Postoperative Instructions Following Abdominal Operations

After discharge from the hospital, you may have a variety of questions. These instructions attempt to cover the most common situations following surgery.

**Follow up**

Please call the office when you return home from the hospital to schedule your follow up appointment. Unless otherwise instructed a follow up typically takes place about three weeks after discharge from hospital. Office # (503) 281-0561

**Activity**

Unless otherwise instructed it is appropriate to walk, climb stairs, ride as a passenger in a car, and perform tasks of daily living. Listen to your body and don’t over do it early on. It is normal to feel fatigued after surgery. It is also common to need more sleep than usual.

Avoid heavy lifting (10 lbs. or more) for 6 weeks to allow most of the wound healing to occur.

You may need to avoid driving for up to 2 weeks. Pain and use of the narcotic pain medication will impair your ability to drive safely. DO NOT DRIVE WITHIN 24HRS OF TAKING NARCOTIC PAIN MEDICATION.

If you have had a laparoscopic surgery, you may have aches in your shoulders and abdomen. This is due to the carbon dioxide placed inside your abdomen during the surgery, this is harmless, and will disappear within a few days. You may also notice some small air bubbles under the skin of your abdomen or chest that crackle when pushed on. This is also normal and will resolve itself in a few days.

Unless otherwise instructed, sexual activity may be resumed as tolerated.
**Bowel Movements**

Immediately after intestinal surgery, bowel movements may be erratic, more frequent, and less predictable. It is common to have loose, watery stools for several days. (Metamucil, Citrucel, Konsul, Fibercon, Psyllium, Benefiber, Fibersure) are all quite helpful. These products are not laxatives. They work by absorbing water into the stool to increase its bulk. They can help with loose stools as well as constipation. Drink enough water (6-8 glasses a day) to allow the fiber to work in the intestine. Avoid caffeine and alcohol during your recovery.

If watery diarrhea persists for more than a few days, it may be sign of an imbalance of bacteria in the intestine, which can be easily treated with an antibiotic. Please call the office if this occurs.

If you have abdominal pain, bloating nausea or vomiting and are unable to pass gas or a bowel movement, this may be signs of Intestinal Obstruction (blockage). Call the office or go to the Emergency Room if this occurs.

**Diet**

Unless otherwise instructed, eat anything in moderation. Most patients feel “full” half way through a meal. Small, frequent meals are more easily tolerated after abdominal surgery than your typical three large meals.

It is important to drink enough fluid to stay hydrated. A good rule of thumb is to drink enough to keep your urine a light yellow color (usually at least 6-8 glasses a day). Avoid alcohol and caffeine because they are diuretics, which will make you dehydrated.

**Incision (Wound, Scar)**

Unless told differently, you may shower when you feel up to it after surgery. Bruising around the incision sites is normal and that will resolve on its own with time.

You do not need to keep the incision covered, but occasionally a gauze bandage will help protect clothing if you are still having some drainage from the incision.

Many incisions are closed with absorbable sutures that do not need to be removed. If surgical staples or non absorbable suture is used in its place they will be removed at your follow up visit. If you have a clear dressing over your incision (s) you may remove this as soon as the next day. Do not scrub incisions, the soap and water can run over them to clean them but do not scrub. Make sure to rinse body well. Pat dry with clean towel or gauze. May leave
incision uncovered or place gauze over it if it has drainage occasionally to protect clothing. Do not put ointment, creams or lotions on incision (s).

Minor drainage of clear yellow or red-yellow fluid from the incision is normal. Thick, opaque, dark yellow fluid or redness spreading beyond incision site on skin can be associated with infection. Please call if this occurs.

Most healing takes place within 6 weeks after surgery, but the scar will still soften over time. The final appearance of the scar may not be apparent until one year following surgery.

**Intestinal Stomas (Colostomy, Ileostomy)**

Patients with new intestinal stomas will often go through a period of adjustments. In addition to the enterostomal therapists and nurses at the hospital, there are other resources available.

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<tr>
<th>Resource</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>Oregon Ostomy Society</td>
<td>503-644-5331</td>
</tr>
<tr>
<td>Byram Medical Supplies</td>
<td>503-233-2201</td>
</tr>
<tr>
<td>Good Samaritan Hospital Ostomy Nurse</td>
<td>503-413-7386</td>
</tr>
<tr>
<td>Providence Portland Hospital Ostomy Nurse</td>
<td>503-215-6161</td>
</tr>
<tr>
<td>Emanuel Hospital Ostomy Nurse</td>
<td>503-413-4242</td>
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If you have an ileostomy, it is very important to keep yourself well hydrated to compensate for the loss of fluid through the stoma. A good rule of thumb is to drink enough to keep your urine a light yellow color. Avoid caffeine and alcohol because they are diuretics that will make you urinate too much and cause dehydration.

**Pain**

Pain from the incisions is normal. It will vary from day to day and with activity level, but should gradually decrease over time.

Crampy abdominal pain and bloating is not uncommon. This should also improve slowly over time. Eating small frequent meals (as opposed to large infrequent meals) may help prevent bloating.

If you have severe abdominal pain that does not improve over time, or have crampy abdominal pain associated with vomiting please call the office.
Pain Medication
You may be given a prescription for pain medication (usually a narcotic such as Oxycodone, Percocet, Vicodin, and Dilaudid) upon leaving the hospital.

Type of Pain Medication:

1. Narcotics. Good pain relievers but often cause constipation. Use bulk fiber products (as above) prune juice, or milk of magnesia as necessary for constipation. These medications affect your ability to drive and operate machinery safely. Do not take with alcohol.

2. Non Steroidal Anti- Inflammatory Medications (NSAIDS). Ibuprofen, Advil, Motrin, Aleve are some examples of NSAIDS. These cause no effect on mental capabilities, but can cause stomach upset or bleeding if taken continuously.

3. Tylenol. This has no effect on mental capabilities, but can cause liver damage if taken more frequently than every 4 hours. A reasonable strategy is to use Tylenol or a NSAIDS medication for minor pains and use Narcotics for only major pain.

Sleep
Major surgery and being in the hospital can disrupt sleep patterns. They usually return to normal over time. We do not routinely recommend sleep medication for home use.

Steroids
If you were taking steroids (Prednisone, etc) in the months prior to your surgery, you may also need to take them for a short period of time following surgery (typically 3-4 weeks). Ask your surgeon if you are unsure.

Urination
If you had a catheter (foley) placed into your bladder at the time of surgery, it is not unusual to experience minor discomfort during urination for several days after catheter is removed. If this discomfort persist or worsens, It may be a sign of infection, please call the office.

Occasionally the bladder does not empty properly after surgery. This is usually a temporary problem that resolves with time. If you are urinating small amounts
frequently (every hour or so), please call the office. Occasionally it is necessary to replace the catheter for a few days.

**Work**

Unless otherwise instructed, employment may be resumed as tolerated as long as your occupation does NOT involve heavy lifting. Please ask the Surgeon or their Medical Assistant about any forms needing to be filled out related to work, insurance or disability issues.