

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

Ileostomy Reversal

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)** _____

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

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Our values

CARE

“Compassion, All-one-team, Responsive and Excellence”



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, īnā, 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.

Introduction

Having ileostomy reversal surgery involves re-joining your bowel and closing the ileostomy that was formed at the time of your first surgery.

This information is designed to tell you about “reversal of ileostomy surgery”.

It includes information about:

- preparing for your reversal surgery
- exercises to do before and after surgery
- how your bowel will function after your surgery
- diet information
- skin care and wound care information.

What investigations do I need before reversal?

You need to have some investigations prior to planning the reversal of your ileostomy, these investigations will include:

- Gastrografen enema - an enema is given to you in the Radiology (x-ray) department to check that the join in your bowel has healed and there are no leaks.

You may also have a flexible sigmoidoscopy in the medical day stay department; the need for this will be determined by your surgeon.

- Flexible sigmoidoscopy - a scope is used to look at the join in your bowel to check that this has healed.

Your surgeon will decide when you can be booked for your ileostomy reversal 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

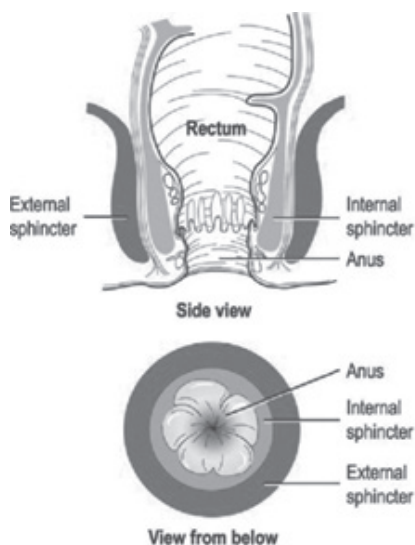
- Nerve or muscle injury: Due to positioning during surgery, or related to intravenous and arterial lines.
- Blood clots: Can occur in the lower leg (deep vein thrombosis, or DVT) or in the lungs (pulmonary embolus).
There is a small risk of developing DVT following surgery. When detected, the treatment 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.

Preparing for your Ileostomy reversal surgery

Exercises- before and after your ileostomy reversal surgery.

Your rectum and your sphincter muscles need retraining, it is a good idea to start doing the following exercises as soon as your surgeon confirms that you are able to have your ileostomy reversed.



There are two rings of muscle wrapped around the anus, called 'sphincters'.

When faeces come into the rectum one of the muscles relaxes and allows the stool to enter the anus. Sensitive nerve endings in the anus can tell you if it is gas or faeces waiting to come out. If it is faeces, you squeeze the second muscle to stop it from coming straight out. The squeezing moves the faeces back into the rectum, where it waits until you get to the toilet.

You may not be able to squeeze enough to hang on if your muscles are weak or the nerves have been damaged by surgery or

radiotherapy, or they do not squeeze in the correct order.

Your rectum and your sphincter muscles need retraining to help you overcome this problem, it is good to start doing these exercises as soon as your surgeon confirms that you are able to have your ileostomy reversed.

Sphincter exercises

You can do your exercises in any position, it may be easier to start in lying or sitting and progress to standing as your control improves. To find the muscles imagine that you are trying to stop yourself passing wind from your bowel. To do this you must squeeze the muscle around your back passage. As you breathe out, try squeezing and lifting that muscle as tightly as you can, as if you concerned that you are about to pass wind. Keep breathing. You should be aware of the skin around your back passage tightening and being pulled up and inward away from your chair if you are sitting. You may feel some gentle tightening in the low tummy, but shouldn't feel any tightening of your buttocks and legs. You should not hold your breath when you tighten these muscles.

Exercise Plan

1. Remember to start lying or sitting. As you breathe out, tighten and pull up the sphincter muscles as tight as you can. Keep breathing as you hold for at least five seconds and then relax for at least 10 seconds. Repeat at least five times. This will work on the strength of your muscles.
2. As you breathe out, pull the muscles up to about half of their maximum squeeze. See how long you can hold this and keep breathing then relax for at least 10 seconds. Repeat at least five times. This will work on the endurance or staying power of your muscles.
3. Pull up the muscles as quickly and tightly as you can, then relax, and then pull up again. See how many times you can do this before you get tired.

Do these exercises at least 10 times every day. As the muscles get stronger, you will find that you can hold for longer than five seconds, and that you can do more pull-ups each time without the muscles getting tired. Remember that you cannot hold your tightest squeeze for very long, so it is better to use a gentle squeeze that you can hold for longer.

If you are uncertain about how to do these exercises please ask for a referral to a physiotherapist.

Your control will gradually improve. You may need to exercise regularly for several months before the muscles gain their full strength and continue to exercise to maintain your bowel control.



How will my bowel function after my ileostomy is reversed?

When you had the ileostomy formed, you may have had part or most of your rectum removed. Most people find that their bowel habit will change after your reversal surgery. It is not normal to experience a lot of pain when passing a bowel motion and it is important not to strain when passing a bowel motion.

Following your reversal surgery you may experience one or more of the following changes to your bowel pattern.

1. Change in frequency: the amount of times you have your bowels open in a day.
2. Urgency: a sudden need to go to the toilet.
3. Diarrhoea: a much looser or watery motion.

4. Fragmentation of stool: when you have your bowels open more often than usual and only pass a small amount each time. You may also feel you have not completely emptied your bowels after each time.
5. Leakage of stool from your anus. Not knowing whether you need to pass wind or faeces.
6. You may feel you are constipated.

Three to six months after your reversal surgery your bowels should have a more settled pattern. If you have had chemotherapy or radiotherapy before your reversal operation your bowels may take longer to settle.

It is also important to remember that some people do not have any of the symptoms described in this information.

Skin Care

If you are frequently going to the toilet, the skin around your anus may become sore. It is important to clean this area carefully after each bowel motion. Applying a barrier cream will help to protect your skin. You could use as zinc and castor oil ointment, sudocreme or bepanthen ointment (these can be bought at any pharmacy or supermarket). It is a good idea to bring some barrier cream and pads into hospital and have them ready at home.

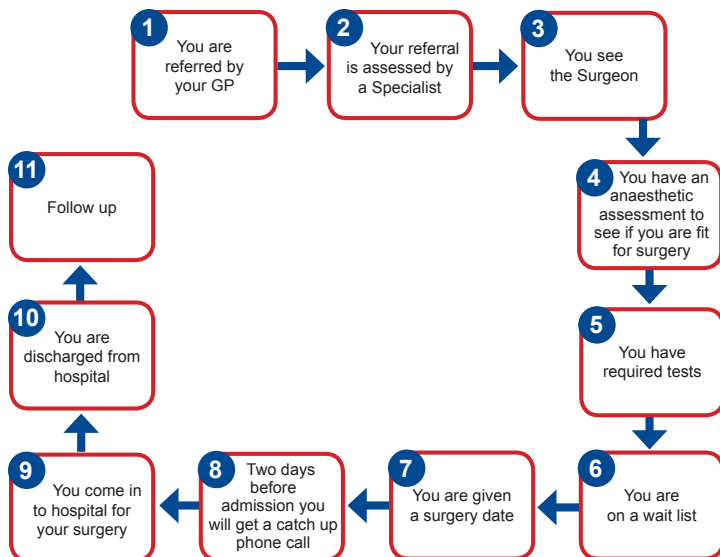
Following your reversal surgery you may feel a sudden urge to pass a motion. Wearing a pad in your underwear gives you some security, many people wear a pad for some time following their ileostomy reversal. It is a good idea to take a spare pad and underwear if you are going out in case they are needed.

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: _____

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 your 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.
- It is a good idea to bring some barrier cream and pads into hospital and have them ready when you get home.



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.
- Have Barrier cream and pads available and ready when you get home.

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. We encourage you to get dressed in your own clothes. 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. We encourage you to get dressed in your own clothes.

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.

Diet after Ileostomy reversal surgery

After surgery it is important that you eat and drink enough nutritious food for your recovery. It may be helpful to eat small, frequent meals and snacks over the day. You do not need to add extra salt to your food now that your ileostomy has been reversed.

Decreasing your fibre intake in the short term after surgery can help to reduce the size and frequency of bowel motions. Fibre is found in plant foods - fruit, vegetables, bread, cereals, legumes, nuts and seeds. The body doesn't digest insoluble fibre so fibre usually helps to keep everything moving smoothly through the bowel by absorbing water and carrying waste out of the body.

Ways to reduce your fibre intake:

- Eat low fibre breads and cereals such as white bread, white rice and pasta, cornflakes and rice bubbles.
- Reduce your intake of fruit and vegetables; remove stalks, skins, seeds and pips.
- Avoid nuts, dried fruit and legumes (beans, chickpeas, lentils)

You should only stay on a low-fibre diet until your bowel function begins to have a regular pattern then gradually increase the variety of food eaten over the weeks following your surgery until you have returned to your usual diet.

Foods to help with diarrhoea:

Some foods can help to reduce diarrhoea these include bananas, mashed potato, pasta, rice, oats, cooked apple, smooth peanut butter, yoghurt and marshmallows.

If you have diarrhoea limit foods that are spicy, fried or high in fat (eg. high fat meat and takeaways, pastry). Also limit drinks containing caffeine, sugar and alcohol (fizzy and fruit drinks, coffee, tea, energy drinks, beer, wine).

If you do have diarrhoea remember to increase your fluid intake. It is important to drink at least 8 cups (2 litres) of other fluids each day to stay hydrated eg. water, weak tea, diluted juice.

Constipation: If constipation does become a problem, it is important to continue to drink plenty of water (around 8 glasses per day) and to eat enough food to help keep your bowel moving.



Speak to your GP or healthcare team if you have lost a lot of weight or if you're losing weight quickly. You can be referred to see a dietitian for further advice.

Medications after ileostomy reversal

Sometimes medication is needed if your bowel pattern does not settle into a regular routine. It is important to speak to, your surgeon, clinical nurse specialist, district nurse your G.P for advice regarding the use of anti diarrhoea medication, bulking agents or laxatives, they will give you individual advice on how to use these medications to suit your requirements.

Wound care after surgery

You will have a small wound at the site of your ileostomy that will generally heal within 2-3 weeks.

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

Skin care

If you are frequently going to the toilet, the skin around your anus may become sore. To prevent skin damage it is important to:

- Wash after each bowel motion with warm water, pat the area dry.
- Applying a barrier cream will help to protect your skin.

Remember to read the skin care information on Page 11

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.

General Advice

Remember to continue with the exercises that you started before your surgery to help with your bowel control these are on Page 8.

Some people find that they are nervous to go out in the first few weeks following reversal, especially if they are experiencing urgency in bowel habit, this will usually improve in time. Your bowel habit will adjust to a new to a pattern that is normal for you.

Restoring your physical strength after surgery is vital to your mental and physical recovery, it also assists with bowel function. Start by walking and build up gradually to your normal activities.

Set yourself simple fitness targets to begin with and build up steadily from there.

Please contact either your colorectal clinical nurse specialist or stoma nurse if you need any advice or have any further questions.

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/>

Cancer Society NZ cancernz.org.nz

Patients' Code of Responsibilities

Bay of Plenty District Health Board 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 the Bay of Plenty District Health Board



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 Toi Bay of Plenty

www.bopdhb.health.nz

November 2022