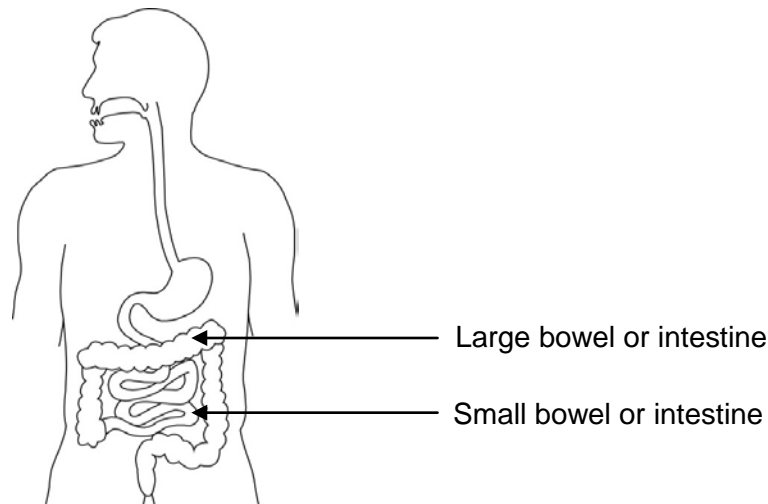


Bowel resection

What is a bowel resection?

A bowel resection is an operation that removes a part of the bowel that is diseased. Other names for bowel include colon or intestine. Surgery can be done in 2 ways: laparoscopic or the open method.



Laparoscopic

During surgery you will have 3 to 5 small incisions (cuts) in your abdomen, plus a longer incision where the bowel is removed. The healthy ends of the bowel are sewn together or a stoma is made.

Reasons for incisions:

- To put gas (CO₂) into your abdomen, so that bowel can be seen. Then a small video camera is put into the incision.
- For other instruments that hold, move and remove parts of the bowel.

You are put to sleep with a general anesthesia. The surgery takes about 2 to 4 hours. Plan to be in the hospital for about 2 to 3 days.

Open method

In the open method, the surgeon makes one 10 to 20 cm cut (incision) in your abdomen to remove the diseased bowel. The healthy ends of the bowel are sewn together or a stoma is made.

You are put to sleep with a general anesthesia. The surgery takes about 2 to 4 hours. Plan on being in the hospital for about 3 to 7 days

Preparing before surgery

Keep up with your regular activities, exercise and eat a balanced diet. You want to be as strong as you can be before you have surgery.

Arrange for someone to help you around the house, and do errands for you when you come home after surgery.

You may need to prepare your bowels before surgery. If needed, please follow the bowel prep instructions.

Follow the pre-op checklist and medication instructions that were given to you during your pre-op visit. If you were given the booklet: **A Guide to Enhancing your Recovery After Bowel Surgery**, please bring it with you to the hospital.

After surgery

After surgery you will go to the Post-Anesthesia Care Unit (PACU). Along with your intravenous (IV), you **may** have:

- An epidural catheter for giving pain medicine through a thin tube into a small space in your lower back.
 - Patient Controlled Analgesia (PCA). You give yourself pain medication in your IV through a PCA pump.
 - A tube called a urinary catheter in your bladder to drain urine during and after surgery.
 - Tubes or drains near your incision area to drain extra fluid that can build up after surgery.
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- A naso-gastric (NG tube). This tube goes down your nose and into your stomach.
- An oxygen mask.

You will stay in PACU, until the doctors and nurses feel you are ready to go: you are awake, breathing properly and that your pain is well managed. You may go to the Step Down Unit or the Intensive Care Unit (ICU) before going to your room on E4/F4.

Post-operative care

Your nurse will check your blood pressure, heart rate, temperature (vital signs), dressing, catheters and drainage tubes regularly. Your surgeon will decide when your catheters, tubes and drains are taken out.

Eating and drinking

After your surgery and when you are in your room, you can have sips of clear fluids. You can start to eat the next day. Your surgeon and/or dietitian will discuss with you what foods you can gradually start to eat.

It may be a few days before you start to pass gas and/or have a bowel movement.

Pain

You will have pain and discomfort after surgery, especially around your incision. You will be asked about your pain level. Please tell your nurse if your pain changes or gets worse. Pain medication is given through an epidural catheter, IV or you may give it yourself through the PCA pump. As your pain decreases, pain medication will be given in a pill.

Most pain medication can make you constipated. Stool softeners are often given to prevent this problem. You may also feel sick to your stomach. Medication can be taken to decrease this feeling.

If you had a laparoscopy, pain is often caused by the gas left in the abdomen after surgery. The pain is often felt in the shoulder. Stomach discomfort is also common due to slow moving bowels. Walking and moving around helps to lessen this pain and discomfort. Your pain should lessen each day.

Activity

You will be encouraged to do deep breathing, coughing and leg exercises after surgery.

Walking and increasing your activities helps to keep your lungs healthy and prevent blood clots.

Move as much as possible while in the hospital:

- Sit up near the edge of the bed and dangle your legs.
- Sit up in a chair for meals.
- Sit up when visiting.
- Walk around the hallway (before doing this, ask for assistance from your nurse or therapist).

At home, gradually resume your normal activities. Do not do any heavy lifting or strenuous exercises until you check with your surgeon.

Going home

You will need to arrange for transportation home.

You will be given a prescription for medications that your surgeon wants you to take. Your nurse will review with you what you need to know about how to care for yourself at home. Please ask the nurse to explain or clarify anything you do not understand. We want to ensure you know what to do when you go home.

You will be given an appointment for a follow-up visit with your surgeon.

Incision care

You may shower the day after surgery. You can have a tub bath after your incisions have healed. Each incision should be a dry closed line. Your incisions may be covered with tape. Try to keep the tape clean and dry. If the tape falls off, you can leave it off.

If you have stitches, clips or staples in the incision they will be taken out at your follow-up visit with the surgeon.