WHAT TO EXPECT DURING YOUR HOSPITAL STAY

This information helps you understand your hospital stay so you have realistic expectations for the first few days after surgery. Following the guidelines on this sheet will help you recover from your surgery as quickly as possible and reduces the risk of some complications.

What to expect on a day to day basis:

Day 0: the afternoon and evening of surgery:
Once you wake up you should start your breathing and leg exercises. You may have a stomach tube down your nose but if you do it will be removed in the morning. You will be allowed to drink liquids once you are fully awake from the anesthesia and without nausea. You will be encouraged to sit in a chair, and to take a short walk in the hallway. Please ask for assistance if needed but it is important to begin physical activity as part of your recovery.

Day 1: the first post-op day:
If you have a stomach tube down your nose it will probably be removed today. You will be given liquids to drink as your first meal. Drink only what you can comfortably tolerate. You may advance your diet as you tolerate, however you may find it better to eat 4-5 small meals. Keep doing the breathing exercises. Get out of bed and walk at least five times. Use your oral pain medications to keep yourself comfortable.

If you have a tube in your bladder it will probably be taken out today. You may be allowed thicker liquids, and probably solid foods later in the day. Drink or eat only what you can comfortably tolerate. You will be started on pain pills first thing in the morning. Keep walking and doing your breathing exercises. You will likely have the following medications for pain control:
  a. Ibuprofen 400-800 mg 3x per day
  b. Tylenol 650mg 3x per day
  c. Neurontin 150-300mg 3x per day
  d. Oxycodone as needed for severe pain

Day 2: the second post-op day:
If you are doing everything from day 1, you will probably be going home today. If not, don’t worry. These are only guidelines about how things can go. Everybody is different and sometimes it takes another day or two before you are ready for discharge. Generally, if your pain control is adequate on pills, you have passed flatus, and can tolerate small solid meals and liquids you should be able to be safely discharged.

Specific points:
1. Pain control: You may have a system for pain relief after surgery (either a patient-controlled analgesia (PCA) pump. This will make you feel comfortable and helps you do your exercises and ambulate after surgery. Once you are taking liquids orally, you will be given oral pain medications. These work just as well as a PCA and have a lower risk of nausea or slowing the return of bowel function. The pills work best when used regularly, so ask for another dose on the schedule. You will have stronger medicine available for the asking if the standard medications are not sufficient. We
would like to turn off the intravenous pain medicine as soon as the oral program is effective to reduce drug side effects.

2. **Diet:** Liquids may be started the night of surgery, or the following day. You may drink as much as you like. It is better not to drink too much. Avoid carbonated beverages. Thicker liquids like yogurt or cooked cereals may settle your stomach better than clear liquids like broth or jello. When you are tolerating fluids, solid food will be started. It is important not to over eat. You may pick and choose what you like off your tray. Indeed, you will probably find that you feel better taking small frequent meals, even after you go home. If you feel bloated or nauseated just stop drinking or eating for an hour or two before trying again. You may need a medication to relieve your nausea.

3. **Bowel activity:** Surgery tends to paralyze the bowel for a variable period of time. This period is minimized by getting active after surgery and using the set of pain pills we have ordered. Standing and walking promote return of bowel function; lying in bed does not. Minimizing your use of intravenous pain medications also tends to help your bowel recover.

4. **Breathing exercises:** These are extremely important. You should do these every hour during waking hours, taking at least ten deep breaths. This expands the small air sacs in the lungs and minimizes postoperative fever and pneumonia.

5. **Exercise:** Getting up and walking after surgery aids recovery in many ways. Much of the pain after major surgery is from muscle spasms. Getting out of bed, sitting and walking help you loosen up and actually reduce your pain. This also helps your breathing and quickens the recovery of your bowel function. Exercise will not damage your wound or the surgical area in any way.

6. **Day of discharge:** Expect to go home on the second or third postoperative day. Make provisional arrangements in advance unless instructed otherwise. Some patients may be able to leave earlier than this.

7. **Going home:** When you go home, expect to be able to drink freely and eat a little. You will be on oral pain medications for any residual pain or discomfort. You will be passing flatus and may have moved your bowels. If you live alone, you may wish to make arrangements with family or friends in advance to stay with them for a few days. If you live a long distance away from USC, you may wish to make arrangements with a local hotel to stay nearby for a few days before going home.

Upon discharge please call our office to make a follow-up appointment in 4-6 weeks.
Should any questions or concerns arise, please call our office:
**Monday – Friday:** 8am - 5pm       **323-865-3690**

**Weekends, Holidays or after-hours,** you may call our exchange at **323-865-3690** or the hospital operator at **323-442-8500** and ask for the **Colorectal Resident on-call.**