

# **ANORECTAL POSTOPERATIVE INSTRUCTIONS**

## **Colorectal Surgery Services**

### **Introduction:**

To help you recover from your anal or rectal surgery there is a special plan of care. The following are written instructions that can guide you through the postoperative recovery. However, this plan may be changed at any time to meet your individual needs.

Remember to follow the instructions given to you and see your physician or nurse as scheduled. These written instructions **do not** replace a discussion with your physician or nurse. You may receive other instructions. Feel free to ask questions, come back for a visit or call if you are unclear about your diagnosis or treatment plan.

### **Urination:**

You should resume urinating shortly after surgery. It may be difficult to urinate initially. This is most common after hemorrhoid surgery in men. Soon after surgery when you feel the urge, you should make an effort to urinate. You may strain; you will not disrupt your surgery. If you are unable to urinate, try while sitting in a warm tub of water. If you feel unsuccessful after 6 hours and feel like you must urinate, but cannot, go to the emergency room. It may be necessary to place a catheter in the bladder to empty it. You must urinate the day of surgery. Do not wait till the next day.

### **Wound Care:**

There may be open wounds or incisions near your anal canal. You should expect to have some drainage and / or bleeding after your surgery. This will decrease over 1 – 2 weeks.

Try to limit the amount of time you sit. Try to walk frequently. Sit on a flat foam cushion or pillow. Do not sit on a rubber ring or “doughnut” because this causes strain on the operative site.

**Baths/Showers** – Cleanse the wound as directed below. Do not scrub the wounds with a wash cloth. Pat the wounds dry afterwards. The number of times you cleanse the wound can be decreased as the drainage decreases and wounds heal. Follow the instructions below:

- Soak the surgical site by taking warm baths lasting 10 – 15 minutes two (2) – three (3) times a day. Do not add anything to the water except mild bar soap. Be careful to rinse well.
- Do not take baths. Only take showers lasting 10 – 15 minutes two (2) – three (3) times a day using only mild soap. A handheld showerhead may be useful. Be careful to rinse well.
- Do not take baths or showers for \_\_\_\_\_ days after surgery.
- Other: \_\_\_\_\_

**Dressings / packings** - You may have a packing in the wound. Approximately 1 day after your surgery or at your first stool, this should be removed. First sit in a tub of warm water with the dressing and wound submerged. When the dressing or packing is completely soaked remove the dressing and packing while in the tub. It helps to take medications for pain before removing any packing.

## ANORECTAL POSTOPERATIVE INSTRUCTIONS

After each bowel movement, gently cleanse the area with baby wipes or wet tissue paper. Pat the area dry. You may change the dressing or packing at this time to help protect your clothing and collect any discharge. At first, you will change dressings two (2) – three (3) times each day. The number of times you cleanse the wound can be decreased as the drainage decreases and wound heals. Follow the instructions below:

- Pack the wound with gauze soaked in sterile water or saline. Place a dry gauze or Maxipads® over this packing. The packing /dressing should be changed two (2) – three (3) times each day. It can be kept in place with a piece of tape or with panties or briefs.
- Lay a piece of gauze soaked in sterile water or saline solution in the wound. Place dry gauze or Maxipads® over this. The packing/dressing should be changed two (2) – three (3) times each day. It can be kept in place with a piece of tape or with panties or briefs.
- Lay only a dry dressing made of 4 X 4 inch gauze or Maxipad® over the wound two (2) – three (3) three times a day. There is no need to pack the wound. It can be kept in place with a piece of tape or with panties or briefs.
- No dressing or packing is needed.

### **Activities while recovering at home:**

You should not drive, operate heavy equipment, lift heavy objects or perform dangerous activities for at least two weeks after surgery or while taking narcotic pain medications. As your pain resolves you may become more active. Depending on the complexity of your surgery, it may take several days to at least four (4) weeks to recover. Ask your surgical team for any specific limitations.

**Walking** – Walking is encouraged when recovering at home. Start with short, daily walks and gradually increase the distance you walk.

**Climbing** – Going up and down stairs is permitted. Initially have someone assist you.

**Lifting** – In general there are no lifting restrictions after anal or rectal surgery. Do not lift objects greater than 20 lbs. or that cause discomfort. As you recover you can lift heavier objects.

**Return to work** –A strenuous job may require three (3) – four (4) weeks before returning to work. People with jobs requiring light activity have returned to work as early as five (5) – seven (7) days. You may return to work when you feel comfortable enough but limit activities when you first return to work. Extensive wound care may require longer time off work.

**Restrictions** - You are restricted from these additional activities:

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## ANORECTAL POSTOPERATIVE INSTRUCTIONS

### Medications:

You can resume taking your normal, home medications. Please review any concerns with your surgical team. Notify the team if you have taken or will be taking aspirin, coumadin, ibuprofen or blood thinners.

### Pain:

It is normal to have pain with surgery. It is important to prevent pain and not let it increase too much. As your discomfort improves you may take less of the prescribed pain medications. As the pain decreases over the counter medications such as Acetaminophen (Tylenol®) or ibuprofen (Advil®) can be used. They can also be used instead of your prescription for mild pain. Your pain medications may be multiple. Follow the instructions carefully to get full benefit. Your prescription medications may include:

- Darvocet tablets
- Vicodin tablets
- Narco tablets
- Antibiotics
- Other: \_\_\_\_\_

### Diet while recovering at home:

There are generally no diet restrictions after your surgery. You should initially try foods you know you can tolerate then go to your regular, normal diet. Avoid foods or anything that causes diarrhea or hard stool. Avoid foods with nuts or seeds like popcorn or peanuts until you have healed.

Drink minimal fluids until you are able to urinate. Then you can drink your normal amounts of fluids.

Eat a high fiber diet which includes bran, fresh fruits and vegetables. The goal is to have one stool of normal consistency per day. Take at least 30 gm of fiber each day. Fiber supplements like Metamucil or bran cereal are encouraged and help prevent constipation which worsens pain.

### Bowel Habits:

You should have a soft stool every one (1) – two (2) days. Your doctors may prescribe a stool softener like ducosate or Colace™ twice a day or as directed on the bottle. Mineral oil can be used instead of Colace™.

Prescription pain medications can cause constipation. Do not take an enema or place foreign objects in the anus or rectum as this may damage the surrounding tissue.

## ANORECTAL POSTOPERATIVE INSTRUCTIONS

There will be discomfort and some bleeding when passing stools. This will improve as you heal. If you have not had a stool two days after your surgery, do the following checked items:

- If you do not have a stool in one to two days after your surgery, take a laxative like milk of magnesia as directed. Repeat once in eight hours if needed.
- If the laxative or milk of magnesia does not help after two doses, you should take 4 (four) Dulcolax™ tablets by mouth and immediately drink 4 (four) glasses of apple juice.
- If you have not had a stool 24 hours after the Dulcolax® tablets or experience bloating or abdominal pain, call your nurse or physician

### When to call the office:

Call the office if you have any questions or problems. You should call for:

1. Persistent diarrhea or constipation
2. Continued nausea or vomiting
3. Increasing severe wound pain
4. Increasing pus or increasing redness at the incision
5. Multiple temperatures of 101.5 ° F or above
6. Continued bright red blood in stools

### Follow up visit:

The above instructions are not meant to serve as a discussion with your surgeon or replace his or her instructions. You should ask your surgical team questions and understand your postoperative course. Follow-up after surgery is extremely important. At that point in time further plans are made.

Make an appointment to see your surgeon in:

- 1 week after surgery
- 2 weeks after surgery
- 4 weeks after surgery
- Call for results in \_\_\_\_\_ week(s) after surgery
- Other: \_\_\_\_\_