

Questions?

Contact Surgical
Specialties Nurse

Advice Line:

206-598-4549

Monday - Friday

8:00 a.m. - 4:00 p.m.

After hours call

Paging:

206-598-6190

and ask them to

page the resident on

call for General

Surgery, or

Dr. _____ your
attending surgeon.

Call the Nurse Advice Line or Your Doctor If:

- You have increased cramping, pain, diarrhea, and irritation of your bottom.
- Your temperature is greater than 100°F or 38°C, or you have chills.
- You have any sign of infection: redness, increased pain, swelling, foul smelling drainage, or increase in the amount of drainage from your wound.
- You are sick to your stomach and throwing up.
- You have concerns that cannot wait until your follow-up appointment.



Proctocolectomy with J Pouch Reconstruction

*What to expect and how to prepare for
your operation*

This pamphlet outlines what to expect, how to prepare for your operation, and how to plan for your recovery.



UNIVERSITY OF WASHINGTON
MEDICAL CENTER

Surgical Specialties Center

Box 356165
1959 NE Pacific St, Seattle, WA 98195
206-598-4477



UNIVERSITY OF WASHINGTON
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**Remember:
No Aspirin****How to Prepare for Your Operation***Things to Remember*

- Do **NOT** take any aspirin or aspirin-like products for one week before your operation (see attached sheet for more information).
- If you are on Imuran you will stop taking it one week prior to your operation.
- You will stay in the hospital for 5-7 days after your operation. When you go home, you will need help with food preparation and general support for two weeks.
- To prevent pneumonia after your operation the clinic nurse will teach you coughing and deep breathing exercises.
- Before you are sent home from the hospital you will need to go to the outpatient pharmacy and pick up your prescriptions. You will need to bring money for your co-pay or to buy your prescriptions.

24 Hours Before Your Operation*Things to Do*

- **Bowel Preparation** – Follow the written instructions that your nurse gave you for your bowel prep. Excellent cleansing of the bowel is critical to a smooth operation.

Questions?

You will need someone to pick you up from the hospital and help you at home for the first week or longer.

Precautions and Self-care to Speed Your Recovery

Shower

Your nurse will assist you in taking your first shower. When you can have your first shower will depend on how your incision is healing.

First Follow-up Visit

Your surgical clips will be removed in the hospital or at your first visit. The doctor will ask how you are doing at home with diet, bowel frequency, activity, level of pain, and healing.

Pouchitis

This infection may occur in your pouch within the first month of your operation or later. You may have more frequent stools, cramping, and irritation of your bottom. You can also have a fever. Call if you experience these symptoms. Your doctor may want to prescribe an antibiotic for you to take, or follow your symptoms and suggest a topical treatment.

Exercise

You can walk for exercise. You cannot lift anything heavier than a 15 pounds for three weeks from the time of your operation. Activities like gardening, vacuuming, and aerobic activities should be avoided during your six-week recovery.

Return to Work

How much work you take off depends on what you do for a living. Most people take one month off to recover.

- **Shower** - Using the antibacterial soap your nurse gave you, shower and soap your body. Do not use the antibacterial soap on your face and hair. (See directions attached to the soap bottle.) Use your own soap and shampoo on your face and hair. Use clean towels to dry off, and put on clean clothing.
- **Arrival Time** - The pre-surgery nurse will call you by 5:00 p.m. the night before your operation. If you are having surgery on Monday, the nurse will call you on Friday. If you do not hear from the nurse by 5:00 p.m., please call 206-598-6334. The pre-surgery nurse will tell you when to come to the hospital and remind you to:
 - not eat or drink after a certain time
 - take or not take your regular medications
 - take high blood pressure, thyroid and seizure medications the day of surgery. Use only enough water to swallow your pills.

What to Expect After Your Surgery

Waking Up After Your Operation

You will wake up in the recovery room. You will feel sleepy. You will have:

- An **IV** in your arm which will be used to give you medicine for pain and nausea.
- A **catheter tube** inserted into your bladder to drain your urine.
- **Sequential Compression Devices (SCD's)** which are inflatable stockings for your legs.
- You may have a **temporary ileostomy** to allow your J pouch to heal before stool passes through. This will be decided by your surgeon at the time of your operation.

Incision

You will have an incision 3-4 inches in length above your navel down to the pubis. This will be closed with stitches deep in the incision and surgical clips on the outside.

Pain Management

You may have a pain medicine pump after your operation, which you control or an epidural catheter for pain. This will allow you to get medicine intravenously when you need it so that you are comfortable. This will be stopped and you will be given pain pills to take. When you go home, use the extra-strength Tylenol or the pain medicine your doctor prescribed for you.

Nutrition

The day of your surgery you will not be allowed to eat anything by mouth. You will receive fluids through your IV to keep you from getting dehydrated. As your intestines recover from your operation you will be able to take clear liquids by mouth. As you tolerate that without having nausea your diet will be advanced to include liquids that you cannot see through, and then soft foods and then regular diet. Until your stool production slows you will need to avoid foods that are high in fat, high in fiber, and foods that are spicy.

Activity

Every day you will increase the amount of activity that you do. This is very important to prevent pneumonia from developing in your lungs and blood clots from forming in your legs. The day of your operation your nurse will help you sit on the edge of the bed. The first day after your operation you will sit in the chair three times during the day. Two days after your operation you will walk in the hall three times. As your strength returns you will be encouraged to do more.

Bladder Catheter

You will have a catheter in your bladder for 5 or more days.

Bowel Frequency

You can expect to have 10-12 stools a day, depending on how your body heals and what type of food you eat. This will gradually decrease as your body heals, and you learn how your body digests foods. Antidiarrheal agents such as Imodium may be useful in the long-term management of diarrhea.