

Abdominal Perineal Resection

What to expect and how to prepare

This handout explains what to expect and how to prepare for your abdominal perineal resection.

About this Surgery

Abdominal perineal resection is surgery to remove your rectum and anus. This surgery is done to treat cancer.

Getting Ready

- **Aspirin and other medicines:** Do **not** take aspirin or other products that affect blood clotting for 1 week before your surgery. This includes 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 7 to 10 days after your surgery. When you go home, you may need someone to help you prepare meals and do other household chores for 1 to 2 weeks.
- **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 drug that is used to keep blood clots from forming in your legs. Your nurse will teach you or a family member how to give yourself Lovenox shots. When you leave the hospital after your surgery, you will need to give yourself 1 shot every day for 28 days.



When you go home after your surgery, you may need someone to help you with household chores for 1 to 2 weeks.

- **Stoma teaching:** You will meet with the stoma nurse in the clinic before your surgery. This nurse will:
 - Help you decide the best location for your *colostomy*, the opening that waste will leave your body through
 - Draw that location on your abdomen so the doctors know where it should be
 - Review the ostomy appliances you will use
 - Give you a number to call if you have questions about your ostomy
 - Give you a list of support groups in the area, if you want to talk with others who have had this type of surgery
 - Give you a list of websites that have reliable information about colostomies

24 Hours Before Your Surgery

At Home

- **Prepare your bowel:** Follow the written instructions your nurse gave you for bowel prep. This prep is vital for your safety during surgery.
- **Take 2 showers:** Take 1 shower the night before and a 2nd shower the morning of your surgery.
 - Use the antibacterial soap your nurse gave you to wash your body.
 - Do **not** use the antibacterial soap on your face and hair. Use your own soap and shampoo on your face and hair. (See directions that came with the soap.)
 - 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 surgery. If your surgery is 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

At the Hospital

- **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.

After Your Surgery

When you wake up after surgery, you will have:

- A flexible **intravenous (IV) tube** in your arm. You will receive medicine for pain and nausea through this tube.
- **Drains** (tubes) at your incision site to drain blood and other fluids that build up after surgery. These drains will be removed as your drainage lessens.
- **Sequential compression devices (SCDs)** on your legs. SCDs are inflatable stockings that help with blood flow to keep blood clots from forming.
- A **catheter tube** inserted into your bladder to drain your urine.

You may also have:

- 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.
- An **epidural catheter** in your back to give you pain medicine. Your anesthesiologist will decide if this will help you.

Recovering in Your Hospital Room

Incision Care

- You will have 2 incisions, 1 down the middle of your abdomen, and 1 where your rectum is. These will be closed with surgical staples or stitches.
- To help healing, avoid putting stress on your abdomen. Do **not** lift anything heavier than 5 pounds for 6 weeks after your surgery. (A half gallon of milk weighs a little over 4 pounds.)
- As you heal, there will be a thick healing ridge along your incision. This will soften and flatten out over several months.
- You will have a stoma with an ostomy bag where your intestine has been brought out through your abdominal wall. You will be taught how to care for this. Patients with an ostomy live normal, full lives once they have gotten used to the change.
- When you go home, you will need to check your incision every day. **Call your doctor if you have any signs of infection** listed on the last page of this handout.

Pain Control

- You will probably have a pain-medicine pump called a PCA (patient-controlled analgesia) for 1 to 4 days after your surgery. The PCA allows you to get pain medicine when you need it.
- The anesthesiologist may also talk with you about having an epidural catheter to control pain after your surgery.
- 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 surgery. You will receive fluids through your IV to keep you hydrated.
- As your intestines recover from your surgery, you will pass gas. After this happens, you will be able to take clear liquids by mouth.
- When you can drink clear liquids and not feel nauseous, your doctor will begin to add regular foods back into your diet. Most patients are on a low-fiber for 4 to 6 weeks.

Activity

Moving around is very important to prevent pneumonia in your lungs and blood clots in your legs. While you are in the hospital:

- Your nurse will help you sit on the edge of your bed on the day of your surgery.
- The next day, you will get up and sit in a chair. You will also begin to walk.
- You will walk in the hall 2 days after your surgery.

As your strength returns, you will be encouraged to do more.

Lovenox Shots

Your nurse will give you a Lovenox shot every day while you are in the hospital. After you go home, you will give yourself a Lovenox shot every day for 28 days after your operation. Your nurse will remind you how to do this before you leave the hospital.

Stoma Stool

Your stools may be loose at first. This is normal. After you go home, your bowels may still be irregular.

Take your stool softener as instructed, unless you have diarrhea. Avoid getting constipated. Please read the handout “Constipation After Your Operation.”

Bladder Catheter

You may have a catheter in your bladder for 1 to 5 days after surgery. It will be removed when you can get up and use the bathroom.

Going Home: Precautions and Self-Care

Driving

Do **not** drive while you are taking prescription pain medicines. These medicines can affect your response time. This means that it is not safe for you to drive.

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

Keep giving yourself Lovenox shots every day for 28 days after your surgery.

Exercise

- Walking every day will help speed your recovery. Slowly increase how far you walk.
- Do **not** lift anything heavier than 5 pounds for 6 weeks after your surgery. (A half gallon of milk weighs a little over 4 pounds.)
- For the first 6 weeks you are home, avoid gardening, vacuuming, and any activity that increases your heart rate. In general, activities that do not cause pain are safe. After 6 weeks, slowly add these and other activities back into your routine.
- You may resume sexual activity when you are comfortable doing so. Some men may have difficulty with erections during their recovery period or longer. If you have any questions about sexual function, talk with your doctor or nurse.

First Follow-up Visit

At your first clinic visit after your surgery, your nurse and doctor will:

- Talk with you about how you are doing at home
- Ask how your appetite is and how your bowels are working
- Check your colostomy site and incisions
- Remove your stitches or surgical staples

- Ask how your pain is and what pain medicines you are taking
- Ask what activities you are doing and when you plan to return to work
- Review your *pathology report* (a document that contains the results of lab tests that were done on your body tissues)

Return to Work

How much time you take off work depends on what you do for a living. Most people take 6 to 8 weeks off after their surgery to recover.

Return to work when you feel ready. Some patients choose to start back part-time and work shorter days, then slowly work more as their energy allows.

When to Call

Call **206.598.4477** weekdays from 8 a.m. to 5 p.m. 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 incisions:
 - Redness
 - Increasing pain
 - Swelling
 - Bad-smelling drainage
 - A change in the type or amount of drainage
- Nausea, vomiting, or both
- Concerns that cannot wait until your follow-up visit

After hours and on weekends and holidays, call 206.598.6190 and ask for the resident on call for Surgery to be paged.

Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

Weekdays from 8 a.m. to 5 p.m., call Surgical Specialties Center: 206.598.4477.

After hours and on weekends and holidays, call 206.598.6190 and ask for the resident on call for Surgery to be paged.