

Laparotomy, Bowel Resection and Colon Resection Post Op Instructions

These post-operative instructions are provided for our patient's convenience.

Wound Care

If you have a large white gauze dressing covering your wound, this can be removed the day after surgery. Underneath you may find some metal clips holding the skin together. These can be removed painlessly in the office using a special clip remover and will be removed approximately 7 – 10 days following surgery. If appropriate at surgery, your incision may have been closed with dissolvable sutures below the skin. If so, you will have white steri- strip tapes across the incision which should be allowed to peel off on their own over 1 – 2 weeks with gentle showering.

Diet

Following surgery, gradually increase your dietary intake. Begin with a bland type diet, such as chicken noodle soup, crackers, Gatorade or tea, and gradually work your way up to a normal diet. It is important to avoid eating large meals at one time. It is better to eat several small meals during the day.

Activity

When you get home from the hospital, it is important to get up and move around your house. Walking upstairs is acceptable. We recommend that during the first week home from the hospital you walk for exercise. You should not lift anything heavier than 10 lbs. for six weeks following surgery. Also, avoid any strenuous athletic activity, such as golf swings or lifting weights for six weeks. Do not drive until your progress has been evaluated by your surgeon at your follow up appointment. Most patients can return to work after 4-6 weeks after surgery.

Medications

Resume all your home medications with the exception of aspirin or other anticoagulants. Aspirin and other anticoagulants should be discontinued for a week following surgery unless other arrangements have been made with your doctor.

Follow Up Visit

The hospital will normally make a follow up for you 1–2 weeks following your surgery. If not please call our office.

Pain Control

Please use the prescription pain medication given to you at the time of surgery. Be sure to take narcotic pain medication with food so as not to upset your stomach. Should you experience nausea during the post-operative period, this is usually related to the pain medication and can be treated by stopping the pain medication. You can gradually taper this over to Tylenol. If you have had no past problems with ulcer disease or gastrointestinal bleeding or allergies to aspirin, you can use Ibuprofen.

Bowel Movements

It is not unusual for patients who have had surgery and who are taking narcotic pain medication to become constipated. This can be treated by gradually increasing your activity and drinking a normal amount of water to remain hydrated. In addition, tapering the narcotic pain medication will help your bowels to move normally, but this can take a couple of days. In addition, Docolax suppositories can be used to stimulate bowel activity. This can be obtained without a prescription (over the counter) and used once or twice daily. Occasionally, some patients experience loose stools (2-3 per day). This should resolve given some time healing. Adding an over-the-counter dietary fiber supplement should help such as Metamucil, Fibercon, Konsyl, or Citrucel.

Special Attention

Should you experience a temperature over 101 degrees or have persistent nausea or vomiting or other problems that you think need medical attention, please call us at the office.

If you have any questions or problems, during normal business hours 8:00am-5:00pm, please call Dr Todd A. Moffatt's office at (254) 230-1234. If you are having a problem after hours, please call our office and press 2 to leave a message. Someone will return your call promptly.