

QUESTIONS?

If you have any questions or problems, call your doctor. If you experience problems outside of office hours or on weekends call the Tufts Medical Center operator at 617-636-5000 and ask for the physician on call for Colon and Rectal Surgery. If you cannot wait, come to the Emergency Room.

FOLLOW-UP VISITS

Postoperative office visits are essential to ensure proper healing. Call soon after your surgery to make an appointment for your postoperative visit. You should be seen in our office:

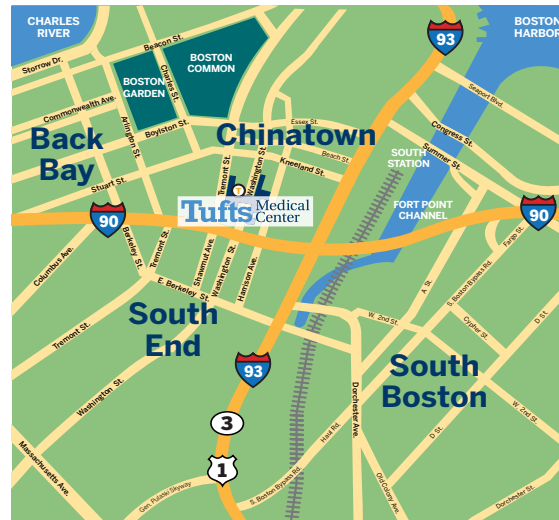
- 7-10 days after surgery if you need to have staples removed or if you have an open wound
- 3 weeks after surgery if you have a new colostomy or ileostomy
- 6 weeks after surgery for all other abdominal procedures

To make an appointment or ask a question, call the Division of Colon and Rectal Surgery at **617-636-6190**.

For urgent problems, call the Tufts Medical Center operator at **617-636-5000** and ask for the on-call physician for Colon and Rectal Surgery.

Abdominal Surgery

Treatment and Follow-up



Tufts Medical Center is easily accessible by car from the Massachusetts Turnpike (Route 90), the Central Artery and the Southeast Expressway (Route 93). Tufts Medical Center is located in downtown Boston, in Chinatown and the Theater District and within walking distance of the Boston Common, Downtown Crossing and many hotels and restaurants. For directions, visit www.tuftsmedicalcenter.org/AboutUs/Directions.

Tufts Medical Center

800 Washington Street
Boston, MA 02111
617-636-5000

www.tuftsmedicalcenter.org

Tufts Medical Center

DIET

1. For 3 weeks after your operation you should eat a low residue diet. This means avoiding fibrous foods such as bran, nuts, raw fruits and vegetables. In addition, you should avoid spicy and greasy foods and carbonated drinks. After this period you may resume a normal diet, generally with added fiber from cereals, whole grain breads, fruits.
2. If you fill up quickly, try eating 5–6 small meals each day rather than 3 larger meals.
3. If you are not taking pain medications, you may drink alcoholic beverages in small amounts.
4. You may have some gas, diarrhea and/or cramps once you are discharged from the hospital. This is expected. You may notice that certain foods increase this; avoid these foods.

BOWEL HABITS

1. Your bowel habits may vary for some weeks after surgery. Frequent and/or loose stools are common. It is expected that you will have some good days and some not so good days. It takes your body time to adjust after an operation. Avoid foods which seem to cause diarrhea or gas. If you are having more than 5–6 movements each day, talk with your doctor unless you were told to expect this.
2. Frequent stools may be associated with irritation of the skin around the anus. You should take care to gently cleanse after each movement using unscented baby wipes or moistened facial tissues; then pat dry. Avoid toilet paper as it tends to flake apart and leave particles on the skin. If you are experiencing irritation or discharge, take a warm tub bath for 5–10 minutes after movements and then rinse off in the shower. Wash carefully and completely with a non-allergic soap such as Nutragena. Pat dry. Avoid excessive and vigorous

wiping, especially with dry, rough toilet tissue. You may wear a thin strip of cotton or an opened piece of gauze sponge between the buttocks and up against the anal opening to absorb moisture and keep the buttocks from rubbing together. A thin strip may be drawn off the side of a roll of absorbent cotton (Red Cross Cotton/Johnson & Johnson). Change the cotton or gauze frequently to keep clean and dry.

ACTIVITY

1. Limit your activities for 6–8 weeks to allow healing of the abdominal wall incision.
2. Take a walk each day, if possible. Deep breathing is helpful and climbing stairs is fine in moderation. 3. You should avoid activities that put a strain on the abdominal muscles such as sit-ups, jogging, sex, etc, and avoid lifting anything over 15 pounds for 6–8 weeks.
4. Avoid any activity that causes you pain. This includes sex.
5. Do not drive for 10 days and do not go alone the first time. You may be uncomfortable looking over your shoulder to get a clear view.

MEDICATIONS

1. Resume all medications that you were taking before your operation unless specifically told to change.
 2. Use the prescribed pain medication every 3–4 hours as necessary for comfort. Remember, this medication may not stop all discomfort, but will help make it more tolerable.
- As the pain decreases, you may switch to acetaminophen (Tylenol) 325 or 500 mg, one or two every 3 or 4 hours. Limit driving and operation of machinery if you are taking narcotic pain medications as they may slow your reflexes and influence your judgment.

WOUND CARE

Closed wounds

- ▶ Closed wounds require little care. Keep them clean and dry. You may leave the wound uncovered unless there is a discharge or the wound is open. Plain dry gauze may be kept over the wound for comfort or to absorb any drainage.
- ▶ Daily baths or showers are recommended. Do not submerge your incision below the bath water for 2 weeks. You may let the shower water hit your incision but do not rub it. If you have Steri-Strips on your wound, let the shower water hit them and just pat dry after. Leave them in place for 10–14 days or until they are peeling off. You may then remove them.

Open wounds

- ▶ Open wounds should be cleansed and packed at least 2–3 times each day. You may rinse the wound out in the shower as above. The wound may also be cleaned with cotton applicator swabs (Q-Tips) dipped in hydrogen peroxide. Open wounds should be gently packed to their complete depth with opened, dampened cotton gauze sponges. This may be covered with dry gauze or pads.

Signs of Infections

- ▶ Watch for signs of infection including drainage of pus, increasing pain and burning, swelling and redness around and spreading away from the wound. If you notice these signs, call your physician.