Colectomy
What to expect and how to prepare for your operation

A colectomy is an operation to remove part of a large intestine (colon) that is damaged or diseased. Your doctor can do this operation in 2 ways:

- In laparoscopic surgery, several small incisions are made in your abdomen. Your abdomen is then filled with gas to lift your skin away from the organs so they can be seen. Your doctor will use a camera and long, narrow instruments to do the resection (removing and reconnecting).

- In open surgery, an incision is made from your belly button down. This is called a midline incision. Your doctor will do your operation through this incision.

Your doctor will talk with you about which type of surgery is best for you.

How to Prepare for Your Operation

Things to Remember

- Aspirin and other medicines: Do not take any aspirin or other products that affect blood clotting for 1 week before your operation. Two of these are ibuprofen (Advil, Motrin) and naproxen (Aleve, Naprosyn). See attached sheet for more information.

- Shaving: Do not shave any part of your body that you do not already shave every day. If you normally shave near your surgical site, do not shave that area for 2 days (48 hours) before your surgery.

- Hospital stay: You will stay in the hospital for 5 to 7 days after your operation. When you go home, you will need someone to help you prepare food and do household chores for 1 to 2 weeks.
Remember:
Do not take any aspirin or other products that affect blood clotting for 1 week before your operation.

• **Coughing and deep breathing:** Your nurse will teach you coughing and deep-breathing exercises. These are important to do after surgery to help prevent pneumonia.

• **Lovenox for cancer patients:** Lovenox is a long-acting drug to thin your blood and prevent clots from forming in your legs. Your nurse will teach you or a family member how to give yourself Lovenox shots. After your operation, you will get 1 shot every day for 28 days.

### 24 Hours Before Your Operation

• **Bowel preparation:** You may need to do a bowel prep before your operation. Follow the written instructions your nurse gave you.

• **Take 2 showers:** Take 1 shower the night before, and a second shower the morning of your operation. Use the antibacterial soap your nurse gave you to wash your body.

  Do not use the antibacterial soap on your face and hair. (See directions that came with the soap.) 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 p.m. the night before your operation. If you are having surgery on a Monday, the nurse will call you the Friday before. If you do not hear from the pre-surgery nurse by 5 p.m., please call 206-598-6334.

  The pre-surgery nurse will tell you when to come to the hospital and will remind you:
  - Not to eat or drink after a certain time.
  - Which of your regular medicines to take or not take.
  - To sip only enough water to swallow your pills.

• **Heating blanket:** To reduce your risk of infection, you will be covered with a heating blanket to warm your body while you wait to go into the operating room. Ask for a heating blanket if you do not receive one.
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 (flexible tube) in your vein, which will be used to give you medicine for pain and nausea.
- A nasogastric (NG) tube inserted through your nose and into your stomach. This tube will drain air and fluid out of your stomach until your body can digest again.
- Sequential compression devices (SCDs) on your legs. These are inflatable stockings that help with blood flow to keep blood clots from forming.

You may also have:

- An epidural catheter in your back to give you pain medicine. Your anesthesiologist will decide if this will help you.
- A catheter tube inserted into your bladder to drain your urine.

Recovering in Your Hospital Room

Incision Care
- If you had laparoscopic surgery, your incisions will be closed with stitches under your skin. These stitches will dissolve on their own.
- If you had open surgery, your midline incision will be closed with surgical staples. These will be removed in 10 to 14 days.

Not putting stress on your abdomen will improve healing. Do not lift anything heavier than 10 pounds for 4 weeks after your operation.

As you heal, there will be a thick healing ridge along your incision. This will soften and flatten out over several months.

When you go home, you will be told to check your incision every day. Call your doctor if you have any of the signs of infection listed on the last page of this handout.

Pain Management
You will probably have a pain-medicine pump called a PCA (patient-controlled analgesia) for 1 to 4 days after your operation. This will allow you to get pain medicine when you need it. The anesthesiologist may talk with you about having an epidural catheter to control pain after your operation.

When you go home, use the pain medicine your doctor prescribed for you. It is important to take it before your pain is severe.
Nutrition

You will not be allowed to eat anything by mouth on the day of your operation. You will receive fluids through your IV to keep you from getting dehydrated.

As your intestines recover from your operation, you will pass gas. After this happens, you will be able to drink clear liquids. When you can drink clear liquids and not feel nauseous, your doctor will add regular foods back into your diet.

Activity

Every day you will become more active. Moving around is very important to prevent pneumonia in your lungs and blood clots in your legs.

Your nurse will help you sit on the edge of your bed on the day of your operation. The day after your operation, you will get up and sit in a chair. You will also begin to walk. Two days after your operation, you will walk in the hall. As your strength returns, you will be encouraged to do more.

Breathing Exercises

Your nurse will help you do coughing and deep breathing exercises, and will have you use your incentive spirometer every hour that you are awake.

Lovenox for Cancer Patients

If your operation is to treat cancer, your nurse will give you a Lovenox shot every day while you are in the hospital. After you go home, you will give yourself Lovenox shots. Your nurse will remind you how to do this before you leave the hospital.

Bowel Movements

It will be several days after your operation before you have your first bowel movement. Loose stools are normal at first. After you go home, your bowels may still be irregular.

If you have diarrhea that does not go away in 2 or 3 days, or nausea and/or vomiting, call your nurse. Avoid getting constipated. Please read the handout “Constipation After Your Operation.”

Bladder Catheter

You may have a catheter in your bladder for 3 to 5 days after surgery. It will be removed when you can get up and use the bathroom.
Precautions and Self-care to Speed Your Recovery

**Shower**
You may shower every day. Do not take a bath, sit in a hot tub, or swim until your incisions are healed. This will take about 4 weeks.

**Lovenox Shots**
If you were given Lovenox shots while you were in the hospital, continue your shots at home for 28 days after your operation.

**First Follow-up Visit**
At your first clinic visit after your operation, your nurse and doctor will talk with you about how you are doing at home. They will want to know how your appetite is and how your bowels are working. They will check your incision(s) and remove your surgical staples.

Your doctor and nurse will also ask how your pain is, what pain medicines you are taking, what activities you are doing, and when you plan to return to work. Your doctor will review your pathology report with you.

**Exercise**
- Walking every day will help speed your recovery. Slowly increase how far you walk.
- Do not lift anything heavier than 10 pounds for 4 weeks after your operation.
- For the first 3 weeks you are home, avoid gardening, vacuuming, and any activity that puts stress on your abdominal muscles or increases your heart rate.
- You may resume sexual activity when it is comfortable and desirable. If you have any questions, talk with your doctor or nurse.

**Return to Work**
How much time you take off work depends on what you do for a living. Most people take 2 weeks to 1 month off to recover after their operation. Return to work when you feel ready. Some patients choose to start back part-time and work shorter days, then work more as their energy allows.
Questions?

UWMC Surgical Specialties Nurse Advice Line: 206-598-4549 (weekdays 8 a.m. to 4 p.m.)

SCCA Surgical Oncology Clinic: 206-288-7555 (weekdays 8 a.m. to 5 p.m.)

After hours and on weekends and holidays, call 206-598-6190 and ask for the resident on call for Surgery to be paged.

Or, ask for your surgeon to be paged:

Dr. ________________

Call the Nurse Advice Line or Your Doctor If You Have:

- Bleeding or drainage that soaks your dressing
- A fever higher than 100.5°F (38°C)
- Shaking and chills
- Any sign of infection in your incision:
  - Redness
  - Increasing pain
  - Swelling
  - Foul-smelling drainage
  - A change in the type or amount of drainage
- Nausea and/or vomiting
- Concerns that cannot wait until your follow-up visit