

## I. DIET

1. You may eat a regular diet the evening after your procedure. You should follow a high fiber diet. Include bran (cereals, whole grain breads), fresh fruits and vegetables.
2. Drink a minimum of fluids for the first 24 hours. Then, drink 6-8 glasses of water or clear liquids each day.

## II. ACTIVITY

1. For the first few days after surgery you may wish to limit your physical activity because of discomfort. Be guided by your level of comfort. Avoid strenuous exercise and heavy lifting until healing is almost complete. Climbing stairs, walking, and car riding and driving may be done in moderation. Avoid driving when on pain medication.
2. If you have a wound on the outside of your bottom, limit the amount of time you spend sitting to 10-15 minutes at a time initially. Sit on a firm, foam cushion. Do not use a rubber ring or “doughnut.”
3. You may return to work when you feel comfortable enough. This may be several days to several weeks, depending upon the complexity of the operation and your level of comfort. Ask your doctor for specific limitations.

## III. WOUND CARES

1. The morning after your procedure, remove the dressing including the small piece of gauze that may have been placed in the anal canal.
2. Take a warm tub bath lasting 10-15 minutes. Do not add anything to the water. Use non-allergic soaps such as Neutrogena brand. Rinse off in the shower. Pat dry.
3. \_\_\_\_ If checked here, your wound will need to be cleansed directly. Use a cotton applicator stick (eg. Q-tips). Dip the clean applicator in a bottle of hydrogen peroxide and clean the wound firmly. Clean all surfaces, deep and along the skin edge. Pat the wound dry with gauze.
4. Open up a dry 4x4 inch or 2x2 inch piece of gauze sponging. Moisten the corner of the gauze and wring it out until almost dry. Pack it gently but completely into the wound. Place a second piece of gauze over this. Keep the gauze in place by wearing the mesh underwear you were sent home with or use jockey shorts or panties. A piece of tape may be used. The mesh underwear may be washed.
5. After each movement, take care to gently cleanse using moistened tissue or unscented baby wipes. Pat dry. Avoid excessive and vigorous wiping, especially with dry, rough toilet tissue. Change the gauze after each movement and as necessary to keep clean.

Repeat these cares 2 to 3 times each day. It is particularly helpful to get into a tub of water after bowel movements. As you become more active and return to work, the number of baths may be reduced.

## IV. MEDICATIONS

1. Take one tablespoon or one pre-measured package of a fiber supplement each morning mixed with a glass of water or juice. Some examples are Konsyl, Metamucil, Benefiber and Citrucel (powders), and Fibercon (tablets). Most of these products contain psyllium which is a seed product. Many pharmacies and grocery stores have their own generic brands which are often much less expensive than the name brands.
2. Take a stool softener each morning and evening. These agents act to lubricate the stools and allow them to pass more easily. They are not laxatives. The most commonly used agents contain docusate. Several forms are available including Colace (100 mg tablet), which contains sodium (Na) and Surfak which contains calcium (Ca). Generic docusate is available at low cost. You do not need this if your stools are loose.
3. Take the prescribed pain tablets for discomfort every 3 to 4 hours, as necessary. As the pain decreases, you may switch to acetaminophen (Tylenol) 325 or 500 mg, one or two every 3 or 4 hours.
4. Continue taking any medications you took prior to your operation. Do not give yourself an enema, unless told to by your physician.

## V. BOWEL HABITS

Bowel movements after surgery may be associated with some discomfort. This will improve as healing progresses.

You should have a bowel movement at least every other day. If 2 days pass without a bowel movement, take a tablespoon of milk of magnesia (30 ml) and repeat in 8 hours if you have not evacuated. If you still have had no results after 3 days, take 4 Dulcolax tablets by mouth at one time. If this does not work within 8 to 12 hours, call your doctor.

## VI. PROBLEMS

**1. Bleeding:** A little bleeding with each bowel movement may be expected. If prolonged bleeding occurs or clots are passed, call your doctor at once.

**2. Urination:** It may be difficult to urinate initially. This is most common after hemorrhoidectomy and in men. Soon after surgery, when you feel the urge, you should make an effort to urinate. You may strain; you will not disrupt the surgery. If you are unable to urinate, first try doing so while sitting on the toilet and, second, while sitting in a warm tub of water. If you are unsuccessful, come to the Emergency Room. It may be necessary to place a catheter into the bladder to empty it. This will usually resolve the problem. Do not wait more than 12 to 18 hours.

**3. Questions:** If you have any questions or problems, call your doctor. If you experience problems outside of office hours or on weekends call the hospital page 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.

**4. 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:

- 7-10 days after surgery
- 3 weeks after surgery
- 4 weeks after surgery

To make an appointment or ask a question, call the Lynn Fitzgerald in 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.



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# Instructions After Anorectal Surgery

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Division of Colon and Rectal Surgery  
**Tufts** Medical Center