38 & 39. Your surgeon and nurse specialist will explain in more detail the type of surgery you will have in your clinic appointment and again in Pre-assessment Clinic.



WHAT SHOULD I DO TO PREPARE FOR MY OPERATION?

Stop smoking

Smoking can slow healing, increase your risk of complications from surgery and increase your risk of cancer, heart disease and stroke. Speak to your team or nurse about quitting smoking or contact the QUIT Helpline.

Reduce alcohol

Try to reduce your alcohol intake prior to surgery and only drink within your recommended weekly allowance. If you have issues around alcohol or have found those close to you worrying about your intake please let your nurse or doctor know as this can impact about some of the treatment you are given in hospital including medications.

Exercise regularly

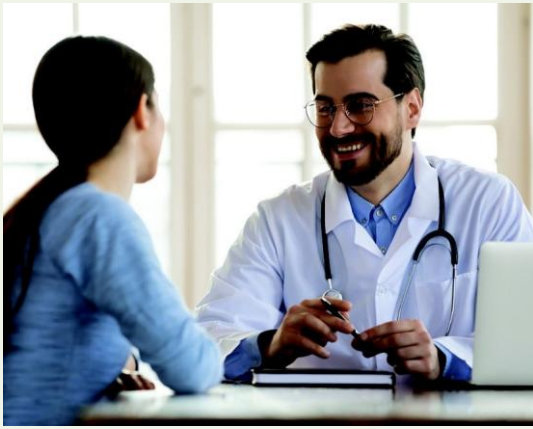
Prior to your surgery, your Colorectal Clinical Nurse Specialist will provide you with an exercise sheet/ programme. Please try to include this exercise and regular walks in your routine prior to surgery. Exercise has been shown to have a positive effect on recovery from surgery. If you are overweight it is important to try and lose weight in a safe manner before your operation, this can make the operation easier for the surgeon, and help to reduce the risk of serious side effects like infection, blood clots and heart attack.

Talk

Going for an operation can be overwhelming and may cause stress. Make sure to speak to you friends, family or GP if you find yourself worrying. Your Colorectal Clinical Nurse Specialist and Team are also available to speak about any worries you might have.

Eat Well

Unless advised otherwise by your doctor please eat a diet rich in fruits, vegetables, natural protein and avoid processed foods, sugary snack and drinks. Please see page 30 in relation dietary advice.



PRE-ASSESSMENT CLINIC

The purpose of the Pre-Admission Assessment Clinic appointment is to ensure that we have all the necessary information and to determine your fitness for surgery.

At the Pre-Admission Assessment Clinic you will be seen by a nurse and a doctor to complete the necessary paperwork required for your admission and any investigations and treatments to be carried out before admission. This will aim to prevent unnecessary delays and cancellations. This means you can generally come into hospital on the morning of your surgery. The staff at the clinic will answer any questions you might have. You may or may not meet a doctor from the Anaesthetics team.

This screening appointment will include an ECG (tracing of the heart's electrical activity), blood tests, weight, height, urine analysis. You will receive a prescription, written information about your stay in hospital, what medications you are and are not to take before your operation and you may receive a breathing exercise device called an incentive spirometer. They might also discuss pain relief options with you.

CONSENT

You may also meet a member of the surgical team in Pre-Assessment Clinic. They will inform you about the benefits and risks of the proposed operation. This might already have been discussed with you in the Outpatients Clinic. As a general rule, a medical or surgical procedure may not be carried out without your informed consent. You need to be provided with enough information to understand the surgery that is proposed and the benefits and risks of same. If you are happy to proceed you may be asked to sign a consent form. You can change your mind about this at any stage before your operation.

PRE-ADMISSION SCREENING

Before you go for surgery the staff in the Pre-Assessment Clinic will swab you for multi-drug resistant organisms such as MRSA (Methicillin Resistant Staphyloccus Aureus), VRE (Vancomycin Resistant Enterococci), CPE (Carbapenemase-Producing Enterobacterales) and in more recent times for COVID-19. This is to allow your medical team to identify any organisms (bugs) which you might have. If you were ever told you had an infection like this, please tell the nursing or medical staff. If you are found to carry one of these organisms, precautions such as a single room or even treatment of the organism may be required. Try to reduce your contacts pre-operatively to minimise the risk of COVID-19.

WHAT TO BRING TO HOSPITAL?

- This book
- Your colorectal passport (if relevant)
- The incentive spirometer (breathing exercise device) given to you in Pre-Assessment Clinic (if this was more than 2 weeks ago a new device will provide to you when you are admitted
- A small overnight bag (not a suitcase), as there is limited space on the wards for patient belongings.
- Comfortable clothes
- Pyjamas
- Well fitting walking shoes.
- Dressing Gown
- Slippers
- Underwear and Socks
- Glasses (if applicable)
- Hearings Aids in a labelled box (if applicable)
- Dentures in a labelled box (if applicable)
- Leave your usual meds at home except your inhalers, you may bring a list of your prescribed medications.
- Phone and Charger
- Ear Plugs and Eye Mask
- Mobility Aids including frames/ sticks/wheelchair if you use these at home.
- Leave all valuables such as jewellery at home- the MUH does not accept responsibility for any loss of personal belongings.
- Sports drink bottle
- Toiletries including; Shampoo, Deodorant, Toothbrush, Toothpaste, Hairbrush and Feminine Hygiene Products if applicable.

PREPARATIONS FOR MY OPERATION

- Your nurse or doctor will provide you with a prescription for antibiotics before your operation. You will also be given PreOp drinks and Chlorohexidine Wash (Hydrex).
- You may also be prescribed a medication to help clear out your bowel before your surgery
- There is no need for you to shave the area being operated on before the operation as this can potentially introduce infection.
- Please tell your nurse or doctor if you are taking any medication to thin the blood or any medications to suppress you body's immune system (biologics, methotrexate, steroids).

THE DAY BEFORE YOUR OPERATION

Please follow the flow sheet illustrated on page 30.

You may have been given a prescription/information at the clinic or Pre-Admission Assessment Clinic unit for medicines to:

- Clear out the bowel ('laxatives')
- Antibiotics (to prevent an infection)
- Soap (to disinfect your skin)
- Pre Op drink

Please take these as prescribed by your team and explained by you Colorectal Clinical Nurse Specialist. The timing and order of these medications will be discussed in more detail later in this booklet.

ONE DAY BEFORE SURGERY

In the morning shower or bathe as normal. In the evening use Hydrex to wash your whole body as described previously.

WHY WASH YOUR SKIN BEFORE SURGERY?

When you are healthy your body can fight off infection. One of the first lines of defence is the skin. When you come into hospital to have surgery, this line of defence will be broken. Then there is a risk that the normal germs which live on your skin can get into your body and cause an infection at the surgical site.

In the operating room all staff and equipment will follow a strict disinfection procedure and the surgical site is cleaned thoroughly. But it is very important to wash your whole body before your operation to reduce the risk of infection.

WHAT SHOULD I USE TO WASH BEFORE SURGERY?

Hydrex is a skin cleanser containing chlorhexidine gluconate. It is used to wash before operations. Your nurse will give you a prescription for Hydrex at your pre-operative assessment. Do not use lotions, creams, powders or underarm deodorant. These can reduce the effectiveness of Hydrex.

HOW TO WASH BEFORE SURGERY

Step 1: Wash your face well with undiluted Hydrex, especially areas around the nose. Avoid your eyes, ears and mouth.

Step 2: Wet your whole body in the shower or bath.

Step 3: Turn off the shower or step out of the bath.

Step 4: Pour Hydrex onto a clean wet washcloth or sponge and rub it all over your body. Start at the neck and work your way downwards. This should take 3 to 5 minutes- use a watch or phone timer to time yourself. You may need to use extra Hydrex. Focus on under your arms, groin, buttocks, under your breasts and any other skin folds.

Step 5: Leave Hydrex on the skin for 3 minutes.

Step 6: Turn on the shower or step back into the bath and rinse Hydrex off.

Step 7: Wash your hair with Hydrex. Then repeat Steps 2-6 one more time. After final rinse, dry thoroughly with a clean towel and put on clean clothes.

POSSIBLE SIDE EFFECTS

Hydrex can very rarely cause hypersensitivity including anaphylactic shock (throat or lip swelling, low blood pressure) or allergic reactions (e.g. dermatitis, itching, redness, eczema, rash, hives, skin irritation, blisters).

If any of these reactions occur, stop using the product immediately and seek medical advice.

ON MORNING OF SURGERY

Before coming to the hospital, use Hydrex to wash your whole body as described previously.

Do not wear lipstick, nail polish, fake tan or facial makeup. Remove acrylic or fake nails in the weeks before surgery. This will help the operating room staff monitor the true colour of your skin and nails during surgery. Small particles of makeup could go into your eyes while you are asleep under anaesthetic. Fake nails hide bacteria.

Do not use hairsprays or hair gel as these can be flammable.

Only take the medications which the guidelines given to you in Pre-Assessment advise you to.

You will be brought to the Operating Theatre reception.

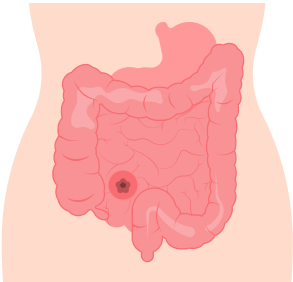
WHAT IS A STOMA AND WILL I NEED ONE?

Some patients may require a stoma, this is when a part of the bowel is brought out through an opening on their abdomen (tummy) and stool (poo) is drained out into a collecting bag. It is pink/red in appearance and moist. It looks quite like the mucous membranes/tissue on the inside of you mouth. Whether you have a stoma or not is dependent on the type of surgery you have, the reason you are having the operation and your general health.

IF I NEED A STOMA, WHAT TYPE OF STOMA WILL I HAVE?

There are 2 main types of stoma: a Colostomy or an ileostomy.

- A colostomy is a piece of large bowel (colon) brought out on to your abdomen (usually the left side of your tummy).
- An ileostomy is when part of your small bowel (ileum) is brought out on to your tummy, usually the right side.
- A stoma may be permanent or temporary.
- Your will meet with your stoma nurse before your operation, we will discuss in more detail later.



Ileostomy

Colostomy

WHAT TO EXPECT AFTER SURGERY

When you wake up you will most likely be in the recovery room. You will be wearing an oxygen mask and in addition to your wound dressings you may also have one or more wound drains, a tube in your bladder and possibly a stoma. If you have an epidural it will still be in your back providing you with continuous pain relief and you may have two or more intravenous cannulas (drip placed usually in your arm) so that we can give you fluids and pain relief.

You may experience some discomfort/ pain, however, we will strive to keep this to a minimum. This is explained further on in this booklet. You will be lying in a slightly 'sitting-up' position and you will be continuously monitored and kept warm. You may be given some fluids to drink.

Once your recovery nurse is satisfied that you are ready for transfer, you will be transferred to your ward with a nurse and porter.

It is important for your family to know that the recovery room is a restricted area; no visitors are allowed and no phone calls should be made to this room. All enquiries can go through to the ward that you are going after surgery (phone numbers at the start of booklet page 3).

A member of the team will contact your next of kin when your surgery is over.

One family member should be nominated to act as a contact and share the information with other family members as staff cannot give patient information to multiple family members over the phone, just next of kin.

Every morning and evening you will be seen by your surgical team, this is made up usually of 6 doctors and 2 colorectal nurses - a Clinical Nurse Specialist and Advanced Nurse Practitioner.

The Colorectal Nurse with the team acts as a support to you, before, during and after your hospital stay. There are no silly questions and always feel free to speak to us if you feel there is something about your care you don't understand or wish to learn more about! Very often we may be the first person you meet with or speak to from the team.

WHERE WILL I GO AFTER THE SURGERY?

After the recovery room your nurse will normally bring you to St Patrick's Ward, St Brigid's Ward or St Catherine's Ward. You may initially be in the observation room close to the nurse's desk. As you continue to recover you may move rooms.

IS IT POSSIBLE TO HAVE A SINGLE ROOM?

You may request a single room if you have appropriate health insurance. However, this may not be possible due to infection control requirements and the limited number of single rooms.

PAIN RELIEF AFTER SURGERY

Good pain control after surgery will improve your recovery, and allow you to mobilise (walk/sit out), take deep breaths, rest and sleep well. Your doctor and anaesthetist will discuss different pain relief methods with you before your surgery. It is extremely important that you let your nurse or doctor know if you are in pain.

Most patients who undergo a bowel resection will be given a pain relief machine called a PCA (patient controlled analgesia) or an epidural after their operation. You are in control of this machine as you can press a button to administer pain relief directly into the tube (intravenous cannula) in your vein.

WHAT IS THE PATIENT-CONTROLLED ANALGESIA (PCA) PUMP?

The patient-controlled analgesia (PCA) pump is a computerised machine that gives you a drug for pain when you press a button. In most cases, PCA pumps supply opioid pain-controlling drugs such as morphine, fentanyl, and hydromorphone. The pump is attached to a thin, flexible tube (intravenous or I.V. line) that is placed in your vein. This medicine may be delivered when you press the button (bolus).

The PCA machine will not allow you to have too much medicine and only you are allowed to press it. Please advise your family of this.

Some patients may also have an epidural for pain relief. This involves a very small hollow tube being placed into your back to release pain relief.

The epidural and/or the PCA will be removed in the days after your operation, but you will still need other pain medicine to take over which can be tablets or patch at this stage. If you are uncomfortable and/ or find moving and/or deep breathing painful or more difficult, please tell the staff and we can change or adjust your pain medicines.

PCA Pump

MOVING AFTER AN OPERATION

- The day after your operation you will be seen by a physiotherapist.
- You should aim to complete 10 walks per day after your operation. It is normal to start walking this soon after surgery. You will be assisted to walk, if necessary, and you will also have good pain relief.
- Be sure to use your pain relief before moving to help you move more freely without pain.
- The first few times you mobilise it is a good idea to have someone with you as you may have a number of attachments and may feel weak initially
- The physiotherapist will help you to perform breathing exercises and may also show you how to use a breathing exercise device.

Incentive Spirometer

- You should aim to do your breathing exercises very regularly after your operation.
- Be sure to use your pain relief beforehand to help you breathe more deeply without pain.

BREATHING EXERCISES

Breathing Control – Relaxed Breathing.

Lightly rest your hand on your stomach. Breathe in and out quietly and gently through your nose if you can. You should see your stomach rise as you breathe in. Do this for as long as you need to. If you are quite breathless you may need to do breathing control for longer until your breathing settles.

Deep breathing- helps to loosen phlegm after your operation. The more you loosen the phlegm, the less you should have to cough to clear it. Take a long, slow deep breath in through your nose, if you can. Breathe out gently through your mouth. Try to breathe right down to the bottom of your lungs, expanding your rib cage. Aim to do three to five deep breaths before returning to breathing control. If you feel dizzy, do fewer deep breaths in a row

Breathing control

Return to breathing control for as long as you need to until your breathing is slow and relaxed (usually 30 seconds is enough). You may need to do a few cycles of deep breathing and breathing control before doing a huff, especially if your phlegm is sticky. If the phlegm is sticky, you may be given a nebulised drug to loosen it.

Huff

Similar to a cough but you aim to keep your mouth and throat open. Imagine you are trying to steam up a mirror held right in front of you. Take a deep breath in then exhale the air out forcefully through an open mouth. If you wheeze when you exhale you are huffing too hard.

Cough

After doing a huff you may need to do a good strong cough and bring your phlegm out into a pot or tissue. Coughing is important after an operation to clear any phlegm from your lungs. Coughing may feel uncomfortable. However, supporting your wound with a towel or rolled up pillow case when coughing should make it more comfortable. Remember to use your pain relief medication also – it will help a lot.

GETTING OUT OF BED

Step 1
Hold pillow to support your tummy and roll on to your side.

Step 2
Dangle your feet over the edge of the bed.

Step 3
Use your elbow to raise your upper body.

Step 4
Use your legs to pull you into an upright position.

REDUCING YOUR RISK OF CLOTS

Having surgery can increase your risk of blood clots. Here of are some of the steps both you and your team may take to reduce this risk;

- Anti-clotting injection-You may be prescribed an anti-clotting injection to reduce your risk of blood clots after an operation. If your surgery is for cancer you may need to give yourself blood thinning injections at home. Your nurse will show you how to do this. If you are unable to give yourself injections they may educate a member of your family/friend. This should be given into your thigh.
- Compression stocking- you may be provided with tight white stockings both during and after you operations. These work to reduce your risk of blood clots by speeding up the circulation of blood in your veins. You should continue to wear these at home until you return to your normal levels of physical activity. These may not be suitable for certain patients.
- Compression boots- these sleeve “boots” are placed around you lower legs and inflated and deflated to encourage blood circulation
- Mobilising regularly after your operation will help to reduce your risk or clotting as well as deep breathing exercises.

STOMATHERAPY

Most patients who undergo surgery in which a stoma may be formed will meet the Stoma Nurse before their operation. However, in the case of emergencies or unexpected occurrences during you operation this may not happen.

The stoma care nurse will talk to you about having a stoma, show you a sample bag and demonstrate a bag change. She will also help you to decide the best site for your stoma by drawing guide marks on you tummy before your operation. The surgeon will attempt to place your stoma in the position marked but this is not always possible.

WHAT TO EXPECT AFTER THE OPERATION?

The nursing staff and stoma care nurse will teach and help you to look after your newly formed stoma until you have learned the skills and are independent in the care of your stoma. It is vital that you practice your stoma care daily and at every opportunity, so that you can feel confident with the management of your stoma prior to discharge. Being involved in the care of your stoma early on will help you to become more confident and remove some of the fear and apprehension which having a stoma might cause.

If you have an ileostomy you may have to avoid taking certain types of medicines. These include slow release tablets and capsules and enteric coated medicines. Check with your doctor or pharmacist.

Please tell a health care professional if you notice any tablets passing into your stoma bag.

Some people may have high output from their stoma initially after their operation. It is very important you record you stoma output (8am-8am) when you are discharged and that you bring this record to you clinic appointment. If you have an ileostomy and the output is over 1000mls-please contact your Colorectal Clinical Nurse Specialist.

Always tell your pharmacist about your stoma before you buy any over-the-counter medicines.

WHAT SUPPLIES DO I NEED TO TAKE HOME?

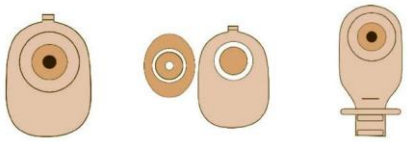
Prior to discharge the Stoma Clinical Nurse Specialist will ensure you have adequate stoma supplies, written instructions, information leaflets and relevant contact numbers as well as a follow up appointment. You will also be provided with a stoma discharge bag containing items such as a scissors, clothes clip, etc.

Please make sure you prescription includes the following:

- Stoma Bags
- Adhesive remover Spray

Further supplies will be available on prescription (supplied by your stoma care nurse) from your pharmacy using your Drug Payment Scheme card or medical card.

On discharge you will attend the stoma clinic for follow up, to discuss any issues that may arise.



One-piece closed *Two-piece closed* *One-piece drainable*

EATING AND DRINKING AFTER YOUR OPERATION

Eating and drinking the correct foods and drinks will help your body recover from the surgery and provide you with the nourishment needed to heal your wounds.

You may start sips of fluids as directed by your surgeon. We will aim to build you up to a full diet progressively. The speed of this will depend on the type of surgery you have had. Please follow the advice of your medical team.

You can slowly return to a healthy diet unless your surgeon has asked you to avoid certain foods. You will receive a diet sheet from your dietician.

After some surgeries, you may need to avoid certain foods for a longer period of time. If your team feels you need more detailed advice, you may be referred to a dietitian. Most patients will be prescribed a supplement drink to take twice daily after their operations.

STAGES OF TYPES OF DIET AFTER SURGERY

Step 1: Clear Fluids e.g., Water/Tea/ Herbal Tea

Step 2: Free Fluids Build up the amount of fluids slowly over the day Tea/coffee/milky drinks/clear soups (not vegetable)/ squashes/nourishing oral supplement drinks

Stage 3: Light Diet made up of small meals and snacks which are easy to eat and breakdown like jelly and/or custard. Fried foods, high fat foods and spicy foods are best avoided.

Step 4: Low Fibre diet. Fibre is the indigestible part of cereals, fruit and vegetables also known as roughage.

If you require a low fibre diet for a few weeks, you may need a vitamin or mineral supplement. If this is the case, your doctor will refer you to a dietitian to discuss your diet.

Step 5: Normal diet /specific advice for after your surgery. After discussion with your team, you may gradually be able to move to a low fibre diet. It may take a while for your appetite to return to normal, you may find smaller, more frequent meals and snacks suit you better for a few days. Your Dietician will provide you with a Low Fibre/ Residue Diet sheet.

HOW YOU CAN HELP WITH INFECTION PREVENTION AND CONTROL?

WHAT CAN I DO TO PROTECT MYSELF WHEN IN HOSPITAL?

The body has natural defense mechanisms to fight off infections, but these may be affected for a variety of reasons when someone is in hospital. These are some things you can do to help protect yourself from picking up an infection while you are in hospital:

- Clean your hands regularly or use the hand sanitizer gel. Always do this after you go to the toilet and before you eat. It may be useful to bring a pack of antibacterial hand wipes for your personal use, especially if you think you may have difficulty using the hand hygiene facilities.
- Please try to keep the top of your locker and bed table reasonably free from clutter as this makes it easier for our cleaning staff to clean these areas properly.
- Do not share your personal things with other patients – e.g. your phone, your earphones, newspapers, magazines and so on.
- It's OK to remind staff to clean their hands.
- It's OK to tell a staff member if you see anything that is not clean.
- If you need to cough or sneeze please do so into your elbow or a clean tissue which should be discarded immediately into a bin and you should wash your hands afterwards
- Wear a facemask when leaving your bedspace unless advised not to do so by your medical team.
- Do not sit on the bed of another patient.
- Wear a mask when outside of your room or away from your bedspace.
- If you feel more comfortable wearing a mask at all times please let staff know and they will provide you with one to wear.
- Please do not meet relatives outside the hospital.
- Do not share your things with other patients.

HAND HYGIENE

Frequent and thorough hand washing is the single most effective way to prevent the spread of infection.

Staff will wash or gel their hands before and after having contact with you. Please remind staff if you think they may have forgotten to do so.

- You can wash your hands with soap and water or use the alcohol hand sanitizer. Do not use hand sanitizer if your hands are physically dirty, use soap and water. Wash your hands often and encourage your visitors to do the same.
- There are posters displayed in the patient toilets that will show you how to wash your hands effectively.

You may also use the alcohol hand sanitizer placed around the clinical area. You may use this prior to leaving your room or routinely as you walk around.

WOUND CARE

Most wounds heal without complications. Your skin is a natural barrier against infection. However even with the best preparation once the skin barrier has been broken infections may occur. These infections are caused by germs. You are more at risk for a surgical wound infection if you:

- Have poorly controlled diabetes
- Have some medical conditions such as kidney disease or lung disease
- Have problems with your immune system
- Are overweight or obese
- Are a smoker
- Take steroids (for example, prednisone)
- Have surgery that lasts longer than expected

Every effort is made to reduce the risk of infection before, during and after your operation.

WHEN DO THESE INFECTIONS DEVELOP?

A surgical wound infection can develop at any time until the wound has healed (usually two to three weeks after the operation). Most surgical wound infections are limited to the skin. Infections can occasionally spread to deeper tissues but are more likely to occur after surgery on parts of the body that harbour lots of germs, such as the gut.

HOW WILL MY WOUND BE MONITORED?

Your wound dressings will be checked by the nurses for any signs of infection. If you are concerned about your wound, tell the nurse or doctor who is looking after you.

SIGNS OF A WOUND INFECTION MIGHT BE:

- the skin around your wound being red or sore and you do not think that it is part of the normal wound healing process
- the skin around your wound feeling hot and swollen
- your wound has a green or yellow coloured discharge (pus) which may have an offensive odour
- you feel generally unwell or feverish, or you have a temperature
- the edges of your wound separate or gape open
- you may have more pain than normal which may throb and is not controlled by your regular pain medications.

IF ANY OF THE ABOVE SYMPTOMS OCCUR AT HOME PLEASE CONTACT YOUR COLORECTAL NURSE.

The Consultant Surgeon may wish to refer the patient to the Wound Management Service for specialist advice on wound management where complications arise.

If you have clips in your wound these should be removed Day 10 after your operation. Please ensure you have a clip remover going home. These clips may be removed by your practice nurse, GP or Public health nurse. Please make sure arrangements have been made to remove these clips.

WHAT HAPPENS ON THE DAY OF DISCHARGE?

Any letters or documentation should be given to you before discharge. Please check with your nurse you have all relevant appointments for clinics or dressings changes.

A prescription will be written for you before you leave hospital. You will need to go to a pharmacy to get your medicines. Public hospitals in Ireland cannot supply medicines on discharge.

BEFORE YOU GO MAKE SURE YOU OR YOUR CARER:

KNOW and understand all of the medicines that have been prescribed for you – including any changes to your medicines you took before you came into hospital

CHECK that you know the dose of each medicine and when to take it

ASK a staff member if you have any questions about your discharge medicines

If you have a stoma make sure that your stoma appliances and accessories like adhesive spray remover or powders are included

After discharge, contact your Nurse Specialist/GP or Colorectal Team if:

- You develop a high temperature.
- You are unable to tolerate food or fluids.
- Your wound becomes red, warm to touch or develops an unusual discharge. You have persistent diarrhoea and/or nausea or vomiting.
- You have constipation for more than 3 days.
- You have increased abdominal pain not relieved by painkillers.

*** If out of hours (evenings or weekends), contact your GP or emergency on-call team.***

SEXUAL HEALTH

For some people sex is an important part of their relationships. There is no set time for you to be ready to resume sexual activity again. Most people have no problems after surgery once they feel ready, however if you are experiencing any physical or emotional issues please talk to your health care professionals who can help you. Some people may find their sexual activity impacted by surgery- please speak to you Colorectal Nurse Specialist or team if you are finding sex painful, difficult or changed. There are options available to both men and women to deal with sexual dysfunction caused by surgery or treatment for cancer.

DRIVING

You can return to driving once your team and insurance company are happy that you could suddenly brake/ stop suddenly whilst driving. You may be sent home on some painkillers which could impact upon you ability to drive, please check with your Nurse or Doctor. We usually advise 4 weeks post surgery. It is vital you check with your insurance company after surgery in relation to recommencing driving, some may require documentation from your team.

REST

It is important for recovery that you rest when tired. You may feel your energy levels low in the first few weeks so it is important that you have arrangements and support to help you with extra responsibilities, for example if you have young or elderly people to look after or strenuous house work. It is very normal to take naps/breaks throughout the day as long as they are balanced with some activity.

BACK TO WORK

Depending on the type of work you do, you can probably get back to work within 6 weeks. It is very individual and please talk to you doctor who will advise you. If you are unable to work please contact your local social welfare officer or social worker who will inform you of your entitlements. Often people may enquire before surgery as it can take a while to apply for and to set up certain payments.

EXERCISE

For some people exercise is an important part of their lives. In hospital, as outlined previously, you will be encouraged to move/walk as soon as possible as this prevents clots and chest infections and helps the bowel to function again. At home, we advise gradually increasing your exercise level daily until you reach your normal level again. If you perform extreme or high impact sports please ask your doctor's advice on when and how to safely resume this.

Please note for the first few weeks after surgery you should not lift anything heavy/ heavier than a kettle to reduce your risk for hernias or damage to your surgical wound

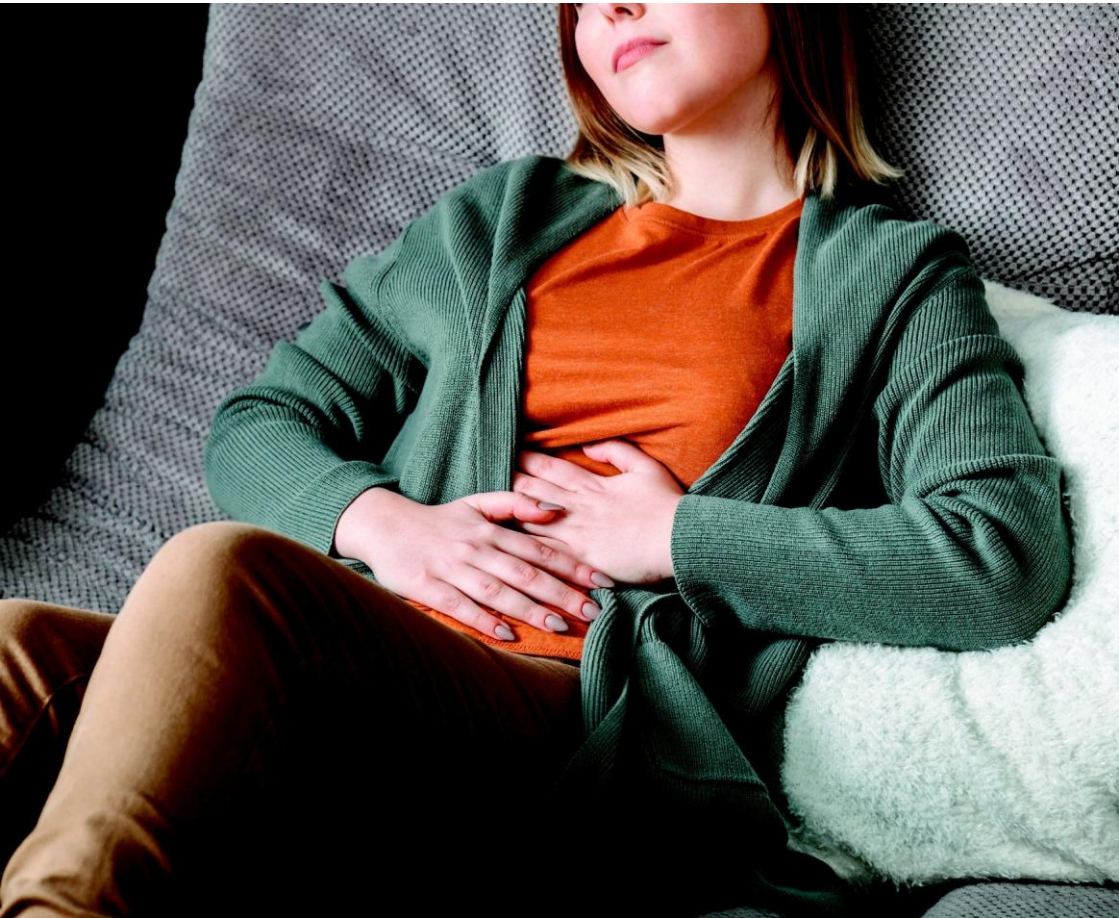
CHANGE TO BOWEL PATTERN

Following bowel surgery it is very common for people to experience changes in their bowel habit.

These changes include:

- Urgency-needing to go to the toilet very quickly without being able to hold for long periods of time
- Frequency-going to the toilet more often than before
- Clustering-having a number of bowel motions over a short period of time
- Incomplete emptying- passing stool but feeling as if you have not fully emptied your bowels.
- More liquid/soft or smaller stool

Even if you have a stoma, unless your rectum has been removed, you may continue to pass mucous from your back passage and some people may have some old stool/ poo. This is normal. However, you should not pass pus or large volumes of blood. Please contact you Colorectal Nurse, medical team or GP if this happens.



COLORECTAL CANCER SURVEILLANCE

If you have had your operation for colorectal cancer you will be reviewed in our Colorectal Clinic for 5 Years after you operation. This includes blood tests, colonoscopies and CT Scans. This will be carried out with you surgeon, Colorectal Nurse and your GP.

Please remember that whilst we will arrange your scans and scopes it is important to take ownership of your surveillance and follow up. Please make sure you have your blood test done before you are due to attend clinic so that your results are ready for review by your Doctor or Nurse.

After your initial post-operative review clinic (2-4 weeks post-surgery) review at clinic usually takes place at 6, 12, 24 and 36 months after surgery but is subject to change.

- **CEA blood test** every 3 months for Year 1 and Year 2 post your operation, and every 6 months Year 3,4 and 5 after your operation (your team may advice you to do this more regularly)
- **CT scan** at 1 year and 3 years and year 5 after surgery (your team may do this more often)
- **Colonoscopy** at Year 1 and Year 3 and Year 5 after your operation (again your team may decide to do this more often)

Sometimes you may need additional tests. Your Colorectal Surgeon or Nurse Specialist will discuss this with you if necessary.

If you need chemotherapy after your surgery, please contact your Nurse Specialist when you are finished. This is so we can organise reversal of your stoma (if needed) and commence surveillance.

Throughout your 5 year follow up period you can contact your Colorectal Nurse Specialist (CNS) at any time, if you or your family are concerned about your health in the aftermath of your colorectal cancer treatment.

Should you develop the symptoms listed below and if they persist for more than one month please contact your GP, Colorectal Secretary or CNS.

1. Change in bowel habit or new bleeding/discharge from the back passage
2. Unexplained loss of appetite or weight loss
3. Discomfort in your abdomen or back passage

If you have are any worrying symptoms please contact the Colorectal Clinical Nurse Specialist and they will arrange an early Out-Patient Department appointment.

Otherwise you will return to surgical outpatients within 6 weeks of surgery for a wound check, get results and commence surveillance. Your follow-up examinations will be planned at each outpatient visit. If you do not receive a letter with your appointment within 3 weeks of discharge, please phone your CNS or the Clinical Secretary.

COLORECTAL CANCER SURVEILLANCE INVESTIGATIONS AND TIMELINE

Examination	Month Due	Month Due	Month Due	Month Due	Results
CEA					
CT TAP					
Full Colonoscopy					

2 DAYS BEFORE SURGERY

Eat a low fibre diet.

DAY BEFORE SURGERY

8 am	Eat a low fibre breakfast
12 pm NOON	Eat a light lunch
1 pm	Take Antibiotics as prescribed
4 pm	Drink 2 cartons of Pre-Op Drink
5 pm	Take prescribed bowel preparation at least 4 hours after your lunch, do not eat any solid food after you start this preparation.
7 pm	Take Antibiotics as prescribed
8 pm	Take 2nd sachet of bowel preparation if prescribed at least 1 hour after you have finished the 1st one
8:30 pm	Continue to drink fluids to prevent you from becoming dehydrated
9 pm	Drink 2 cartons of the Pre-Op Drink
10 pm	Have a shower using your prescribed anti-bacterial soap as explained in the previous instruction.
11pm	Take next dose of antibiotics as prescribed

DAY OF SURGERY

6 am	Drink you last 2 Pre-Op Drinks
6 am	Shower using the antibacterial soap prescribed.

NOTES AND QUESTIONS FOR CLINIC

USEFUL WEBSITES, ORGANISATIONS AND READING MATERIALS

Irish Cancer Society ***www.cancer.ie***
43/45 Northumberland Rd Dublin 4
Tel: **01 231 0500** Nat Cancer Helpline: **1800 200700**
Email: ***helpline@irishcancer.ie***

ARC Cancer support services ***www.corkcancersupport.ie***

Macmillan cancer support ***www.macmillan.org.uk***

Stoma Reversal Booklet

HSE Patient Information and Leaflet Link: ***www.hse.ie***

Smokers Freephone Quit Line: **1800 201203**

Bowel Cancer Charity ***www.bowelcanceruk.org.uk***

Irish Association for Counselling and Psychotherapy ***www.irish-counselling.ie***

The Irish Nutrition and Dietetic Institute ***www.indi.ie***

Irish Society for Colitis and Crohn's Disease ***www.iscc.ie***

Crohns and Colitis UK ***www.crohnsandcolitis.org.uk***

Cork Arc Cancer Support House
Sarsfield Rd, Wilton, Cork, T12 EW9A. **Phone: (021) 427 6688**

Cork ARC Cancer Support House, Bantry
Bayview, Goureebeg, Bantry, Co. Cork. **Phone: (027) 53891**

Recovery Haven Kerry Cancer Support House
5 Haig's Terrace, Killierisk, Tralee, Co. Kerry, V92 TN35. **Phone: (066) 719 2122**

Adapted from the CUH Bowel Resection Booklet, by Ms Mairéad O' Sullivan, Colorectal Clinical Nurse Specialist.

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- Mr **Shane Killeen** - Consultant Colorectal Surgeon
- Professor **Micheal Ó'Riordáin** - Consultant Colorectal Surgeon

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www.mercyhospitalfoundation.ie

GOAL SHEET - NO STOMA

Day	Day of Operation	Day 1
Mobility	☐ I have sat out on to chair ☐ I have used my breathing exercise device ☐ I have walked with the assistance of staff the evening of my operation	☐ I have walked 5-10 times today with the assistance of staff ☐ I have used my breathing exercise device ☐ I have been seen by the physiotherapist
Pain and Nausea	☐ I have told my medical and nursing team if I have pain or nausea (feeling of wanting to be sick/queasy)	☐ I have told my medical and nursing team if I have pain or nausea (feeling of wanting to be sick/queasy)
Eating and Drinking	☐ I have started drinking clear fluids	☐ If allowed by my team I will eat light diet ☐ I have met my dietician and received my diet sheet
Elimination (Urine and Bowels)	☐ I have informed my nurse if I pass any gas or my bowels open ☐ If I do not have a catheter I will inform staff when I pass urine	☐ I have informed my nurse if I pass any gas or my bowels open ☐ I have been prescribed Lactulose ☐ My catheter has been removed
Wounds	☐ My dressings are dry and intact	☐ My dressings are dry and intact
Other	☐ If I cannot get out of bed I have been repositioned a number of times ☐ My white surgical stockings are on	☐ I have received education on how to administer my anti-clotting injection (Innohep) if my surgery was for a lower cancer

Day	Day 2	Day 3-5
Mobility	☐ I have walked 5-10 times today with the assistance of staff ☐ I have used my breathing exercise device	☐ I have walked 5-10 times today with the assistance of staff ☐ I have used my breathing exercise device
Pain and Nausea	☐ I have told my medical and nursing team if I have pain or nausea (feeling of wanting to be sick/queasy)	☐ I have told my medical and nursing team if I have pain or nausea (feeling of wanting to be sick/queasy)
Eating and Drinking	☐ I am increasing my oral intake as per my medical team and diet sheet	☐ I am increasing my oral intake as per my medical team and diet sheet
Elimination (Urine and Bowels)	☐ I am passing urine with no problems ☐ My bowels are opening	☐ I have informed my nurse when my bowels open ☐ I am passing urine with no problems
Wounds	☐ My dressings are dry and intact	☐ My dressings have been renewed prior to discharge ☐ I have been given a clip remover and arrangements have been made for their removal
Other	☐ I have received education on how to administer my anti-clotting injection (Innohep) if my surgery was for a lower cancer	☐ I have met with my Colorectal Nurse and received discharge instructions and prescription

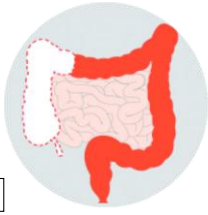
GOAL SHEET - STOMA

Day	Day of Operation	Day 1
Mobility	☐ I have sat out on to chair ☐ I have used my breathing exercise device ☐ I have walked with the assistance of staff the evening of my operation	☐ I have walked 5-10 times today with the assistance of staff ☐ I have used my breathing exercise device ☐ I have been seen by the physiotherapist
Pain and Nausea	☐ I have told my medical and nursing team if I have pain or nausea (feeling of wanting to be sick/queasy)	☐ I have told my medical and nursing team if I have pain or nausea (feeling of wanting to be sick/queasy)
Eating and Drinking	☐ I have started drinking clear fluids	☐ If allowed by my team I will eat light diet ☐ I have met my dietician and received my diet sheet
Elimination (Urine and Bowels)	☐ I have informed my nurse if I pass any gas or if my stoma works ☐ If I do not have a catheter I will inform staff when I pass urine	☐ I have informed my nurse if I pass any gas or if my stoma works ☐ I have emptied my stoma bag under supervision and watched my stoma bag being changed
Wounds	☐ My dressings are dry and intact	☐ My dressings are dry and intact
Other	☐ If I cannot get out of bed I have been repositioned a number of times ☐ My white surgical stockings are on	☐ I have received education on how to administer my anti-clotting injection (Innohep) if my surgery was for a lower cancer

Day	Day 2	Day 3-5
Mobility	☐ I have walked 5-10 times today with the assistance of staff ☐ I have used my breathing exercise device	☐ I have walked 5-10 times today with the assistance of staff I have used my breathing exercise device
Pain and Nausea	☐ I have told my medical and nursing team if I have pain or nausea (feeling of wanting to be sick/queasy)	☐ I have told my medical and nursing team if I have pain or nausea (feeling of wanting to be sick/queasy)
Eating and Drinking	☐ I am increasing my oral intake as per my medical team and diet sheet	☐ I am increasing my oral intake as per my medical team and diet sheet
Elimination (Urine and Bowels)	☐ I have informed my nurse if I pass any gas or if my stoma works ☐ I have changed my stoma bag under supervision ☐ I am passing urine with no problems	☐ I have informed my nurse if I pass any gas or if my stoma works ☐ I have changed my stoma bag under supervision ☐ I am passing urine with no problems
Wounds	☐ My dressings are dry and intact	☐ My dressings have been renewed prior to discharge ☐ I have been given a clip remover and arrangements have been made for their removal
Other	☐ I have received education on how to administer my anti-clotting injection (Innohep) if my surgery was for a lower cancer	☐ I have met with my Colorectal Nurse and received discharge instructions and prescription ☐ I have received stoma supplies

TYPES OF SURGERY

Your Colorectal Nurse will tick the surgery you have had.



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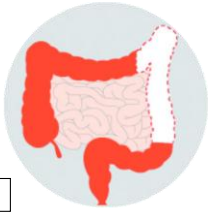
Right Hemicolectomy
Right side of colon removed.



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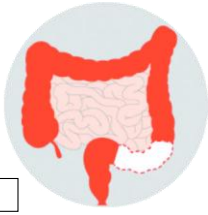
Left Hemicolectomy
Left side of colon removed.



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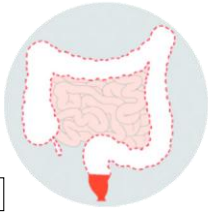
Sigmoid Colectomy
The sigmoid colectomy removed.



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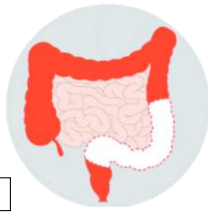
Proctocolectomy
All of colon and the rectum are removed.



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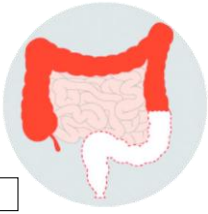
High Anterior Resection
Removes part of the colon and the upper part of the rectum.



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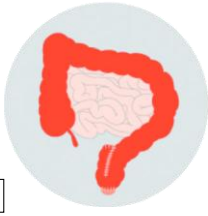
Abdominoperineal Resection (APR)
Sigmoid colon, the entire rectum & anus removed.



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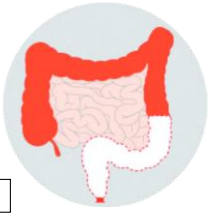
Colonic J Pouch Formation
An internal pouch is made from the lining of the large bowel. This J-pouch will be connected to the anus and work as a rectum.



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Ultra Low Anterior Resection
The lower left part of the colon and the entire rectum are removed.

Area removed.

A number of these surgeries may require the formation of a temporary stoma.

NOTES

Mercy University Hospital

Grenville Place, Cork, T12 WE28, Ireland

www.muh.ie