

Te Whatu Ora
Health New Zealand
Hauora a Toi Bay of Plenty

Bowel Surgery

A HANDBOOK FOR PATIENTS AND THEIR WHĀNAU



Welcome to hospital

This book belongs to:

Name _____

National Health Index – your hospital number _____

Your contacts:

Doctor (GP) _____

Surgeon _____

Clinical Nurse
Specialist (CNS) _____

This book covers bowel surgery that is NOT related to cancer.

Please bring this book with you every time you come to hospital.

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Introduction - Māori translation

Ko ngā mātauranga kei roto i tēnei pukapuka, i waihangatia hei āwhina i a koe mō te poka i tō puku. Ka kōrerorerotia he aha rā ngā tohutohu o mua o muri, ʻInā, ka noho mai koe i te hohipera, a, ka āwhinatia koe mō te whakarite me te whakarauora i muri iho i te pokanga. Kia matua mōhio ai koe, kia mārama ai tō kawenga i tēnei āhuetanga hei whakarauoratanga mōu.

Kia ata panuitia, kia ata haere, kia marama ai, kia mohio ai koe ki enei maramatanga kua hoatungia ki a koe. Kia matua mohio ai koe, ko te whainga ahoaho kia taea e koe te ata marama hohonu ai enei maramatanga, ā, ma matou koe e arataki, e whakautu āu patai ranei, mehemea he patai āu. He nui nga wahi mou ki te tuhituhi ki roto i tenei pukapuka, mehemea he patai āu tuhia ka whakahautia koe e matou kia penei rawa kia maumahara ai koe ina ka haere koe ki te matanga pokanga.

Kia maumahara koe koinei te timatatanga mai mo tou haerenga, kia u, kia mau, a, kia takina te wero, ma te korero pu ka mohio, ma te maramatanga ka marino te haere he nui nga hua ka puta hei oranga mou.

This information booklet has been developed to help prepare you for your bowel surgery. It discusses what you can expect before, during and after your stay in hospital. It also helps you prepare for, and then recover from surgery. It is important for you to understand how you can play an active part in your recovery.

Please take the time to read and understand all the information given to you. It is important that you give yourself adequate time to process all the information. We are happy to answer all questions that you may have. There is plenty of space throughout this book for you to write questions down. It is suggested that you do so in order to remember questions when you see your specialist.

Please share this information with your family / whānau / support person.

Bowel surgery

Bowel surgery is also called colon or intestinal surgery – we will be using the term bowel surgery in this book, although they all mean the same thing.

The following information has been prepared as a guide only, for your stay in hospital. Please remember, everyone is different and your care may be different in some ways. You will be guided by the surgical and nursing team as to what will happen for you. You may be surprised how quickly you can eat, drink and be out of bed after surgery. Recovery after surgery is a team effort – you, your family/whānau and the staff caring for you working together.

The bowel

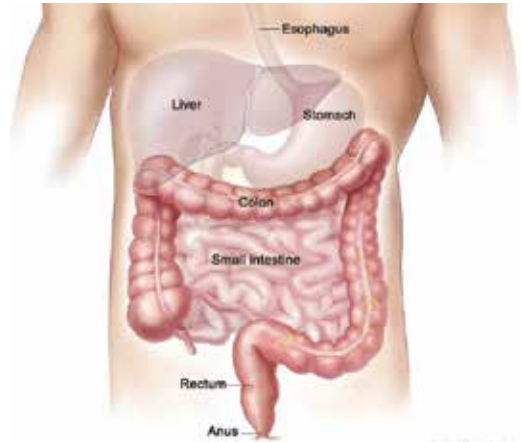
The bowel is the large intestine; it is the lower part of your digestive tract. The intestine is a long, tubular organ consisting of the small intestine, the bowel (colon, large intestine) and the rectum, which is the last part of the bowel.

After food is swallowed, it begins to be digested in the stomach and then empties

into the small intestine. This is where the nutritional part of the food is absorbed. The remaining waste moves through the bowel to the rectum and is expelled from the body. The bowel and rectum absorb water and hold the waste until you are ready to expel it.

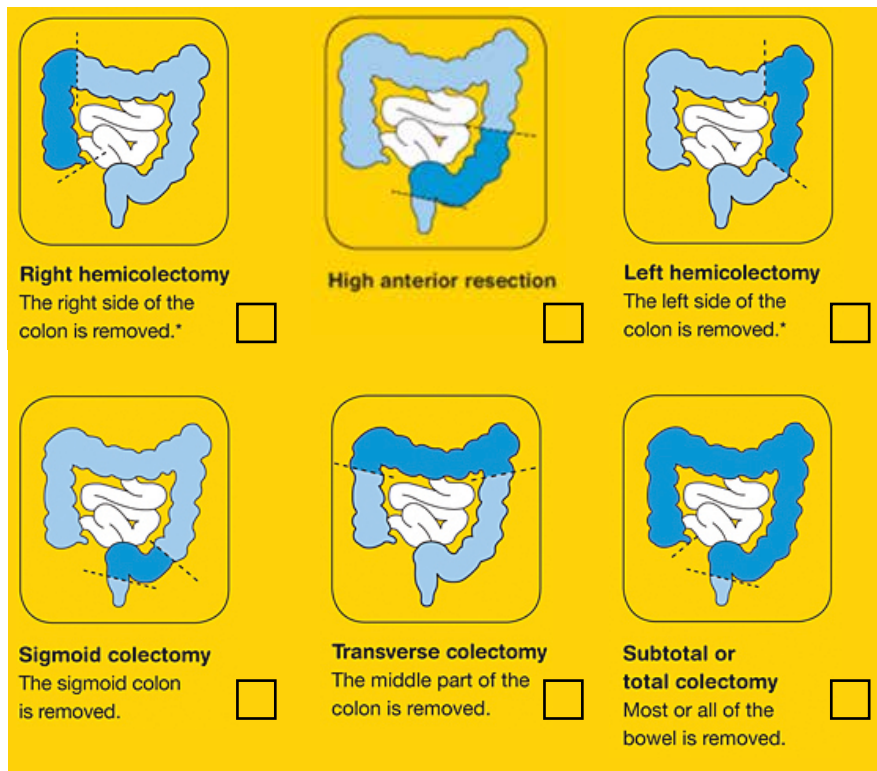
Patients undergo bowel surgery for a number of conditions including: polyps, inflammatory bowel disease (Crohn's and ulcerative colitis), diverticulitis and strictures.

This book covers bowel surgery that is NOT related to cancer.



Types of Surgery

The area shaded dark blue is removed by the Surgeon



Modern bowel surgery

Modern bowel surgery in the modern era differs in many ways from bowel surgery in the past. If you or your family/whānau have had surgery in the past, you will notice that current care will be different.

For example, new surgical and anaesthetic techniques have been developed to reduce the stress of surgery, to improve pain relief and to support your recovery. Oral bowel preparation (cleansing) is often not used. You will normally be allowed to eat and drink soon after surgery. You will move out of bed early after surgery. These and other measures allow you to go home within days, and more rapidly return to your usual activities.

This book will cover procedures that require an incision in the abdomen as well those performed with keyhole or laparoscopic surgery. For some patients undergoing bowel surgery a colostomy or ileostomy might be required. This may be temporary or permanent. Colostomies and Ileostomies will be explained in a special section in this book. Whether your surgery is planned or an emergency surgery, the information provided will be of value to you.

What is Laparoscopic bowel surgery?

Laparoscopic or keyhole surgery involves several very small incisions rather than open surgery, which uses one large incision. Harmless carbon dioxide gas is introduced into the abdomen, inflating it, and creating a space for the surgeon to work. The surgeon introduces a long narrow camera and surgical instruments, and uses these to perform the procedure.

This surgery has some advantages, including less pain, a shorter hospital stay, and a quicker recovery. It also offers a reduced risk of wound infection or hernias. If for some reason your surgeon can not complete the procedure laparoscopically, he/she can convert to the open procedure safely. This would only be done in your best interests.

The surgery generally takes several hours and then you will spend some more time in the recovery room as you gently wake up from the anaesthetic. Some patients can expect to spend a day or two in the High Dependency Unit after surgery.

What complications (risks) can occur?

This section is not meant to frighten you, but help you to make an informed decision on whether to proceed with surgery. No surgery is risk free, but understanding the possible complications can help you make a better decision.

Most problems that can occur after this surgery are relatively minor and do not have a long-term effect on your recovery. Some complications may be more significant and require a longer hospital stay and recovery period.

Antibiotics at the time of surgery, deep breathing exercises and early mobilisation after surgery are some of the measures taken to reduce the risks of these complications. Care is taken during surgery and your hospital stay to minimise risks, but there remains a chance that you could develop a complication which in rare cases, can cause death.

During Surgery

There are risks with any abdominal surgery where the use of surgical instruments may cause an accidental injury. In this case it may be to the bowel or other closely related organs such as the pancreas, spleen or the liver.

After surgery

- Infection: Possible sites include chest infection (pneumonia); urinary tract infection; wound infection, or deep with the abdomen. Severe infection can lead to a prolonged hospital stay and further surgery.
- Bleeding: This may require transfusion or return to the operating theatre. (there is more information on blood transfusion on page 16)
- Allergic reactions: To medication; anaesthetic agents.
- Delay to normal gut function: Due to the gut being handled during surgery.

After surgery continued

- Nerve or muscle injury: Due to positioning during surgery, or related to intravenous and arterial lines.
- Blood clots: Can occur in the lower leg (deep vein thrombosis, or DVT) or in the lungs (pulmonary embolus).
There is a small risk of developing DVT following surgery. When detected, the treatment may involve blood thinning injections, followed by a course of tablets. You will be given medications and compression stockings to reduce this risk
- Leak: A leak can occur where the two end of bowel are joined.
- Stroke.
- Heart attack or abnormal heart rhythm.
- Respiratory failure: The inability to breathe adequately after surgery. This may require support of breathing in an intensive care unit.

All surgeries, whether planned or urgent, carry a risk of death.

Your stoma (Colostomy or Ileostomy)

Your surgeon may discuss with you the need for the formation of a stoma as part of your bowel surgery. A stoma is made from an opening in part of the bowel.

If the stoma is made from an opening in the large bowel (colon) it is called a colostomy. If it's made from an opening in the small bowel (ileum) it is called an ileostomy. Stomas can be temporary or permanent.



Colostomy

What is a colostomy?

A colostomy is a surgically created opening in the large bowel. The bowel is brought through the abdominal wall and sutured to the skin.

What does a colostomy look like?

The stoma is red and moist; there are no nerve endings in the stoma, so there is no sensation.

Where is a colostomy positioned?

A colostomy can be formed from almost any part of the large bowel, although the most common colostomy sites are on the sigmoid colon and the transverse colon. The exact position depends on the medical reason for the surgery.

What does a colostomy do?

A colostomy diverts the faecal flow. The output, volume, and consistency vary in each case it depends in part on the location of the stoma within the colon.

Ileostomy

What is an ileostomy?

An ileostomy is a surgically created opening in the small bowel, known as the 'ileum'.

What does an ileostomy look like?

The stoma is red and moist; there are no nerve endings in the stoma, so there is no sensation.

Where is the ileostomy positioned?

In most cases the surgeon uses part of the terminal ileum (the last section of the small bowel) to form the stoma. The ileum is brought through the abdominal wall, everted (or turned inside out) to form a spout, and sutured to the skin.

What does an ileostomy do?

The ileostomy diverts the faecal flow. The output/consistence of the flow varies depending on the location of the stoma within the small bowel

If you have a temporary stoma, you will usually have a second smaller operation a few months later to close the stoma and rejoin the bowel. This operation is called a stoma reversal.

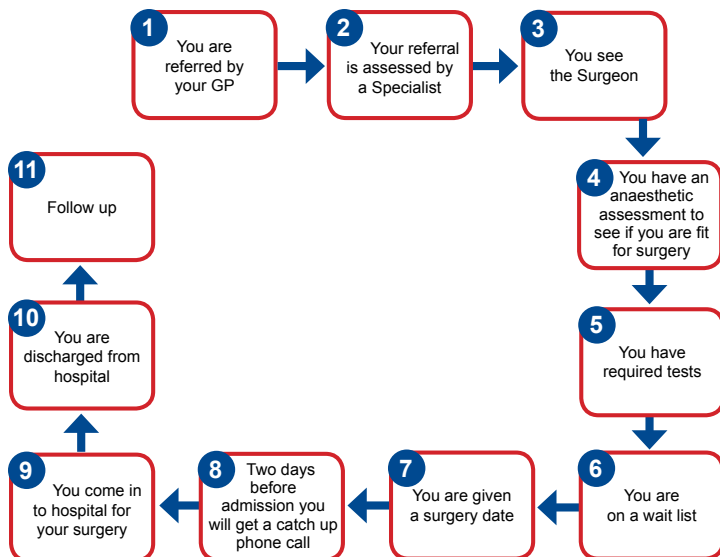
If your bowel surgery does require the formation of a stoma you will be given more information that is specific to you.

Before coming in to hospital

Your appointments before surgery

You must attend these appointments. Use this table to keep a record of your appointment times.

Who	Where	Appointment date	Time
Surgeon	Outpatient Department at Tauranga Hospital		
Clinical Nurse Specialist	Outpatient Department at Tauranga Hospital		
Preassessment nurse and/or Anaesthetist	Preassessment unit on the first floor at Tauranga Hospital		
Admission for surgery	Surgical Admission Unit on the first floor at Tauranga Hospital		



Pre-assessment clinic / Anaesthetic

The pre-assessment nurse or anaesthetist will ask you about your general health, medical history, previous anaesthetic, and if there were any problems.

It is important that you are assessed prior to your operation to minimise the risks associated with your surgery. This appointment usually takes place soon after you have seen the surgeon in the clinic.

The anaesthetist will discuss your general health, the types of anaesthetic and pain relief that can be used and the risks and benefits. Consent for your general anaesthetic will be obtained at this time.

A record will be made of any family history of anaesthetic problems. Medicines, pills, inhalers or alternative medications that you use will be noted and recorded. The following will also be noted; allergies, smoking, alcohol use, and whether you have any loose, capped or crowned teeth. You may have investigations such as blood tests, a heart trace (ECG), urine tests and X-rays. This helps your anaesthetist consider any medical problems which may either affect the risks to yourself, or the likelihood of complications from the anaesthetic or surgery.

The operation will not go ahead until you understand and agree with what has been planned for you. You have the right to refuse if you do not want the treatment suggested or if you want more information or more time to decide.

The pre-assessment nurse will give you time to ask questions about any possible problems and give advice and education on your hospital stay and activities following your surgery.



Consent

You will need to sign a consent form that says you agree to the operation and the collection of specimens and technical data. A full explanation of the surgery and risks should be given to you before you sign the consent form.

You will usually meet your anaesthetist on the day of surgery, prior to your surgery. They will answer any further questions you may have.

General anaesthesia produces a state of controlled unconsciousness during which you feel nothing. You will receive anaesthetic drugs, strong pain relieving drugs, oxygen to breathe and sometimes a drug to relax your muscles. You will need a breathing tube in your throat once you are unconscious, and will be put on a breathing machine (ventilator) during your operation. When the operation is finished the anaesthetic is stopped and you regain consciousness.

Advantages

You will be unconscious during your operation.

Risks

Common side-effects (<1 in 100) include headache, sore throat, feeling sick or vomiting, dizziness, bladder problems, damage to the lips or tongue, temporary confusion or memory loss, aches and pains and bruising/soreness.

Uncommon side-effects (<1 in 1000) include chest infection, muscle pains, damage to teeth, becoming conscious during your operation, slow breathing and existing medical conditions getting worse.

Rare side effects (less than 1 in 10,000+) include damage to the eyes, serious drug allergy, nerve damage, equipment failure, heart attack, stroke or death.



Blood products

There is a small risk that you may need to have a blood transfusion. A transfusion of blood or blood products is only given when the benefits outweigh the risks.

You have the right to decide whether you want to have the treatment or not. You can ask as many questions as you need, to ensure you are making the right choice.

You will be asked to sign a consent form to show that the benefits, risks and alternatives for your treatment, including transfusion of blood products, have been explained to you. The consent form will confirm that you have been able to ask any questions and that you agree to receive the treatment.


If you refuse to have the transfusion when needed, the risks to your health are likely to increase.


Further information about blood transfusions can be found at: www.nzblood.co.nz


The contact for the Tauranga Hospital Liaison Committee for Jehovah Witnesses is Clarence Ririnui and he can be contacted on 07 572 3462 or 027 776 4898.

Instructions for taking your medications prior to your surgery

Your medicines have been reviewed and you should follow these instructions prior to your surgery date.

STOP these medications before your surgery	
	

DO NOT TAKE the following medications on the morning of your surgery	
	

Take the following medications on the morning of your surgery	
	

Other instructions

Your admission

Date of Admission: _____ / _____ / _____

Time of Admission: _____ / _____ / _____

Date of Surgery: _____ / _____ / _____

Expected date of discharge: _____ / _____ / _____

Lab tests

Group and Hold Blood test: _____

Blood test (White form): _____

Urine test: _____

Bowel Preparation

You may require some form of bowel preparation prior to your surgery. You will be advised at the Pre-admission Clinic, if this is applicable to you, and given instructions from the nurse.

Limited bowel preparation

- You will be given one or two **enemas** on arrival to hospital on the day of surgery
- You will be able to eat a normal diet up to 6 hours before anaesthesia

Full bowel preparation

- **Three days before your surgery** you will commence the low fibre diet that is shaded in the table below. Do not have any red or purple jelly or juices as this may stain your bowel.

Food group	Foods allowed	Foods to avoid
Breads and cereals	Porridge, Weetbix, white or fine wholemeal bread	Bread with whole grains or seeds, cereals with dried fruit or nuts, eg Muesli
Cakes and biscuits	Crackers, plain biscuits, shortbread and cakes without dried fruit	Fruit cake, biscuits with dried fruit
Desserts	Plain desserts, gelatin based milk puddings and yoghurt	Anything containing seeds, pips, or skins
Fruit	Cooked fruit, peeled raw fruit	Fruits with pips, seeds or hard skins. eg Tamarillo's, Kiwifruit and dried fruit
Vegetables	Soft root vegetables, eg potato, carrot, pumpkin parsnips and yams. Eat tips of broccoli only (no stalk)	Corn, baked beans, dried peas, cabbage, onion, cucumber and celery
Pasta and rice	White rice and pasta dishes	Brown rice
Meat, fish and poultry	Tender meats, fish chicken and eggs	Tough gristly meats
Nuts, soups and sweets	Sweets, smooth peanut butter, soups with pureed vegetables and creamed soups	Whole nuts, soups with barley or lentils

- **On the day before to your surgery** you will need to drink clear fluids only. Do not have milk in your tea or coffee, or fruit juice with pulp in it. Please ensure no food is eaten.
- **On the day before to your surgery** you will have two oral Fleet drinks.

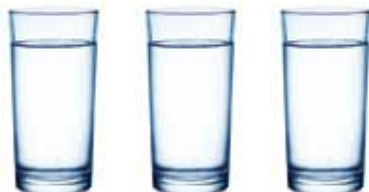


First bottle of Fleet Date: _____ Start time: _____

Start	Start + 10 mins	Start + 20 mins
Mix 15mls (1/3) of the bottle of Fleet with one full glass (approx. 250mls) of clear liquid . Stir and drink the whole glass,	Mix 15mls (1/3) of the bottle of Fleet with one full glass (approx. 250mls) of clear liquid . Stir and drink the whole glass,	Mix 15mls (1/3) of the bottle of Fleet with one full glass (approx. 250mls) of clear liquid . Stir and drink the whole glass,

Between the first and second bottles of Fleet:

Take at least an additional 3 glasses (approx. 250ml each) of clear liquid. More can be taken as desired to replace water lost from your body and to ensure a clean bowel.



Second bottle of Fleet Date: _____ Start time: _____

Start	Start + 10 mins	Start + 20 mins
Mix 15mls (1/3) of the bottle of Fleet with one full glass (approx. 250mls) of clear liquid. Stir and drink the whole glass,	Mix 15mls (1/3) of the bottle of Fleet with one full glass (approx. 250mls) of clear liquid. Stir and drink the whole glass,	Mix 15mls (1/3) of the bottle of Fleet with one full glass (approx. 250mls) of clear liquid. Stir and drink the whole glass,

Clear liquid options

These should not include solid materials, milk or milk products, or be coloured red or purple.

Hot options: (No milk or creamer. No solid materials)

- Black or herbal tea
- Black coffee
- Marmite or Vegemite drinks
- Clear soup

Cold options: (No red or purple colouring)

- Water – still or sparkling
- Coke, lemonade, ginger beer, tonic etc
- Pulp free fruit juice
- Sports drinks (low sodium)
- Cordial
- Jelly (no fruit)
- Clear ice blocks



Eating and Drinking Instructions

You may eat (unless you have been instructed otherwise) up until six hours before your operation. Do NOT chew chewing gum, suck lozenges or lollies in the 6 hours prior to surgery.

No food from date: _____

Time: _____

You may continue to drink up to 400mls of clear fluids up to 2 hours before the time of your operation, or your 2 cartons of Nutricia PreOp®.

Morning (am) surgery admit 7am:

1. Nutricia PreOp® drink at 5.30am
2. Nutricia PreOp® drink at 5.45am
3. Finished by 6.00am

Afternoon (pm) surgery admit 12pm (midday):

1. Nutricia PreOp® drink at 10.30am
2. Nutricia PreOp® drink at 10.45am
3. Finished by 11.00am

No drinks from date: _____

Time: _____

Clear fluids are any liquids that you can see through, this includes water and fruit juice without pulp. You should avoid carbonated (fizzy) drinks and drinks containing milk or caffeine (including tea and coffee).

Nutricia PreOp® is a clear lemon-flavoured carbohydrate (sugar) drink designed to prepare your body for your operation.

- Best served chilled
- Shake well before use
- Drink 2 cartons of the PreOp® as instructed by the nurse.
- Drink both cartons of PreOp® within 15 minutes

What do I need to do to prepare myself for surgery?

It is important that you maintain your current level of fitness. Staying fit will help your goal of having a smooth recovery from surgery. You should also continue your normal eating pattern. There is no need to eat either more or less than what is normal for you. Good nutrition prior to surgery will help reduce the risk of complications and decrease your length of stay in hospital. A healthy diet and a healthy weight are beneficial for your recovery.

To help prevent a wound infection after your operation, we ask that you use Chlorhexidine 4% skin wash (provided). The tube is intended for two washes before your operation. We ask that you shower or bath the night before and the day of your surgery. (If you have a shower we would prefer that you shower rather than bath).

When you shower or bath, wet your body all over and then turn the shower off or stand up on the bath. Using half the tube of Chlorhexidine soap lather your body and hair with foam and remember to wash any skin folds and inside you tummy button. Be careful to avoid contact with your eyes. Leave the foam on the skin for at least two minutes and then rinse off and dry your body thoroughly using a clean towel.

Redress in clean clothes.



You will be phoned in the day or two prior to your Admission day by a nurse to check that you understand your pre-admission instructions, and are fully prepared for surgery.



Preparing for your hospital stay

Smoking and your lungs

We strongly advise that you try to avoid getting chest infections (stay away from people with coughs and colds) and give up smoking. Continuing to smoke doubles your risk of complications. It also compromises wound healing and can add to the risk of leaks developing from the bowel staple line.

If you need help to quit smoking, please contact resources such as your Doctor (GP) or Quitline (0800 778 778) www.quit.org.nz or www.health.govt.nz/tobacco

Te Whatu Ora Hauora a Toi Bay of Plenty has a “No Smoking” policy onsite and throughout hospital grounds.

Alcohol and drugs (such as Cannabis and P)

We encourage you to minimise your drug/alcohol consumption prior to, and after your surgery. Drug/alcohol consumption significantly increases the risk of complications and compromises healing. It can also affect your anaesthetic and pain relief requirements.

Exercise

It is advisable to remain as active as possible leading up to your surgery, to strengthen your muscles and speed up recovery.

What to do if you become unwell

It is important we know if you have any of the following:

- A cold or cough.
- Skin infections – such as a sore, graze, pimple or eczema, especially around your operation site.
- Burning pain or passing urine more often than usual.
- You are generally unwell - such as diarrhoea, vomiting or high temperature.

For your safety it is important that we know about any of the above prior to your operation. You will receive a phone call from

the Surgical Admission Unit two days before your operation day to check whether you are well.

If you do not receive a call and you are unwell please phone the hospital where you are having your operation and ask to speak to someone in the Surgical Admission Unit, Tauranga 07 579 8000.

What do I bring to hospital?

- Medications - Bring in all medications, including over the counter and herbal medications. Don't stop any medications unless told to do so by your anaesthetist or surgeon.
- You should leave valuables at home (eg; jewellery, bank or credit cards etc.) Te Whatu Ora Hauora a Toi Bay of Plenty does NOT take responsibility for stolen items.
- You may bring something to read.
- Night clothes, easy to wear day clothes, shoes or slippers, toiletries.
- You may also bring your own pillow which will make your hospital stay more comfortable. Please make sure your pillowcase is not blue or white (these are hospital colours).
- Please name your personal belongings.
- Mobile phones may be used on the ward, but please be considerate of other patients



Preparing for your discharge home from hospital

It is important to consider how you will manage your care in your home once you are discharged from hospital. It is essential to start planning now.

Before you come to hospital, organise your daily living needs in preparation for your return home. As an example, you can prepare meals and freeze them.

Please make plans for someone to drive you home.

This list will help you prepare for your return home:

- Arrange for someone to take me to hospital.
- Arrange for someone to take me home on the day I am discharged.
- Arrange for someone to stay with me for a few days after discharge (if I live alone).
- Tell family, friends and/or neighbours about my operation.
- Organise family/friends who are willing to help with chores/housework.
- Cook extra meals and freeze them.
- Buy extra groceries and/or arrange for someone to do my grocery shopping.
- Organise someone to look after my pets.
- Pack ALL my medications/herbal products/alternative medications.

In hospital

While in hospital it is important that you are able to answer these 4 questions. Please ask any of the staff if you are unsure of the answers.

1. What is wrong with me?
2. What is going to happen today/tomorrow?
3. What needs to be achieved to get me home?
4. When is this going to happen?

The day of your admission and surgery

You will usually be admitted to hospital on the morning of surgery. It is understood that prior to admission you will have had a thorough shower using the chlorhexidine body wash (provided at your pre assessment visit). If you have any further questions for your surgeon or anaesthetist please write them down in this book and bring it with you to hospital.

Please do not wear make-up, nail polish, false nails or jewellery (including body piercing studs). These will all need to be removed before your surgery.

You do not need to shave the operation area before surgery.

Shaving is no longer considered necessary, however you may have hair from the operation area clipped by the Surgical staff prior to your surgery.

During the admission process, your surgeon, anaesthetist, admission nurse and theatre nurse will see you. This will mean that different people will ask you the same questions. This is a safety issue, and although it can be frustrating, it is important. Use this time to ask any questions that you may have.

Once you have been admitted and changed into your theatre gown and stockings to prevent leg clots, you will wait in the preoperative

area until theatre is ready. A final check between the theatre staff and the admission staff takes place before you are taken into the theatre. If you currently use CPAP, your machine will be sent to the recovery room to be used after your surgery is finished.

You will move onto the theatre bed, which is narrow and firm. A blood pressure cuff, ECG and an oxygen monitor will be attached to you so your anaesthetic team can monitor you closely throughout the procedure. Your anaesthetist will place a drip into a vein and ask you to breathe some oxygen through a plastic facemask. Your anaesthetist will then gently send you off to sleep.

Your Operation

Before surgery you will be given a gown to wear and you will be fitted with compression stockings. These specially designed stockings which help to reduce the risk of developing a deep vein thrombosis. (DVT) in your leg(s). A DVT is a blood clot that can form in a deep vein during periods of inactivity such as during surgery and bed rest. If you require further information this can be provided by the nurse at Pre-assessment clinic.

Your blood pressure, temperature and heart rate will be taken. You may be given an enema to help empty your bowel.

You will be escorted to the pre-operative area and here you will be seen by an Anaesthetist. If it has been agreed that an epidural anaesthetic is best for you, this will be commenced in the operating room.

After your surgery you will wake up in recovery and then be transferred to the ward or the HDU (High Dependency Unit).

Recovery Unit

You will wake up in the recovery unit with monitoring attached to you. You will have a drip in your arm, urinary catheter and possibly a drain (plastic tube connected to a container) into your abdomen,

Once you are awake and comfortable you may be transferred to the High Dependency Unit (HDU) located on the first floor.



Your nurse will record your vital signs regularly and give medications to control any pain or nausea.

You will be encouraged to do deep breathing exercises to keep your lungs healthy. You will have compression stockings on and a FlowTron machine (inflatable stockings), to help prevent blood clots. Early mobilisation is also good for clot prevention, so you will be encouraged to move into a chair in the evening after surgery.

Pain relief

It is important that you receive effective pain relief to enable you to get out of bed and to cough. You will have either an epidural, or intravenous PCA (patient controlled analgesia) to provide pain relief. The decision about which type of pain relief will be suit you, is made by you and your Anaesthetist. Further information about each of these methods of pain relief is available for you, should you require it.

You will also receive paracetamol four times a day. Please notify staff if you are having continued pain.

Deep breathing and coughing

As soon as you wake up, staff will regularly encourage you to take several deep breaths and show you how to support your wound when you cough.

Nausea/vomiting

If you do feel sick (nauseated) or if you vomit, please tell the nursing staff so that we can treat these problems quickly.

Diet and fluid

When you can eat and drink will depend on instructions from your surgeon. You may be able to start drinking fluids and eating 4 hours

after surgery. You will be encouraged to drink 2 high-protein drinks in the evening. This is important to help build your strength after surgery. You will also receive extra fluid through an intra-venous infusion (drip) for approximately 12 hours after your surgery.

Urine

You will have a bladder catheter (tube) inserted when you are under anaesthetic, allowing your urine to be measured.

Getting up and around

It is important after your surgery that you begin to mobilise. Standing up and sitting out of bed is encouraged. Approximately from 4 hours after your surgery, you will be assisted to sit out of your bed for at least 30 minutes.

Washing

You will be assisted by the nursing staff to have a wash in the evening.

Patient Diary

You will be provided with a Patient Diary to complete daily while you are in hospital. This diary will be collected from you on discharge.

It is important to tell your Doctors and Nurses how you feel and ask them any questions you may have.

The first day after your surgery

The day after your surgery you can expect the following to happen:

Pain relief - We will continue to give you regular paracetamol four times a day. Your epidural or PCA (patient controlled analgesia) will continue today for pain relief. Please press the pain relief button when you begin to feel discomfort.

Nausea/vomiting - It is important that you start eating and drinking soon after surgery. If you feel sick or feel like vomiting please tell the nursing staff so we can treat these problems.

Diet and fluid - Your intra-venous infusion (drip) will be stopped the morning after your surgery. You will also be offered a light diet and should aim to eat some food during the day. You will be encouraged to drink: 3-4 x glasses of water or preferred fluid and 3 x high-protein drinks

Urine - Your catheter tube will remain in today. Please let your nurse know if your bladder is uncomfortable.

Bowels - Passing wind or a bowel motion is a signal that your bowel is getting over the surgery. This is an important step in your recovery, so please note this in your Patient Diary and tell the nursing staff when it happens.

Getting up and around - On this day you will be out of bed for at least 8 hours. This includes regular walking within the ward and sitting up in a chair. Nursing staff will assist and supervise you to do this. Aim for 4 x 10 minute walks over the course of the day.

Deep breathing and coughing - Staff will regularly encourage you to take several deep breaths and show you how to support your wound when you cough. Continue these deep breathing exercises hourly. A Physiotherapist will assess your breathing/mobility and assist you with these if problems are identified.

Washing - You will be assisted to have a wash or a shower in the morning and be encouraged to get dressed in your own loose-fitting day clothes.

Patient Diary - Please complete the Patient Diary for today.

Today you will be out of bed and going for short walks, aim for 4 x 10 minute walks today.

Day Two

Day 2 after your surgery you can expect the following to happen:

Pain relief - Your epidural (or PCA) may be stopped this morning (or it may continue for another day). You will be given a combination of pain relief tablets before this happens. Sometimes discomfort or pain is experienced when the epidural (or PCA) is discontinued, even though strong pain tablets are being used. If your pain relief is not working well, tell the nursing staff so that other pain medication can be given to you.

Diet - You will be encouraged to drink fluids and eat some food. Aim to drink:

- 3-4 x glasses of water or preferred fluid
- 3 x high-protein drinks and eat some food

Urine - Your catheter tube will be removed in the morning. You will be passing urine freely. Please let your nurse know if your bladder is uncomfortable or you are unable to pass urine.

Bowels - Passing wind or a bowel motion is a signal that your bowel is getting over the surgery. This is an important step in your recovery, so note this in your Patient Diary and tell the nursing staff when it happens.

Getting up and around - Today you will be encouraged to be up and about independently for at least 8 hours. This includes regular walking within the ward, showering and sitting up in a chair. Aim for 4 x 10 minute walks during the day.



Deep breathing and coughing - Staff will continue to encourage you to do deep breathing exercises regularly throughout the day.

Washing - Today you will shower independently and once again put on your own loose fitting clothes.

Patient Diary - Please complete the Patient Diary for today.

Going home - Discharge planning - On this day it is important that you and your family/whānau/carers talk to the nursing staff to ensure everything is in place for your discharge.

It is important to tell your Doctors and Nurses how you feel and ask them any questions you may have.

Day Three

Day 3 after your surgery you can expect the following to happen:

Pain relief - Your pain will be controlled with a combination of pain relief tablets.

Diet - You will be eating and drinking a normal diet. You will be encouraged to drink plenty of fluids including 3 high-protein drinks.

Bowels - You need to have passed wind before going home.

Getting out and around - Although you may move slower than normal, you will be able to move around almost as well as you did prior to coming to hospital.

Washing - You will be able to shower independently.

Patient Diary - Please complete the Patient Diary for today.

Day Four

Discharge - You will be discharged on Day 4 before 11am if your recovery is uneventful. Your safety is most important. If you are not well enough to go home by Day 4, you will remain in hospital until your condition improves. You will continue to build on your recovery and independence each day. If you need to wait for transport, you may be moved to the transit lounge on the first floor where a nurse will oversee your needs.

What about follow-up? - The surgical team will discuss the results of your surgery with you in the outpatient's clinic approximately 2 - 6 weeks after your surgery. An appointment will be posted to you.

Further follow-up will be arranged at this time if needed.

Going home - Discharge Planning - Your safety is most important. It is safe for you to be discharged from hospital when the following has occurred:

1. You experience good pain relief with oral pain medicines.
2. You are able to eat and drink.
3. You are passing wind regularly
4. There is no fever or other problems that require continued observation in hospital.



Following bowel surgery these criteria are usually met by day four to seven, unless you need to stay in hospital longer than usual you will be discharged between four and seven days after surgery. It is important that you and your family/whānau/carers talk to the nursing staff today to ensure everything is in place for your discharge. Your safety is most important. If you are not well enough to go home by Day 4, you will remain in hospital until your condition improves. You will continue to build on your recovery and independence each day.

Please make staff aware of any needs you may have, well before going home.

Information regarding your recovery at home - Continue taking regular pain relief as discussed prior to your discharge from hospital.

It is important to gradually increase your activity after your surgery, so that you return to your normal ability/mobility levels. Building up the distance you walk, will improve your fitness and strength. Over the first 4 - 5 weeks, aim to build up to 30-40 minutes walking at a pace that starts to make you breathe a little harder than at rest.

For some people 40 minutes of activity at one time is unrealistic. Research shows that three 10-minute walks a day gives nearly the same health benefits as one 40-minute session.

Please avoid lifting any heavy objects for at least 6 weeks following your surgery. You can lift the equivalent of a bag of groceries.



At home

When you have been discharged from hospital:

Approximately 2 days after your discharge, you will receive a phone call from the Colorectal Nurse to provide further advice and support as necessary.

Eating after Bowel Surgery

It is important to eat a healthy, varied diet as soon as you can after surgery. Remember to eat regularly and drink plenty of fluids to help your body recover. Your bowel can adapt after having part of it removed and you can still meet your nutritional requirements without making major changes to your diet.

Following your surgery, it is helpful to monitor your weight once a week and be aware of any significant weight loss (-5kg or more) as this may be a sign you are not eating and drinking enough.

If as a result of your surgery, you now have a colostomy or ileostomy you will be given specific written information on how to introduce high fibre foods in the weeks following surgery.

If you are experiencing on-going symptoms that are contributing to poor appetite and weight loss, a referral can be made to a dietitian for further assessment and advice. Please talk to your doctor or nurse about this if required.



Wound care after surgery

Laposcopic surgery

- Remove the small dressings over your wound sites 3-5 days after discharge.
- Keep your wound site dry following a shower.
- Watch for any redness, swelling and discharge. See your GP if any of these occur.

Open surgery

- A district nurse will be arranged to visit if necessary. They will phone you to inform you of their visit time.
- Watch for any redness, swelling and discharge. See your GP if any of these occur.

Closure of a stoma (ileostomy/colostomy)

- Keep the stoma site wound covered when showering.
- A district nurse will be arranged to visit if necessary. They will phone you to inform you of their visit time.
- Watch for any redness, swelling and discharge. See your GP if any of these occur.

Bowel Function after Bowel Surgery

Immediately following your operation you can have problems with excess wind and loose stools. Excess wind is normal after any bowel operation and should soon settle down. Eating regularly, chewing your food properly and closing your mouth when chewing will all help to reduce a build up of wind.

Loose stools should reduce once the bowel has settled down after surgery, and you are eating normally. Slight adjustments to your diet may help in the short term. Sometimes, depending on the surgery, a more frequent bowel activity may now be normal. Medication can be prescribed to help slow the frequency and thicken the output.

Generally, most people will develop a “new” normal bowel routine in time. This could take between a few months and up to two years.

Contact your nurse specialist if you are having any bowel function problems.

Driving

You should not drive until you can make an emergency stop. That is, you must be able to do this without hesitation because of your fear that your wound will hurt. It is advisable to check your car insurance policy as there may be a restriction clause.



What about sex?

You may resume sexual intercourse when it is comfortable for you. This will depend on the surgery performed and will vary from individual to individual.

Following pelvic surgery, men may experience problems achieving an erection or ejaculation, and women may experience vaginal dryness and discomfort on intercourse. It is therefore important that you and your partner have open and honest discussions at this time.

Your nurse specialist is used to discussing these matters and may be able to offer support and advice if needed, or refer you to someone who can help.

Post-operative exercise

Restoring your physical health after an operation is vital to your mental and bodily recovery. Start by walking and build up gradually to your normal activities. Be gentle with yourself at first; swimming, aqua-aerobics or yoga will help to tone muscles affected by surgery. Relaxation exercises will help cope with the stresses you have undergone. The doctors can deal with your medical problems

but you need to look after your daily wellbeing. Set yourself simple fitness targets to begin with and build up steadily from there.

Anxiety and fear

Being diagnosed with a serious illness or having an operation can be very stressful. Some days you may feel weary, tearful and generally not able to cope. This is perfectly normal and as your energy and fitness levels return, you will start to feel well again.

However, some patients find these feelings persist. If you find that this is the case, please discuss this with your nurse specialist.

Follow up appointments

When	Why	Appointment	
		Date	Time

It is usual for you to be followed up by the Surgeon in the Outpatients clinics two to six weeks after your surgery. This is to review your progress and discuss future care.

Your GP will have received a written summary of your hospital stay. They will also receive a letter after your Outpatient clinic visit, informing them of the plan for your future care.

The following signs and symptoms are especially important:

- Chest pain
- Calf pain or swelling
- Shortness of breath
- Fever or chills
- Nausea or vomiting
- Diarrhoea
- Bleeding
- Increasing abdominal pain
- If your abdominal wound becomes red, painful or has a discharge.

If you have any of these signs and symptoms or any other concerns regarding your health after your discharge from hospital, please seek advice from:

1) Colorectal Clinical Nurse Specialist , Monday to Friday, during normal working hours. Telephone: (07) 5798652, 0277 038277, helen.collins@bopdhb.govt.nz

2) Your GP or an After Hours Surgery.

3) The District Nursing Service – You may have been referred to this service in which case the District Nurses will contact you. They can also answer any phone questions – Telephone 07 5798000

In an Emergency Please Dial 111 for an Ambulance.

General Information

It is important for you to have read and understood all the information given to you regarding this procedure. This will help you make an informed decision, and allow you to proceed with confidence.

Surgery alone is not a quick fix to obesity problems; as such you are effectively entering into a partnership with your surgical team. We will help and support you through this lifestyle choice, but in return we need to know that you are committed to this pathway as well.

As you read this book, write down any questions you may have, and bring it to your next visit.

We encourage you to bring this book with you to all your appointments.

Additional on line information can be found on these websites:

Crohns/colitis www.crohnsandcolitis.org.nz

Ostomy Society www.ostomy.org.nz

Diverticulitis – Health Navigator <http://www.healthnavigator.org.nz/health-a-z/d/diverticular-disease-diverticulitis/>

Patients' Code of Responsibilities

Te Whatu Ora Hauora a Toi Bay of Plenty staff are committed to working in partnership with you to achieve the best possible outcomes. Help us to help you by:

- Being completely frank and honest about your health, family history of illness, current medications and treatments
- Cooperating and being involved in your care and treatment
- Asking questions about anything you do not understand
- Informing us if you are unable to keep an appointment
- Understanding your rights and telling us if you feel they are not being met
- Showing consideration to other patients by respecting their comfort, privacy and confidentiality
- Respecting the staff and property of Te Whatu Ora Hauora a Toi Bay of Plenty



ZERO tolerance to violence

If you need more information:

- Ask a staff member or the manager of the ward / department
- Contact Quality and Patient Safety Team, Mon-Fri, 8am-4pm on 07 579 8176 or the After Hours Manager on Tga 07 579 8000 or Whk 07 306 0999

How to feedback to Te Whatu Ora Hauora a Toi Bay of Plenty

Why Feedback?

At Te Whatu Ora Hauora a Toi Bay of Plenty we understand that being in a hospital, whether it is yourself or for a loved one, can be a very distressing experience. We welcome feedback as it provides us with an opportunity to review the services we offer. Feedback guides us to make quality improvements as we strive for health excellence.

Ways to provide Feedback

If you wish to provide feedback, make a compliment, comment or complaint, there are a number of ways you can do so:

- Speak to any staff member, Nurse, or Doctor
- Speak to Regional Māori Health Services Kai Awhina (07) 579 8737 or Regional Maori Health Services, Tauranga Hospital (07) 579 8560 or Te Pou Kokiri Māori Health Services, Whakatāne Hospital (07) 306 0954.
- Complete our “Would you like to tell us something?” form available throughout the hospital and leave it at any reception
- Phone the Quality & Patient Safety Team by calling the on-call Quality Coordinator on 021 791 864, or calling the telephone operator on (07) 579 8000 and ask to be put through to the on-call Quality Coordinator, or call (07) 579 8176
- Fill out an online form on Te Whatu Ora Hauora a Toi Bay of Plenty’s website at <https://www.bopdhb.health.nz/contact-and-feedback/patient-care-feedback/>
- Write a letter to:
Quality & Patient Safety Administrator
Te Whatu Ora Hauora a Toi Bay of Plenty
Level 2, Tauranga Hospital
Private Bag 12024
Tauranga 3143
- Email the Quality and Patient Safety Administrator on:
Qualityandpatientsafety@bopdhb.govt.nz

Health benefits when you quit smoking

Every hour, day week, month and year that you go without smoking, your health will improve.

When you quit, your body starts to repair itself straightaway – you'll notice the difference! Quitting is a great thing to do at any age – you'll live longer, and your quality of life will improve.

8 hours

Your heartbeat slows down to normal, and your blood pressure goes down.

24 hours

Carbon monoxide is out of your system within a day, and your lungs work better.

3-5 days

Your senses of taste and smell begin to improve. The phlegm in your lungs loosens, and you start to cough it up and get rid of it.

1-6 months

You feel fitter and are able to exercise more easily. The blood flow (circulation) to your hands and feet improves. You produce less phlegm. If your blood pressure has been high, it is likely to fall.

1 year

You have almost halved your risk of sudden death from heart attack.

5 years

Your risk of cancers of the mouth, throat and oesophagus is half that of a person who continues to smoke.

10 years

Your risk of lung cancer is less than half that of a person who continues to smoke.

15 years

Your risk of sudden death from heart attack is almost the same as that of a person who has never smoked.

Te Whatu Ora
Health New Zealand
Hauora a Tōi Bay of Plenty

www.bopdhb.health.nz

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