



Going Home Instructions after Abdominal Operations

GENERAL GUIDELINES, DISCUSS ANY QUERIES WITH YOUR DOCTOR OR NURSE



**CENTRAL SYDNEY
COLORECTAL SURGEONS**

We hope the information provided in this newsletter will be helpful for the patients who just went through ABDOMINAL OPERATIONS



Diet:

- + Pureed or casseroled diet for the first month; normal diet thereafter. See back for the suggested list. Try 6 small meals a day initially. Special instructions from dietitian if you have an ileostomy. Add one new food at a time in small amounts.

Alcoholic beverages :

- + OK, in moderation.

Activity:

- + Avoid activity that causes pain. Walking is good. Climbing stairs OK. Bicycling OK.

Avoid :

- + lifting weights greater than 20 lbs (10 Kg) or straining abdominal muscles (eg. Sit-ups, press-ups for 2-3 months).

Dressings :

- + Unless instructed otherwise, leave incisions uncovered. Daily showers or baths OK. Pat wound dry afterwards.

Driving:

- + Do not drive for 3-4 weeks after discharge. Do not go alone the first time and do not drive after taking pain medications.

Bowel function:

- + Bowel function tends to be erratic (wind, diarrhoea, seepage or cramps; good days and bad days) up to 6 months after bowel surgery. It takes your body time to adjust. Avoid foods that make you worse.
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Medications :

+ Pain: Panadol, Panadeine, Panadeine Forte, Codeine Phosphate, Endone by mouth 1-2 tabs every 4-6 hours as needed. (Maximum of 8 a day of any combination, otherwise contact your doctor).

+ Resume any medication your own doctor has prescribed

+ **Anti-diarrhoeal :**

▮ Metamucil/ Cellulone

▮ Imodium 2 mg caps

▮ Lomotil 2.5 mg tab

Take either Imodium or Lomotil 30 minutes before meals and at bedtime. As diarrhoea improves, take it less frequently and as needed for loose stools. (Maximum 8 a day of each)

+ **Others:**

Prednisone as instructed

Antibiotics - Flagyl/Cipro/Bactrim/Septrin/Amoxycillin/Others

Possible problems

+ **Bowel obstruction:**

abdominal cramps, bloating, nausea, vomiting, constipation and not passing wind. When these symptoms develop, call your doctor for advice. If the symptoms are mild, you may restrict dietary intake to liquid only and avoid solid food. If symptoms persist beyond 24 hours or if severe, you must call for advice.

+ **Wound infection:**

Excessive swelling, redness, drainage or severe pain around incision should be reported.

+ **Infections related to surgery:**

fever, especially if associated with abdominal discomfort, nausea and feeling of being unwell should be reported.

+ **Stoma:**

If you have a stoma, make sure you are comfortable with caring for it before discharge. Get help if there is difficulty with keeping the stomal appliance on for at least 24 hours, if there is recurrent bleeding, severe pain and swelling around the stoma or if the stoma stops functioning call or if stoma output is > 1500 ml in 24 hours. Bananas, peanut butter, tapioca, applesauce and marshmallows may thicken the stoma output. RPAH stomal therapist: (02) 9515-7280, or 9515-6111 page 80887.

+ **Dehydration:**

Decreased urine output, or dark urine is a sign of dehydration. Drink at least 8 glasses of liquids a day, and more in summer.



Follow-up

- + Appointment with your surgeon usually in 6 to 8 weeks. If not already organized prior to discharge, call (see below) for scheduling.

Foods

OKAY FOODS	AVOID FOODS
Lean meats	Onion
Chicken	Raw vegetables
Fish	Raw fruits
Turkey	Legumes (baked beans)
Soup	Carbonated drinks
Mashed potatoes	
Bread and Butter	
Tinned or peeled fruits	

If any Problems

Central Sydney Colorectal Surgeons

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After hours & weekends:

Fellow or Registrar on call for Colorectal Surgery at RPAH (02) 9515-611