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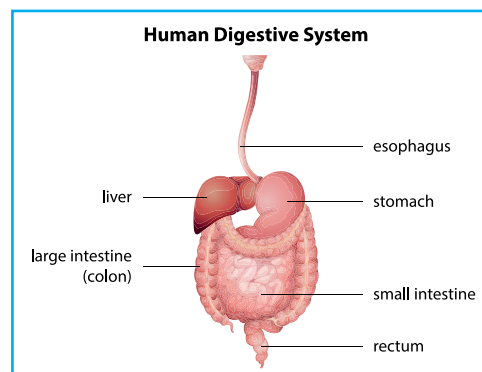
ELECTIVE COLON SURGERY

You and your surgeon decided that you will have colon surgery. It is normal to be nervous before surgery. The good news is colon surgery is common and in many cases cures the bowel conditions that required the surgery.

This booklet will answer many of the questions you may have about your upcoming surgery. You play an important role in your recovery, and this booklet will teach you how to improve the recovery process, explain the role you play and provide information about what to do before and after your surgery.

WHAT IS THE COLON?

The colon is the large intestine, which makes up the lower part of your digestive tract. The intestine is a long, tubular organ consisting of the small intestine, the colon (*large intestine*) and the rectum, which is the last part of the colon. After food is swallowed,



it begins to be digested in the stomach and then empties into the small intestine, where the nutritional part of the food is absorbed. The remaining waste moves through the colon to the rectum and leaves the body as stool. The colon and rectum absorb water and hold the waste until your body is ready to have a bowel movement.

WHY DO I NEED COLON SURGERY?

Colon surgery is performed to treat diseases that affect the intestines. During colon surgery, a diseased part of the large intestine (*colon*) or bowel is removed. The name and type of the procedure depends on what section of the colon is removed. The different conditions and diseases that affect the intestines include:

Crohn's disease: inflammation of the entire lining of the digestive tract. Symptoms include abdominal pain and continual diarrhea.

Ulcerative colitis: tiny open sores in the inner layer of the colon. Symptoms include abdominal pain and bloody diarrhea.

Diverticulitis: an inflammation or infection of small, bulging pouches (*diverticula*) located in the colon.

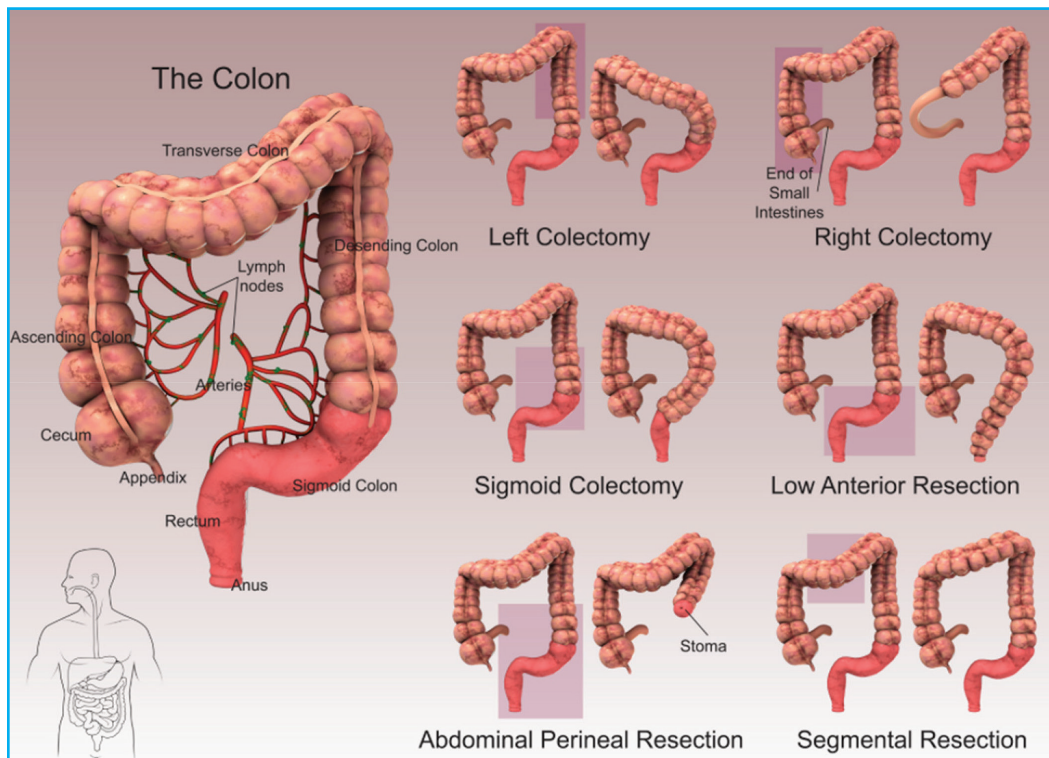
Colorectal polyp: any growth on the lining of the colon or rectum. These are usually harmless.

Colorectal cancer: a malignant (*cancerous*) tumor found in the colon or rectum.

Blockage: when your intestine becomes blocked and food and liquid can't pass. This can cut off the blood supply, causing tissue to die.

Severe bleeding: if doctors can't stop a bowel bleed, they may need to remove that section of the intestine.

TYPES OF COLON SURGERY



Left Colectomy: the removal of the descending (*left*) colon.

Right Colectomy: the removal of the ascending (*right*) colon.

Sigmoidectomy: the removal of the lower part of the colon that is connected to the rectum.

Low Anterior Resection (LAR): the removal of the upper part of the rectum.

Abdominal Perineal Resection (APR): the removal of the sigmoid colon, rectum and anus with the creation of a permanent colostomy.

Segmental Resection: the removal of a short piece of the colon.

Total Colectomy: the removal of the entire colon. The small intestine is then connected to the rectum.

Total Proctocolectomy: the removal of all or part of the colon and rectum.

WHAT IS ENHANCED RECOVERY AFTER SURGERY (ERAS)?

Your surgeon feels that you are good candidate for our ERAS Program.

This program uses the best practices in surgical care to help you recover and get home as quickly and as safely as possible after your surgery.

ERAS is designed to minimize your body's stress response to surgery and decrease complications by following specific steps from the time you make the decision to have surgery until you leave the hospital.

What are the goals of ERAS?

- Provide you with specific teaching about your procedure and what you can do to have the best outcome possible.
- Improve your health before surgery through proper nutrition, exercise and if needed, help you to stop smoking.
 - *Studies show that smoking cigarettes increases your risk for infections such as pneumonia and surgical site infections. If you are interested in learning how to quit, please talk to your doctor or nurse or call **(800) QUIT-NOW (784-8669)**.*
- Use the most modern anesthesia methods.
- Promote return of bowel function as soon as possible.
- Use best practices for diet, bowel preparation, antibiotics and hydration.
- Have patients walk on the day of surgery and at least three times a day after that.
 - ***Please remind your nurse to help you to get out of bed and walk the day of surgery.***
- Provide options other than narcotics (*opioids*) to help treat your pain.
- Help you start drinking and eating soon after surgery with easy-to-digest liquids and foods.
- Help you keep track of your daily activities to lower your risk of pneumonia and other complications.



Why is this Important? Because simple things can make a big difference.

- ERAS improves surgical outcomes and decreases recovery times.
 - Complications can be prevented by getting out of bed, sitting in a chair, walking regularly and doing breathing exercises.
 - Regular exercise up until the date of your surgery can improve your body's ability to heal. Ask your doctor or nurse about getting started today.
- See examples of some exercises that you can begin today on page 27 in this booklet.

You play an important role in your recovery. This booklet will give you information on how you can help avoid:

- Pneumonia
- Blood clots
- Prolonged "sleeping bowels" or ileus
- Lengthy hospital stay

BEFORE YOUR SURGERY

Preparing for Surgery

Your surgeon may have you see your primary care doctor or visit the Pre-Operative clinic for surgical clearance. Your surgeon or Pre-Op clinic healthcare providers may order additional tests to make sure you are ready for surgery. **If you smoke, QUIT NOW! Call (800) QUIT-NOW (784-8669).** Studies show non-smokers heal faster and have fewer complications than smokers. You will also get instructions about drinking carbohydrate and protein drinks before surgery to help improve your nutritional status before surgery. The protein drink will be given to you at your surgeon's office.

Consent Forms

Before surgery, you must sign a consent form. This document is a legal paper that says your surgeon has told you about your surgery and any potential risks. Be sure to ask your surgeon any questions you may have about the surgery before signing the form. By signing this form, you are saying that you agree to have the operation and understand the risks involved. The consent form also includes permission to receive a transfusion of blood or blood products if you need them before, during or after the procedure. If you do not want to receive blood or blood products for medical or religious reasons please let your surgeon and your nurse know. There is a different consent form for Bloodless Medicine & Surgery.

Getting Ready for the Hospital

There are several items you will want to bring to the hospital to make your stay as safe and comfortable as possible. Please put your name on all your belongings.

Bring with you to the hospital:

- A list of all medicines you take (*including over-the-counter medicines, vitamins and supplements*).

- A list of allergies you have related to food, clothing, medicine, etc. and how you react to these items.
- Photo identification, insurance card and any requested co-pay amount.
- If you wear contact lenses, please bring the lens case and solution with you. They must be removed before surgery.
- Bring your glasses, hearing aids, dentures or other assistive devices (e.g., CPAP machine) with you if you rely on them. Once you go into surgery, these devices will be given to your family.
- Pack and bring a bag of items that you need for your hospital stay such as toiletries, slippers with a gripping surface, a robe and a change of clothes for your discharge. Please leave your bag in the car and have your visitors bring it to you when your hospital room is assigned. If you bring a pillow, use a patterned or colored pillow case.
- Reading materials, electronics, etc. to help pass the time. Wi-Fi is available in the hospital.

Do NOT bring:

- Any valuables (e.g., jewelry)
- Any medicines unless you are told to

Nutrition Before Surgery

Good nutrition is important for your recovery. Getting enough calories and protein before and after surgery helps your body heal properly. Patients in the ERAS program are asked to drink two protein drinks a day



for seven days before surgery. Patients are also asked to drink two carbohydrate drinks on the day before surgery and one carbohydrate drink before they arrive at the hospital on the day of their operation.

Bowel Preparation

Before colon surgery, it is important that the colon is relatively free of digested food material (*i.e. stool or poop*). Cleaning out your bowel—also called the colon or large intestine—before your surgery is another important step. To do this, you will need to drink a special liquid mixture, called a bowel prep, the day before your surgery. It's very important that you follow the mixing instructions carefully. You must drink all of the bowel prep solution according to the schedule so that your bowel is completely cleaned and free of stool. If you experience very bad stomach cramps, upset stomach, vomiting or have any questions, call your surgeon's office for further instructions.



**** Some colon surgeries do not require a bowel prep depending upon what area of the colon is removed. Your surgeon will tell you if you need to perform a bowel prep.***

The Day Before Surgery

You will need to wash your entire body with a special soap the night before and the morning of surgery. The soap will be given to you at your surgeon's office once your surgery is scheduled. The soap will help prevent infection during your hospital stay. Instructions for use are printed in this booklet on page 31.

If you take insulin, heart or blood pressure pills daily, talk with your doctor or nurse. They will make sure you do not miss any medicine that you need. Remove nail polish, jewelry or body piercings.

THE MORNING OF YOUR SURGERY

Registration

You are scheduled to arrive early to allow time to register for your surgery and for the nurse to perform an assessment, start your IV and complete all required paperwork and any additional lab tests if needed. Please note surgery time changes are common. We change the surgery schedule in response to cancellations and emergency surgeries with other patients. If your surgery time changes, your doctor's office or a member of the hospital staff will notify you.

What to Expect after Registration/Pre-Operative Area

Once you are registered you will be taken to the Pre-Op area where you will be asked to remove:

- Dentures, hearing aids, etc.
- Hairpins, wigs, etc.
- Glasses and contact lenses
- Clothing, including undergarments (*you will be given a hospital gown to wear during surgery*)
- Jewelry

You will meet with your surgery team including nurses, an anesthesiologist and your surgeon. Be sure to ask any last-minute questions or discuss any concerns you have. To help prevent infections, the Pre-Op nurse will wipe your entire body with a bacterial wipe and swab your nostrils with povidone-iodine (*Betadine*). You will get a warm blanket to keep you comfortable. You will practice using the incentive spirometer, a tool used for breathing exercises (*see instructions for use on page 30 in this booklet*). Using the incentive spirometer can help prevent pneumonia. It is important to use it on your own to help with your recovery.

You can visit with your family before going to the operating room. Please be sure to have the person staying with you during the surgery keep your

personal items with them. You should use the bathroom before you leave the Pre-Op area. A member of the hospital staff will show your family to the waiting area when you go for your operation. You will ride on a stretcher (*a bed with wheels*) to the operating room.

A member of the operating room staff will contact a family member or designee, during your surgery to update them on your progress. Most of the time, colon surgery lasts from one to three hours.

Anesthesia

You will meet your anesthesiologist on the day of surgery before leaving the pre-operative area. Your surgeon and anesthesiologist will help you choose the best anesthesia methods for your procedure. You will not feel pain during the surgery. You may receive two or three different types of pain medicines before surgery to help with pain control after surgery.

The types of anesthesia you can have include:

Local: injection at incision sites

Regional: TAP block (*abdominal area*)

General: you are put to sleep

Anesthesia may cause nausea in some people. Please tell your doctors if you tend to get nauseated easily. Nausea can be prevented with medicine. An anti-nausea patch can be placed behind your ear if you have had severe nausea and vomiting in the past.

Blood Sugar (Glucose) Management

The nurses will check your blood sugar by sticking your finger. The goal is to have a blood sugar level less than 140. If your blood sugar is more than 200, it will be treated with insulin and your blood sugar will be rechecked again during surgery.

Other Procedures

You will have an intravenous catheter (*IV*) placed in your arm. The IV lets your doctor replace fluids lost during surgery and allows your care team to give you pain medication, antibiotics and any other medications you may need. The IV catheter is removed before you leave the hospital in most cases.

You may have a local anesthetic block placed before the surgery to reduce postoperative discomfort.

You may have a surgical drain placed during surgery. The drain is used to reduce blood and fluid buildup in the surgery site. The drain is usually removed within a week of your procedure.

Ostomy

An ostomy is a surgical opening where the colon (*colostomy*) or small intestine (*ileostomy*) is brought to the surface of your belly, and a pouch is worn to collect your stool (*not all colon surgeries will include an ostomy*). The purpose is to allow stool to bypass a diseased or damaged part of the small or large intestine and allow the bowel to rest while not placing any more strain on newly made incisions and sutures.

Ostomies can be temporary or permanent depending upon the medical reason for your surgery. The appearance of the stool that you will see in the ostomy bag may change. It typically starts out fairly liquid and then becomes more formed as you begin eating a regular diet.

The opening that the surgeon made in your belly is called a stoma. The stoma is usually swollen after surgery. It can take weeks or months for the stoma to shrink to its permanent size. Stomas come in a variety of shapes and sizes. **A healthy stoma:**

- is pink or red in color
- is slightly moist
- is not painful
- bleeds easily when rubbed or bumped (*e.g., washing*)

You may see the ostomy nurse before surgery to mark your belly in case your surgeon feels it is necessary to give you a stoma. Your wound care nurse (WOCN) will meet with you before you leave the hospital. He or she will show you how to take care of your stoma when you go home, order supplies and review any necessary diet changes.

DURING YOUR SURGERY

Expect that your healthcare team will provide you with the best care available. The surgical team includes your surgeon, the anesthesiologist, a surgical assistant, an operating room nurse and other healthcare providers committed to providing safe, high-quality surgical care.



AFTER YOUR SURGERY

Recovery Room

After surgery, you will spend time in the recovery room before going to your hospital room. The length of time varies from person to person, and it is usually between one and three hours. The recovery room (*also called the post-anesthesia care unit or PACU*) staff will monitor your blood pressure and heart rate very closely. Your doctor will speak to your family member(s) in the waiting area when you go to the recovery room after your surgery. Later, you will go to your hospital room. When you get to

your hospital room, the unit staff will continue to check your temperature, heart rate, blood pressure and comfort level regularly throughout your hospital stay.

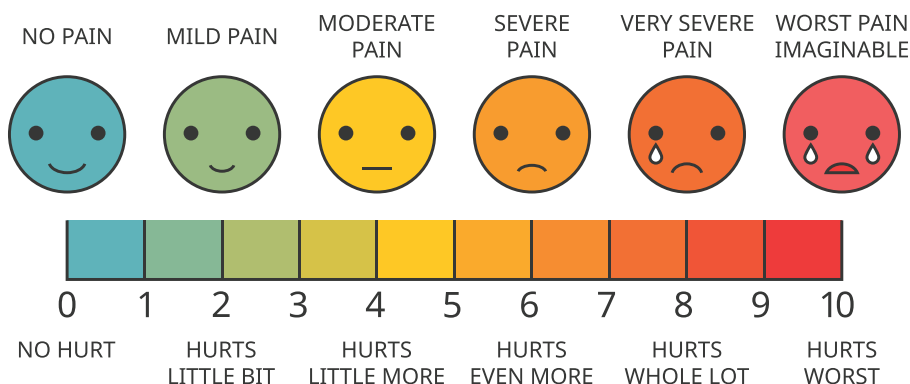
Pain

It is important that you begin moving as soon as possible after surgery. Walking often helps to prevent surgical complications. Expect to walk in the hospital the day of your surgery. To do this, your pain needs to be well managed.

It is normal to have some pain or discomfort after abdominal surgery, but not enough to stop you from walking and sitting in a chair for your meals. Be sure to speak with your surgeon and anesthesiologist before surgery about pain medications and options to help you feel more comfortable after your surgery. Some options for pain control include pain medication, deep breathing, relaxation exercises, cold and hot therapies and splinting your abdomen when you cough or move. Do not wait to tell someone if you are hurting. If your pain is managed correctly, you can begin walking sooner which helps you heal faster.

Your nurse and surgeon will use a pain scale to measure the amount of discomfort you have. The pain scale helps them figure out how well the medicines and treatments are working. Usually, pain is measured on a scale of 0 (*no pain at all*) to 10 (*worst pain*).

PAIN MEASUREMENT SCALE



We will treat your pain based on how much pain you say you are having. Be honest. Your care team will have you set a goal for your discomfort so that you can maintain your pain level at a place where you can participate in recovery activities like deep breathing and walking. This goal number may not be zero.

Narcotic (*opioid*) pain medications have negative side effects that can slow your recovery. These side effects include drowsiness, decreased breathing, constipation, dry mouth, nausea and vomiting. Because of this, we will give you “multimodal” non-opioid medications that work in different ways in your body to prevent or reduce the different causes of pain and reduce the need for opioid pain medication. You will receive non-opioid pain medication at each phase of your hospital stay. These medications will be given to you before surgery, during surgery and around the clock after surgery to make sure your discomfort stays at a level that you can manage.

** Most pain medications can cause constipation. Talk to your care team about what you can do to help prevent constipation and what to do if this happens.*

Breathing



When you arrive in your room after surgery, it will seem as if your care team is always reminding you to take deep breaths, cough and use a tool called an incentive spirometer (*IS unit*). Using your IS unit regularly and correctly helps to prevent pneumonia and other problems that can slow your recovery and lengthen your hospital stay. Ask your nurse how to use the IS unit if you do not already know how. It is very important that you do this at least 10 times every hour you are awake.

Preventing Blood Clots

Blood clots, sometimes called “deep vein thrombosis” (DVT), can occur after surgery. Most of these occur in the calf and are not serious, but sometimes they happen in the abdomen or the thigh. In rare cases, one of these clots can break off and block the blood supply to your lungs. This is called a pulmonary embolus (PE) and can be life-threatening. Walking often and immediately after surgery is the best way to prevent blood clots. You are still at risk for a blood clot for several weeks after surgery even after you go home so remember to walk and move around often.

You will have mechanical compression sleeves we call SCDs placed on both legs before you go to surgery. These sleeves squeeze your legs to prevent the blood from pooling and forming a clot. They will remain on your legs before, during and after the surgery when you are not walking. Your doctor will also order blood-thinning shots while you are in the hospital to lower the chance of blood clots. Your doctor may also prescribe the same blood thinning shots when you go home. Your nurse will teach you how to give yourself the shots before you’re discharged.



WHEN YOU GO HOME

Most patients are discharged from the hospital two to three days after colon surgery. It is important that you follow the instructions given to you at discharge. After colon surgery, your doctor may order new medicines. Please call the office for any questions about your medications. If you feel you need more medications for pain control, please call your surgeon's office Monday – Thursday from 8 a.m. – 4 p.m. You will need to send someone to the office to pick up a prescription. Most pain medicines cannot be called into a pharmacy.

Your care team wants to make sure you are comfortable caring for yourself before you leave the hospital to go home. **Before you go home your care team will review:**

- Any instructions for new medications
- Incision care
- Activity limits
- Diet changes
- Bowel movement changes, including constipation or diarrhea
- Urination concerns
- Ostomy care (*if you have one*)
- Pathology test results
- When to call the doctor

Incision Care

It is important to keep your incisions clean and dry after surgery. It is okay to gently wash the skin around your incision with mild soap and water. Don't do any hard scrubbing or use oils or creams on or around your incision. Ask your doctor or nurse before using lotions on your incision. If you have a dressing over your incision, change it as you were told. Replace the dressing if it becomes wet or dirty (*only as instructed by the nurse or your surgeon*). In most cases, the dressing can be removed after 48 hours. Do not pick or pull on the "glue" that is on your incisions. The "glue" holds your incisions together and helps to prevent infection.

It will come off on its own as you shower over the next week or so. You should cover your incision if it rubs against your clothing to help prevent irritation.

If you have a drain, record the amount of drainage daily. You may need to empty the drain and clean the attached tubing daily (*your care team will show you how to do this*). Check with your doctor or nurse if you can get your drain wet or if it needs to stay dry at all times.

Activity

Keep walking at least six times a day.
Ask a family member for help if you need it.

Do:

- Slowly increase your activity
- Walk up and down stairs
- Shower

Don't:

- Lift anything heavier than a gallon of milk or 10 lbs.
(a gallon of milk weighs about 9 lbs.)
- Bend over to lift things off the floor.
- Take tub baths or go swimming until your doctor tells you it's okay.
- Drive for two weeks after surgery or while taking any prescription pain medicine.
- Make important decisions while taking prescription pain medicine.



Dietary Concerns

Good nutrition is important to your recovery; however, it is common to have a decreased appetite and for food to taste different after surgery. Until you can eat bigger meals, we recommend eating several small meals throughout the day. Be sure to drink plenty of liquids to stay hydrated. **Do not drink carbonated drinks after surgery including ginger ale or soda.** Getting enough calories and protein after surgery is important to help your body heal properly.

Continue drinking your protein drink three times a day for at least five days after surgery or until told not to by your doctor and/or dietitian. Try to eat a protein food or supplement with each meal. Good sources of protein include beef, fish, poultry, eggs, tofu and dairy products. If your appetite continues to be poor for more than a week after you go home, tell your surgeon, and he or she may ask you to see a Registered Dietitian.

After discharge you will want to follow a low fiber/GI soft diet for at least a week or until your post-op follow up appointment with your surgeon.



Low Fiber/GI soft diet:

Breads, cereals and grains:

- Low Fiber Grains:
 - White flour bread, rolls, pasta or muffins
- Graham crackers
- Saltines
- Cornbread
- Corn/flour tortillas
- Ready-to-eat cereals made from corn, rice or white flour
- Broth or noodle soups

Meat, meat substitutes and dairy:

- Tender, well-cooked meats, poultry, fish, eggs and soy
- Smooth nut butters; limit to one tablespoon at a time
- 1%, skim or non-fat dairy products

Do NOT Eat:

- Bacon, sausage, dried beans, peas, lentils or legumes
- Yogurt with berries or nuts
- Whole milk dairy products

Fruits and Vegetables:

- Ripe bananas
- Applesauce
- Fruit juice without pulp
- Mushrooms
- Tomato/vegetable juice
- Canned and well-cooked fruits and vegetables

Do NOT Eat/Drink:

- Prune juice
- Dried fruits
- Berries
- Raw or fried vegetables
- Broccoli, cabbage, cauliflower or brussel sprouts
- Corn
- Cooked greens, spinach vegetables or fruits with skin or seeds

Tips:

- Limit caffeinated drinks
- Check food labels. Avoid any product with more than two grams of fiber per serving
- Avoid any foods known to cause you issues

Continue to drink nutritional supplements.



Bowel Movements

In the first two weeks after surgery, your bowel movements may be more frequent and looser than usual until you eat solid foods regularly. Don't strain with bowel movements. If you think you are constipated, which can happen with pain medicine, drink plenty of fluids and use an over-the-counter stool softener or Milk of Magnesia (MOM).

Urination

You may feel some mild burning when you urinate (*pee*), which will improve with time. If the burning does not go away, you have trouble urinating, or you urinate small amounts often, call your surgeon's office. If you went home with a urinary catheter (*foley*), please make sure that you have a follow-up appointment for the catheter to be removed.

Pathology Report

Your surgeon will talk to you about your pathology results as soon as he or she has them. If they are not ready before discharge, we will have them when you return to your surgeon's office. You can request a copy of your operative report and pathology report for your records at your first follow-up appointment with your surgeon.

Ostomy Care

If you have an ostomy as a result of your surgery, you will see a professional ostomy/wound care nurse (WOCN) before you go home. The WOCN will teach you how to take care of your ostomy after you go home. The WOCN will talk to you about skin care, bathing and showering, diet concerns, socializing and intimacy concerns.

** If you have an ostomy or a drain, you will be given more instructions when you are ready to leave the hospital after surgery. If you have any more questions after you go home, please contact your surgeon's office.*

FREQUENTLY ASKED QUESTIONS

When can I exercise?

You can do all the walking you want. Avoid any type of exercise or sport (*golf, tennis, etc.*) that puts stress on abdominal muscles for four to six weeks after your operation.

When can I drive?

You can drive when you are no longer taking pain medication and when you are sure that you can react to other drivers on the road.

When can I travel?

You can travel short distances the day you are home from the hospital. If you travel a long time in a car or on a plane, walk around every hour to prevent a blood clot (*DVT*).

When can I start having sex?

You can have sex when you feel comfortable doing so. Remember not to stress your abdominal muscles for four to six weeks post-op.

What foods should I eat after surgery?

After surgery, begin eating a low fiber/bland diet for two to three days. Slowly add solid foods until you can eat what you did before surgery. If you have a hard time keeping foods down, have only clear liquids for 24 hours and then slowly add solid foods again.

What do I do if I get constipated?

You need to drink plenty of fluids after surgery. If you become constipated, take less pain medication. Start slowly with Milk of Magnesia (*MOM*) and then begin over-the-counter stool softeners as directed.

What do I do if I have a lot of diarrhea?

Soft or liquid stools are common after surgery. Eating low fiber foods are best to eat after surgery because it allows the intestine to heal. See page 21 in this booklet for a list of low fiber foods you can try. If you begin to have a lot of diarrhea and think you are getting dehydrated, call your surgeon's office to discuss what he or she wants you to do.

What do I do if my incision begins to drain clear (blister-like) fluid?

Cover it with dry clean dressing. Clear drainage will usually slow down and stop within a few days. If the fluid has an odor or is a creamy color, or very thick, call your surgeon's office.

What do I do if I see blood in my poop or on the toilet paper when I wipe?

It is normal to have some bloody drainage in your stool after surgery. Most often it will be very dark, even black. This is old blood that is left in your intestine because of the surgery. If you see bright red blood (more than half a cup) in the toilet, or become dizzy when you are on the toilet, call your surgeon.

CALL THE DOCTOR IF YOU HAVE

- A fever of more than 101.5° F
- Green, yellow or cloudy fluid draining from incision
- Increased redness around the incision(s)
- New or increased leg swelling or calf pain
- Trouble breathing
- Any sudden increase in severe pain
- Nausea and repeated vomiting
(not associated with taking pain medicine)
- Any increased swelling in your abdomen

IF YOU HAVE ANY QUESTIONS, PLEASE CALL YOUR SURGEON'S OFFICE BEFORE GOING TO THE EMERGENCY ROOM.

POTENTIAL COMPLICATIONS FROM COLON SURGERY

Nausea and Vomiting

It is very common to feel sick to your stomach after your surgery. We can give you medicine to help with this. First try eating & drinking less. Small, frequent meals or sips of drinks are best in this situation. As long as you can drink and keep yourself hydrated, nausea should pass.

Ileus

Following surgery, the bowel can stop working, making it hard for food and gas to pass through the intestines. This is called an ileus. We will do everything we can so this does not happen. If you develop an ileus, it usually only lasts two to three days, but you may need to have a small tube put down your nose to shrink the stomach.

Here's what you can do to prevent an ileus:

- Take less narcotic pain medicine
- Get up and move around as much as you can
- Eat small amounts of food and drink liquids often
- Chew gum

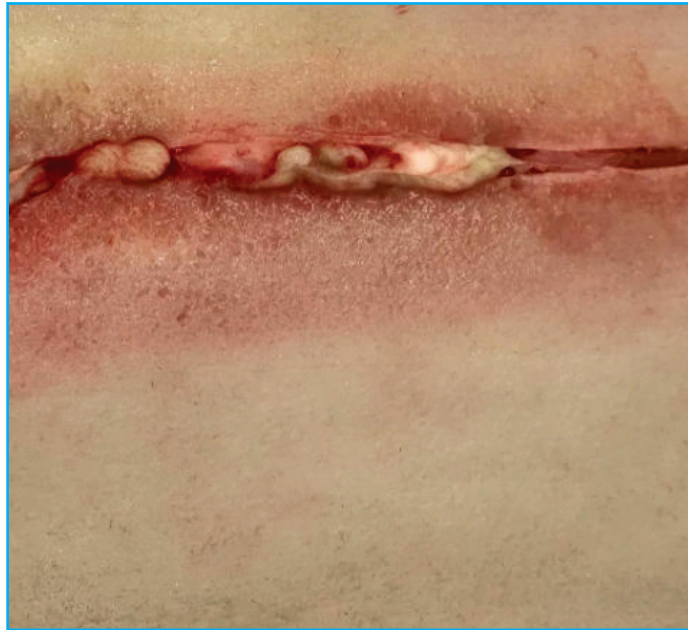
Anastomotic Leak

This is a rare but serious complication. Anastomotic leaks usually develop five to seven days after the surgery. An anastomotic leak happens when the two ends of the bowel that were joined together in surgery don't heal. This leaves a hole in the bowel. Anastomotic leaks usually cause severe abdominal pain, fever and vomiting. This complication often requires another operation.

Wound Infection

If a wound infection develops, it usually happens three to 10 days after surgery. **Signs of infection can include:**

- Feeling overly tired
- Running a fever with and without chills
- Green, yellow or cloudy fluid draining from incision
- Continued or increased pain
- Increased redness and/or swelling at incision
- Incision feels warm or hot to touch



Urinary Retention

If you had a catheter put in during surgery, you might have difficulty urinating (peeing) after the catheter is taken out of your bladder. The catheter may need to be put back in until you can pee on your own. This can be caused by anesthesia, pain medication and not being active. If this happens, drink more water, get up and get moving and limit the amount of pain medicine you take. If you can't pee for eight hours call your surgeon.

EXERCISES BEFORE YOUR SURGERY

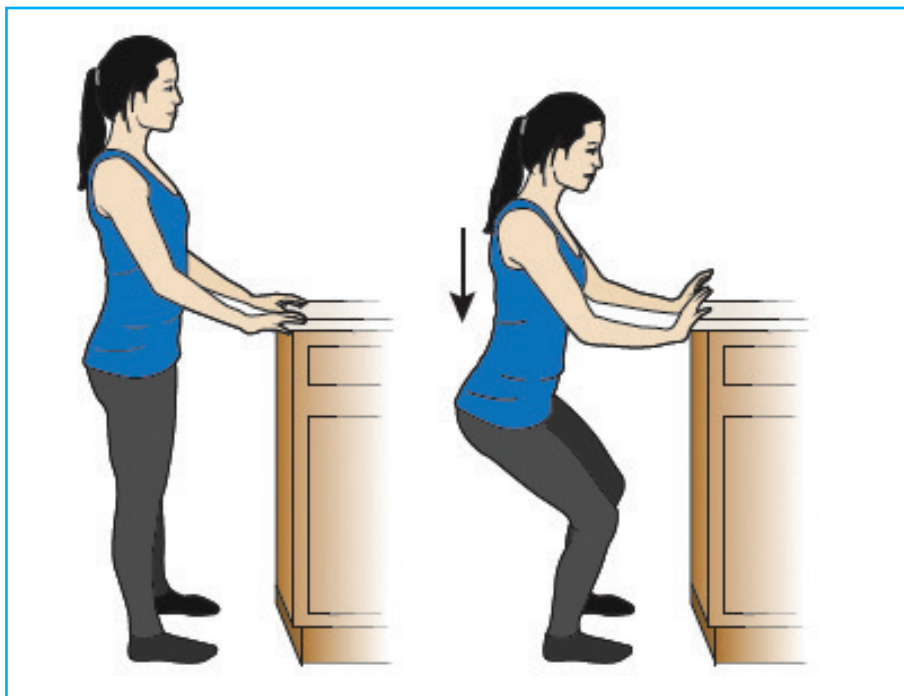
Use the time before surgery to make your body ready to heal. When our bodies are in good condition before surgery, the physical impact of the operation on healing tissue is less. Mainly, the stronger a person is going into surgery, the better the chances of an easier and faster recovery after the surgery. People who exercise before surgery tend to get back to normal more quickly than those who do not. If you are new to exercise, start slowly. Some simple exercises include:

Walking

Walk at least 20 minutes a day five times a week in addition to normal activity.

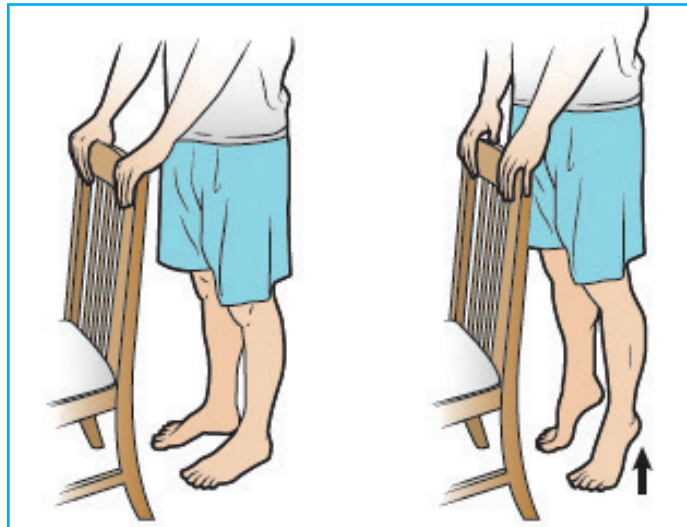
Mini-squats

- Stand at a counter, using your fingers for balance as needed.
- Place feet hip-width apart.
- Sit down and back as if you are sitting in a chair.
- Do not let your hips drop below your knees.
- Repeat 10 times. Do this two times each day.



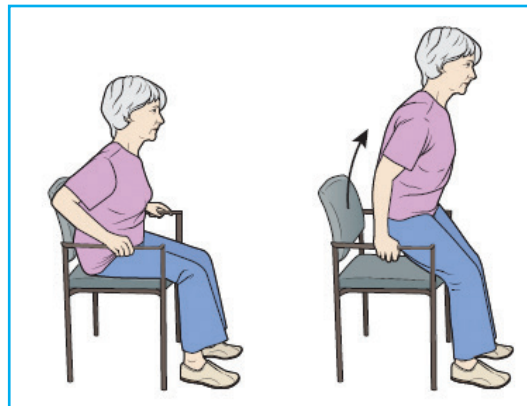
Heel raises

- Stand at counter/chair, use fingers for balance as needed.
- Raise up on your toes, lifting heels off the ground.
- Hold for one or two seconds and SLOWLY lower your heels.
- Repeat 15 times. Do this two times each day.



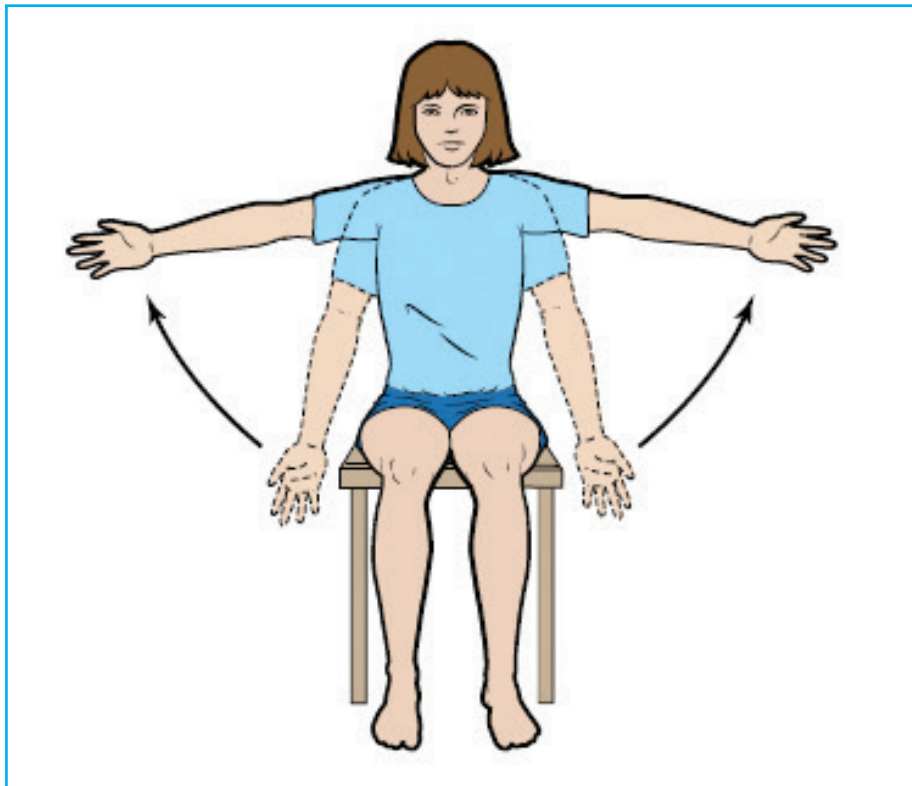
Seated push-ups

- Sit comfortably in a chair with armrests. Keep your back straight, shoulders back and head facing forward.
- Place your hands on the armrests of the chair. Place your feet shoulder distance apart, right below your knees.
- Position yourself as if you're going to stand up.
- Straighten your elbows and lift your buttocks off the seat until your elbows are straight. Lift your buttocks as high as you can, even if you can't get off the chair completely.
- Slowly lower yourself back onto the seat of your chair as you bend your elbows.
- Repeat 10 times.



Arm raises

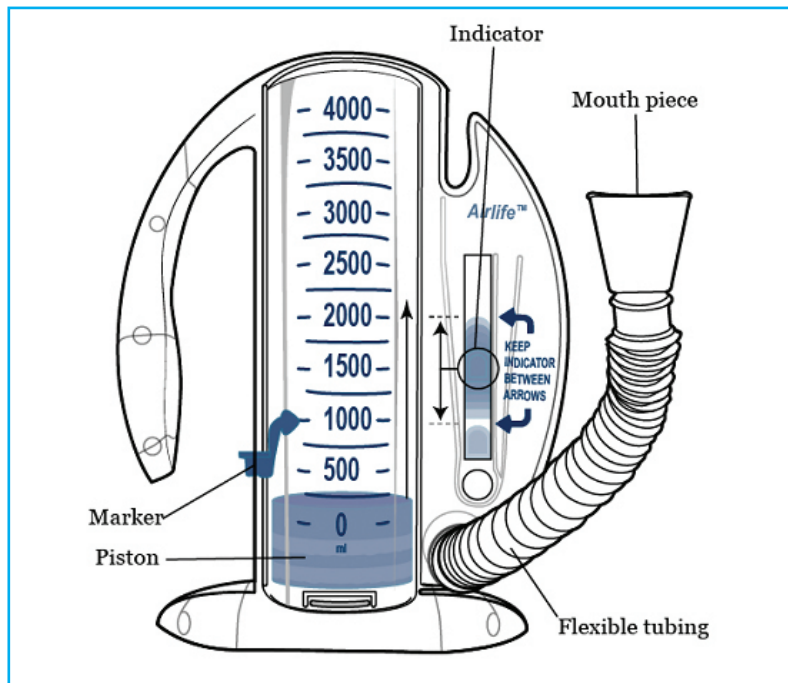
- Sit or stand comfortably with your back straight, shoulders back and your head facing forward.
- Raise your arms out to the side, up to the level of your shoulders, while keeping your elbows straight
- Hold for five seconds.
- Lower your arms to your sides.
- Repeat 10 times.



INSTRUCTIONS

Incentive Spirometer

This tool helps exercise your lungs to reduce the risk of developing pneumonia. It also increases the amount of oxygen that reaches your surgical incision(s), so you heal faster.



1. Hold IS unit straight up in front of you.

2. Breathe out.

3. Close your lips tightly around the mouthpiece.

4. Inhale slowly and deeply through your mouth. *(This breath will raise the piston in the IS chamber as the air sacs in your lungs open).*

5. When you cannot breathe in any longer, take the mouthpiece out of your mouth.

6. Hold your breath for at least three to five seconds then breathe out slowly.

7. Breathe normally as the piston returns to the bottom of the IS chamber.



8. Repeat this exercise 10 times every hour while you are awake. If you feel dizzy slow your breathing down.
9. After you've taken 10 deep breaths on your IS unit, try to cough. This removes any mucus that builds up in your lungs.
 - *If you hold a pillow or folded blanket over your incisions, you will have less pain when you cough. This is called splinting.*



Hibiclens Bathing

You play an essential role in your recovery from surgery, and we would like you to help us prevent infection after surgery. To lower the risk of infection, we want to make your skin as free of germs as possible before the surgery. Patients undergoing surgery have been shown to be less likely to get an infection by showering with a special germ-fighting soap like Hibiclens (*DO NOT use if you are allergic to Chlorhexidine CHG*). Remove all jewelry and body piercings. Please shower with the Hibiclens soap the night before and the morning of surgery.

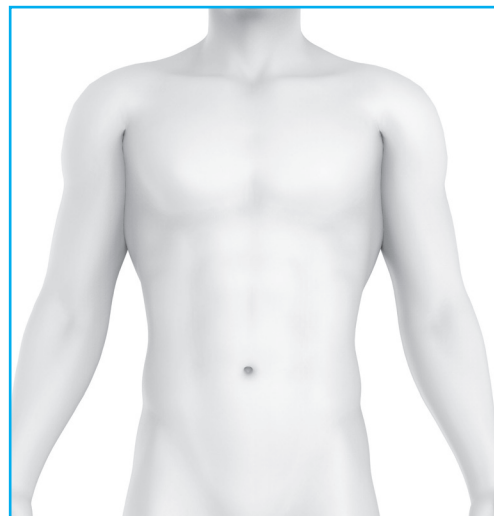


DO NOT use Hibiclens to wash your hair, face, or private areas! See the picture on the next page.

- Put clean sheets on your bed the first day you shower with Hibiclens.
- Wash your hair using your usual shampoo and rinse the shampoo from your hair and body.
- Wash your face with your regular soap and rinse.
- Use a clean, unused washcloth and Hibiclens wash from your neck down to your groin.
- **DO NOT** use Hibiclens liquid/foam near your eyes, ears or around genital area.
- **DO NOT** use your regular soap after using the Hibiclens.
- Rinse your body well.
- Pat yourself dry using a clean, unused towel.
- **DO NOT** shave the area of your body where your surgery will be performed for four days before surgery.
 - *Small cuts can allow germs to enter the body.*
- **DO NOT** apply lotions, powders or perfumes.
- Dress in clean clothing/pajamas.
- Anyone sleeping in the same bed as you should wear clean clothing/pajamas.
- **DO NOT** allow your pets to sleep in your bed while showering with Hibiclens before surgery or until your belly incisions heal after surgery.

Where should you wash with the Hibiclens soap?

Please scrub from the neck down to the groin area only.



PRE- AND POST-OPERATIVE ERAS CHECKLISTS

ERAS Pre-Op Checklist:

TEN TO 14 DAYS BEFORE SURGERY

- Keep up with your exercise program.
- If you smoke, quit today. **Call (800) QUIT-NOW (784-8669).**
- Install Roper St. Francis Healthcare's Colorectal Surgery app
- Arrange to have someone take you home after your surgery. Plan for a two to three day stay.
- Complete any blood work or additional tests that your surgeon ordered.

ONE WEEK BEFORE SURGERY

- Ensure Immunonutrition Shakes – 20 cartons (protein drink, 3 times daily for 5 days) The 20 cartons are on the outside of your perimeter of your box when delivered (included in your ERAS bundle).
- Ensure Pre-surgery drinks - 3 bottles (included in your ERAS bundle).
- Keep up with your exercise program.
- Confirm the location of your surgery.
- Stop all blood thinners (*aspirin, ibuprofen, Plavix, Coumadin, etc.*) before surgery. Contact your prescribing doctor to let them know you are having surgery so they can tell you how far in advance to stop taking them.
- Stop taking all vitamins and supplements. Common supplements include fish oil, garlic, ginseng, ginko, kava, feverfew, valerian, turmeric and resveratrol.
- Stop taking all prescribed and over-the-counter weight loss medications (*Phentermine, etc.*)
- Get antibiotic prescription filled.
 - *Please call your surgeon's office if you have allergies to any of the medications.*
- Buy supplies for bowel prep and your carbohydrate drinks.
 - If your surgeon wants you to have a bowel prep, you will need:**
 - Miralax 238 gm – 1 bottle
 - 64 oz. G-series Gatorade (G2 if Diabetic) – 1 bottle



NOT RED!

FOUR DAYS BEFORE SURGERY

- Keep up with your exercise program.
- Expect a call from PAT (*pre-admission testing*) to review your health and medication history and to answer any last minute questions.
- Do not shave, wax or perform any hair removal at or around the area where you will be having surgery.
- Make sure that you have all the supplies needed for:
 - bowel preparation
 - antibiotics
 - carbohydrate drinks

Please call you surgeon's office if you have allergies to any of the medications.

- Make sure you have medicated liquid soap (Hibiclens) for your pre-surgery body wash. This may have been provided to you by your surgeon's office.
- Continue to drink protein drinks.

ONE DAY BEFORE SURGERY

- Keep up with your exercise program.
- Take your antibiotics as prescribed at 2 p.m., 3 p.m. and 10 p.m.
- Begin bowel prep no later than 5 p.m.
(*MiraLAX® 238 gm mixed with 64 oz. of G-series Gatorade®*)
- Do not have solid food for supper.
- Drink only clear liquids after you start your bowel prep. See list below.
- Remove all jewelry and body piercings.
- Shower with the medicated liquid soap (*Hibiclens*) before going to bed. Follow the instructions in this booklet on page 31.
- Drink a 10 oz. Ensure Pre-Surgery clear carbohydrate drink (Strawberry flavored) 6 p.m. and again before going to bed.
- Brush your teeth and rinse your mouth with water after you drink your carbohydrate drink.
- Do not eat or drink anything after midnight.



What is a clear liquid?

A clear liquid diet consists of liquids you can see through. This helps is to let your gastrointestinal (GI) tract rest before surgery. Clear liquids may be colored as long as you can see through them. You cannot eat solid food while on a clear liquid diet.

Note: It is important to stay well-hydrated during your bowel prep, so please drink many of the allowed clear liquids.

ALLOWED	NOT ALLOWED
Water	Milk, cream, milkshakes, smoothies
Clear broth: beef or chicken <i>(no noodles, chicken or vegetables)</i>	Cream soups or any soup other than broth
Gatorade or other clear sport drinks	Oatmeal, cream of wheat, grits
Fruit juices without pulp: apple, grape, cranberry	Ice cream, gelato, low fat ice cream
Tea or coffee <i>(without milk or cream)</i>	Chocolate or any candy with filling
Gelatin <i>(without fruit)</i>	Tomato, orange or grapefruit juice, fruit nectars
Popsicles <i>(without fruit or cream)</i>	Carbonated drinks, including dark sodas (<i>cola and root beer</i>)
Italian ices or hard candy	
You may use salt, pepper and sugar	

Please follow the instructions below ONLY if you are taking any of the following medications.

Ozempic - Semaglutide	Rybelsus - Semaglutide
Byetta - Exenatide	Mounjaro - Tirzepatide
Victoza - Liraglutide	Wegovy - Semaglutide
Bydureon - Exenatide	Saxenda - Liraglutide
Trulicity - Dulaglutide	Adlyxin - Lixisenatide
Tanzeum - Albiglutide	Symlin - Pramlitide

***Daily Doses: hold any of these medications the day of your procedure.**

***Weekly Doses: hold any of these medications 7 days before your procedure.**

***Your procedure will be canceled if you do not follow these instructions.**

Diet Restrictions: If you are taking any of the above medications, clear liquids ONLY from 12:00 AM to 11:59 PM the day before your procedure (ex.: water, black coffee with no milk or cream, juice without pulp, plain non-red or purple Jell-O, soda, Ensure Clear, non-red or purple Gatorade, chicken broth, beef broth and bone broth without noodles), and then, NO food or drink including gum or mints after 12:00 AM the day of your procedure, even if your doctor told you to drink fluids.

When taking these medications, your stomach does not empty as quickly and can cause you to inhale your stomach contents while under anesthesia. Your provider will discuss these risks with you further on the day of your procedure. Even when following the fasting and medication instructions you may have symptoms such as nausea, vomiting, and/or bloating on the day of your procedure. Depending on your symptoms, the anesthesiologists and surgeon may decide that delaying or cancelling surgery may be the safest decision for you.

If you have any questions regarding this information, please contact our Pre-Admissions (PAT) department at (843) 965-8205 to speak with one of the nurses.



MORNING OF SURGERY

DO NOT EAT OR DRINK ANYTHING THAT IS NOT ON THIS LIST OR YOUR SURGERY WILL BE CANCELED!

- Take all regular medicines as instructed with a sip of water.
- Shower with the medicated liquid soap (*Hibiclens*), before coming to the hospital. Follow the instructions on page 31 in this booklet.
- Do not wear makeup or jewelry.
- Wear comfortable, loose clothing, such as a button front shirt or blouse and elastic waistband pants. If possible, wear/bring flat sole, slip-on walking shoes.
- Drink a 10 oz. Ensure Pre-Surgery clear carbohydrate drink (Strawberry flavored) AND NOTHING ELSE two hours before you have been told to arrive (consumed in 10 minutes, not sipped).
- Brush your teeth and rinse your mouth with water after you drink your carbohydrate drink.
- Tell your anesthesiologist if you get nauseated easily.
- Report to the hospital registration at your scheduled arrival time.
See hospital maps on page 40.



ERAS Post-Op Checklist:

DAY OF SURGERY

- Get out of your bed and sit in a chair one time today.
- Walk with assistance one time today. Aim for 150 feet.
- Start to drink clear liquids then soft foods if you can.
Eat all meals in a chair.
- Chew gum four times today for 30 minutes.
- Let your doctor or nurse know if you have any discomfort.
- Use your Incentive Spirometer 10 times an hour when you are awake.
- Keep the head of your bed raised.
- Brush your teeth and use mouthwash today.
- Deep breathe and cough often.
- If you have a urinary catheter, ask for it to be removed.
- Keep your SCDs on your legs when you are in bed.

DAY AFTER SURGERY

- Walk at least 150 feet six times today.
- Start to eat solid foods.
- Eat all meals sitting in a chair.
- Keep SCDs on while in bed.
- Chew gum four times today for 30 minutes.
- Drink protein diet supplement with every meal.
- Let your doctor or nurse know if you have any discomfort.
- Use your Incentive Spirometer 10 times an hour when you are awake.
- Keep the head of your bed raised.
- Brush your teeth and use mouthwash two times today.
- Deep breathe and cough often.
- If you have a urinary catheter, ask for it to be removed.

If you have an ostomy:

- Expect a visit from the ostomy nurse to have your pouch changed and review pouch change, emptying, supplies, diet and lifestyle. If you do not see an ostomy nurse, tell the nurse caring for you.
- Begin to participate in your ostomy care.
- Describe your plan for care after discharge.

TWO DAYS AFTER SURGERY:

- Walk at least 150 feet six times today.
- Continue to eat solid foods.
- Eat all meals sitting in a chair.
- Chew gum four times today for 30 minutes.
- Drink protein diet supplement with every meal.
- Let your doctor or nurse know if you have any discomfort.
- Use your Incentive Spirometer 10 times an hour when you are awake.
- Keep the head of your bed raised.
- Brush your teeth and use mouthwash two times today.
- Deep breathe and cough often.
- If you have a urinary catheter, ask for it to be removed.
- Keep your SCDs on your legs when you are in bed.

If you have an ostomy:

- Demonstrate emptying your pouch with your nurse or patient care technician (PCT).
- Tell us about your ostomy diet and what you need to do to prevent dehydration from your ostomy.
- List what medicines you can use to make your ostomy output thicker.
- Ask your nurse how to record ostomy liquid.
- Check that you have ostomy supplies at home.
- Contact ostomy nurse for any pouching or supply issues.
 - *If you are discharged today, have a family member get your prescriptions filled so that you have the medicines you need when you get home.*



THREE DAYS AFTER SURGERY:

- Walk at least 150 feet six times today.
- Continue with regular diet.
- Eat all meals sitting in a chair.
- Keep SCDs on while in bed.
- Chew gum four times day for 30 minutes if your bowel movements are not regular.
- Drink a protein supplement with every meal.
- Let your doctor or nurse know if you have any discomfort.
- Use your Incentive Spirometer 10 times an hour when you are awake.
- Keep the head of your bed raised.
- Brush your teeth and use mouthwash two times today.
- Continue to breathe deep and cough often.



If you have an ostomy:

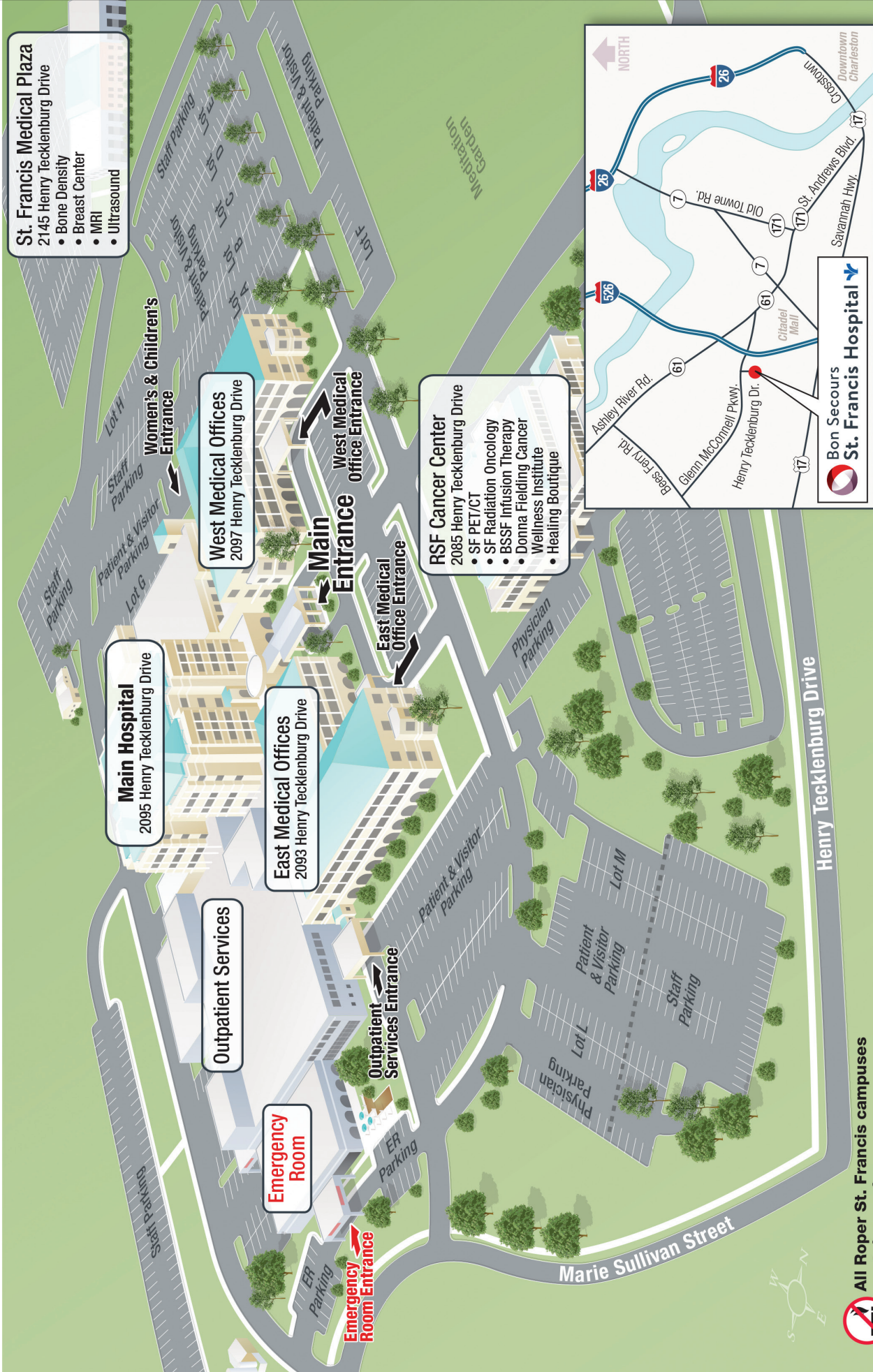
- Show how you would empty your pouch.
- Tell us about your ostomy diet and what you need to do to prevent dehydration from your ostomy.
- List what medicines you can use to make your ostomy output thicker.
- Ask your nurse how to record ostomy liquid.
- Check that you have ostomy supplies at home.
- Contact ostomy nurse for any pouching or supply issues.

Roper Hospital: (843) 724-2094

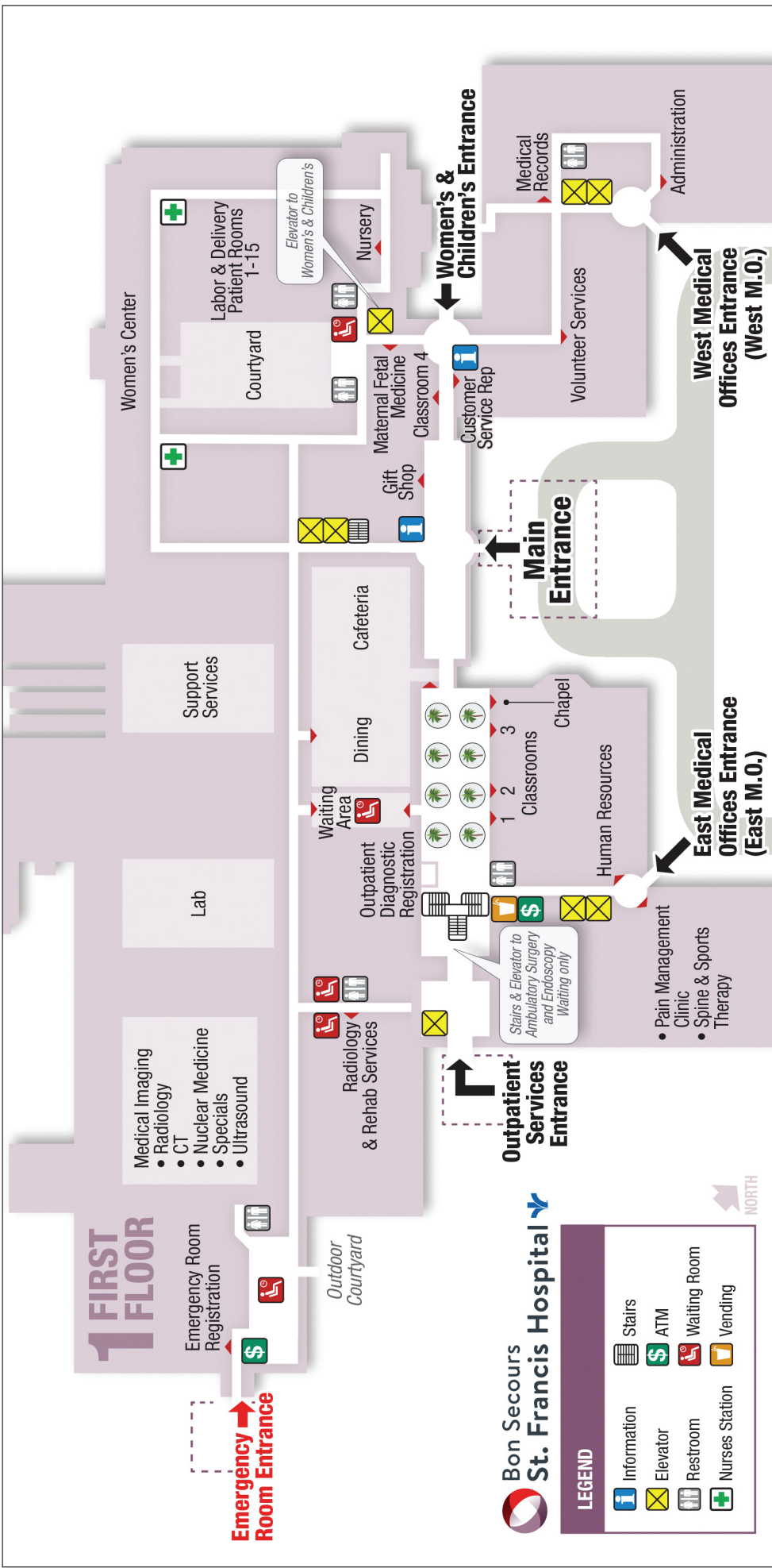
Bon Secours St. Francis Hospital: (843) 402-1133

Roper St. Francis Mount Pleasant Hospital: (843) 606-7988

- *If you are discharged today, have a family member get your prescriptions filled so that you have the medicines you need when you get home.*



 All Roper St. Francis campuses are tobacco-free.

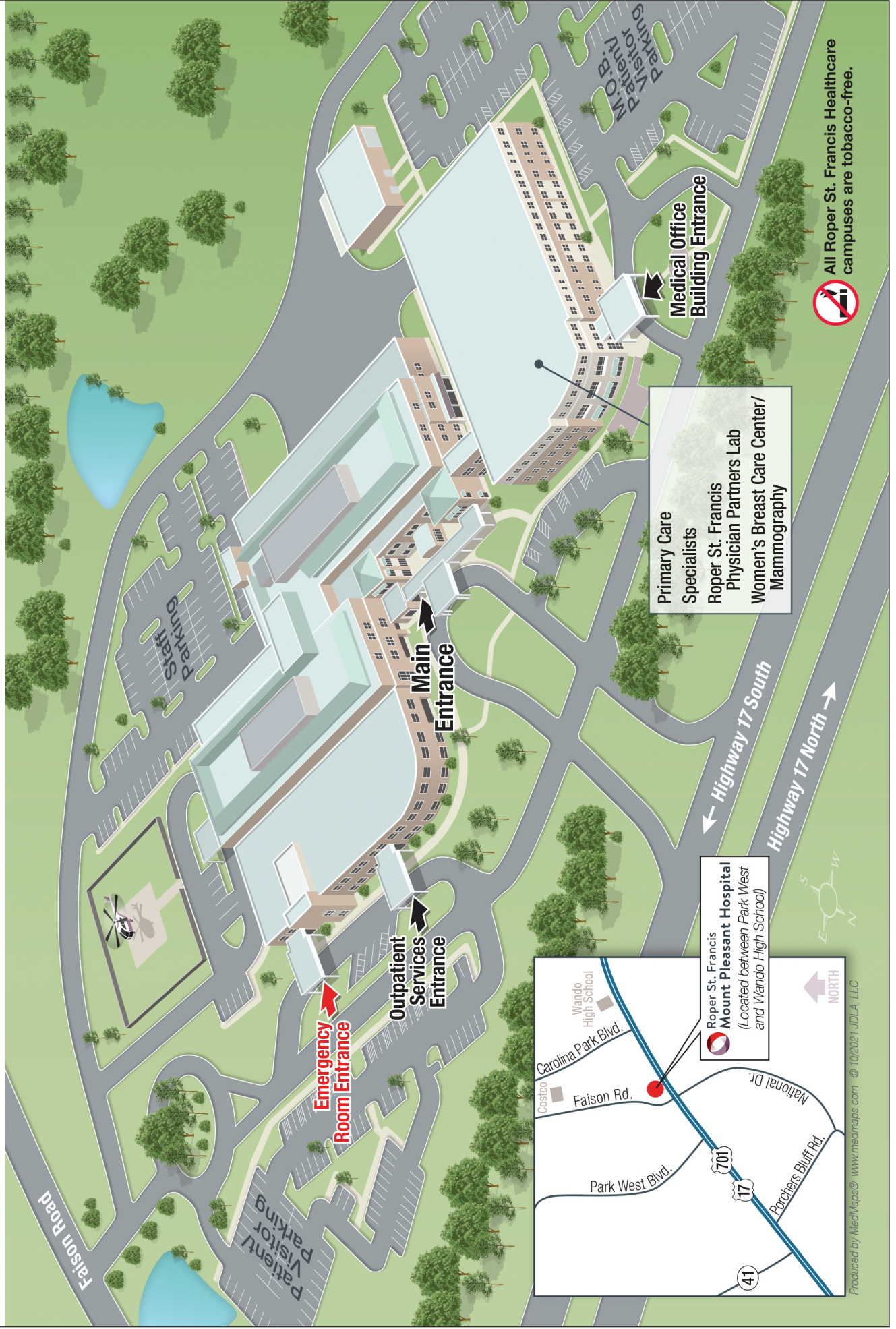


DEPARTMENT	FLOOR	ENTRANCE	DEPARTMENT	FLOOR	ENTRANCE	DEPARTMENT	FLOOR	ENTRANCE
Administration	1	West M.O.	Lab	1	Main	Progressive Care – John England	2	Main
Ambulatory Care/Surgical Suites	2	Outpatient	Labor & Delivery	1	Women's & Children's	Rehab Services	1	Outpatient
Cafeteria	1	Main	Maternal Fetal Medicine	1	Women's & Children's	Spine & Sports Therapy	1	East M.O.
Chapel	1	Main	Medical Imaging (Radiology, CT, Nuclear Medicine, Ultrasound)	1	Outpatient	St. Jude	4	Main
Classrooms 1, 2, 3, 4	1	Main	Medical Records	1	West M.O.	St. Luke	3	Main
Computer Training Room	2	West M.O.	Neuro - Spine Center	5	Main	St. Vincent	4	Main
Customer Service Rep	1	Main	Nursery	1	Women's & Children's	Support Services	1	Main
Emergency Room Registration	1	Emergency	Oncology	4	Main	Surgical Progressive Care Unit (SPCU)/Bariatric	5	Main
Endoscopy	2	Outpatient	Outpatient Diagnostic Registration	1	Outpatient	Volunteer Services	1	West M.O.
Gift Shop	1	Main	Pain Management Clinic	1	East M.O.	Women's Center	1 & 2	Women's & Children's
Hemodialysis	4	Main	Spine & Sports Therapy	1	East M.O.			
Human Resources	1	East M.O.						
Intensive Care Unit	2	Main						

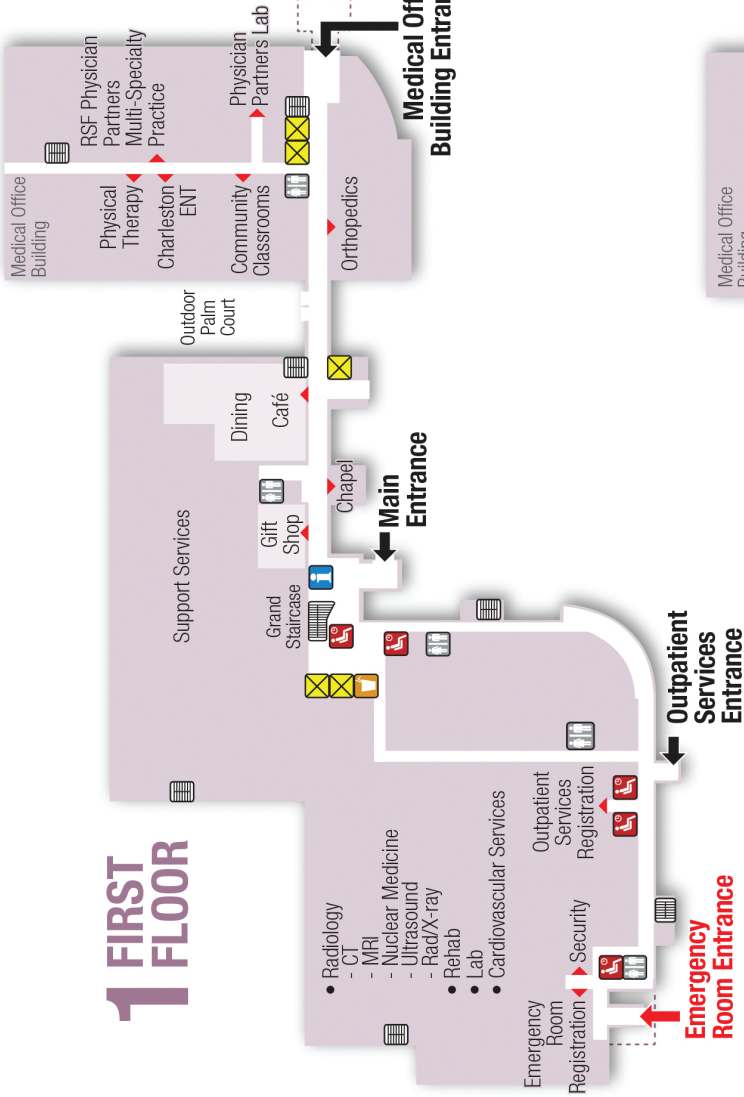


Roper St. Francis Mount Pleasant Hospital

3500 Highway 17 North, Mount Pleasant, SC 29466
(843) 606-8990 | rsfh.com/mountpleasanthospital



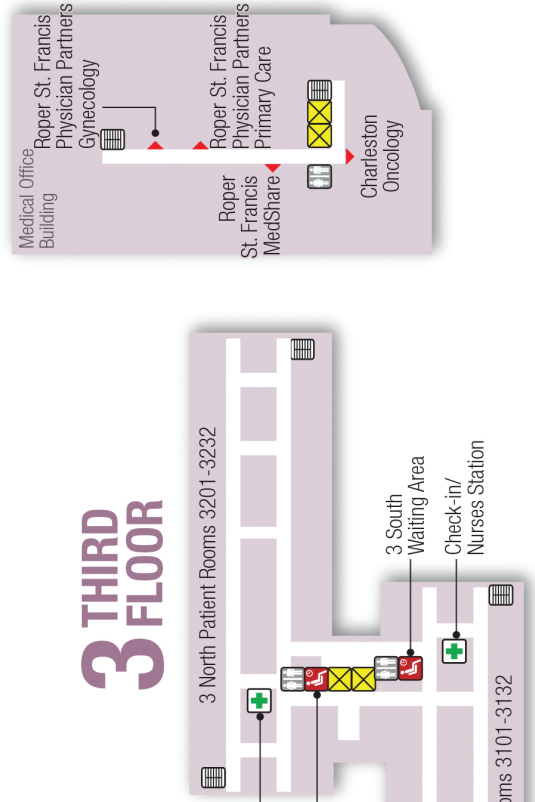
1 FIRST FLOOR



2 SECOND FLOOR



3 THIRD FLOOR



DEPARTMENT	FLOOR	DEPARTMENT	FLOOR
2 North Patient Room 2601-2613	2	Roper St. Francis Primary Care	M.O.B., 3
3 South Patient Rooms 3101-3132	3	Physical Therapy	M.O.B., 1
3 North Patient Rooms 3201-3232	3	Physician Partners Lab (Suite 100)	M.O.B., 1
Café/Dining	1	Radiology	1
Cardiovascular Services	1	CT, MRI, Nuclear Medicine, Ultrasound, Rad/Fluoro, X-ray	1
Chapel	1	Rehab	1
Charleston ENT (Suite 135)	M.O.B., 1	Roper St. Francis MedShare (Suite 325)	M.O.B., 3
Charleston Oncology	M.O.B., 3	Roper St. Francis Physician Partners Multi-Specialty Practice (Suite 110)	M.O.B., 1
Community Classrooms	M.O.B., 1	Roper St. Francis Physician Partners OB/GYN	M.O.B., 3
Emergency Room Registration	1	Roper St. Francis Surgical Partners (Suite 220)	M.O.B., 2
Family Waiting	3	Support Services	1
Gift Shop	1	Surgery Registration & Waiting	2
ICU Patient Rooms 2102-2110	2	Women's Imaging	M.O.B., 2
ICU Waiting	2	Mount Pleasant Hospital Administration (Suite 200)	M.O.B., 2
Information	1	Orthopedics (Suite 105)	M.O.B., 1
Lab	1	Outpatient Services Registration	1
Lowcountry Oncology	M.O.B., 2		
Mount Pleasant Hospital Administration (Suite 200)	M.O.B., 2		
Orthopedics (Suite 105)	M.O.B., 1		
Outpatient Services Registration	1		

LEGEND

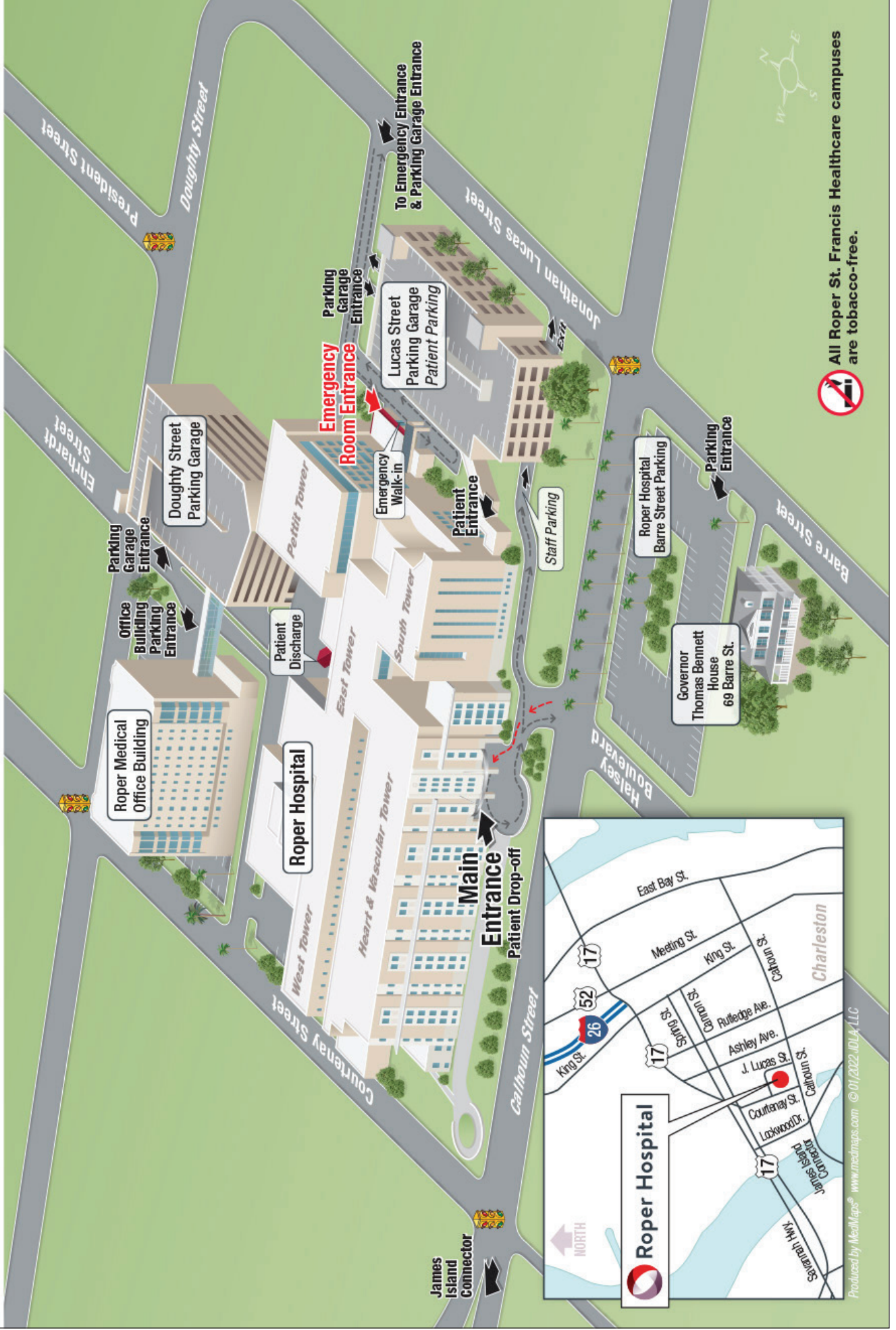
- Information
- Restrooms
- Elevator
- Vending
- Check-in/ Nurses Station
- Stairs
- Waiting Area



NORTH

Roper Hospital

316 Calhoun Street • Charleston, SC 29401
 843.724.2000 • www.rsfh.com/roperhospital



All Roper St. Francis Healthcare campuses are tobacco-free.