Methodist Health System

Enhanced Recovery After Surgery (ERAS) for **Colorectal Surgery**

Methodist HEALTH SYSTEM

Helpful Phone Numbers

▪ Methodist Dallas general operator	214-947-8181
▪ Outpatient Registration (2nd floor Pavilion II)	214 947-3440
▪ Presurgery Assessment Center (Pavilion II)	214-947-3888
▪ Radiology scheduling	214-947-3441
▪ Hospital billing	214-947-6300
▪ 8th floor Schenkel Tower (surgery)	214-947-8099
▪ 9th floor Schenkel Tower (orthopedics)	214-947-9099
▪ 10th floor Schenkel Tower (gynecology)	214-947-1099
▪ ICU (4th floor Sammons Tower)	214-947-3399
▪ Cancelling, days prior to surgery	*contact your surgeon*
▪ Cancelling, morning of surgery	214-933-6308

Surgeon:_____

Office phone_____

Scheduled surgery date:_____

Please arrive at the hospital by: _____

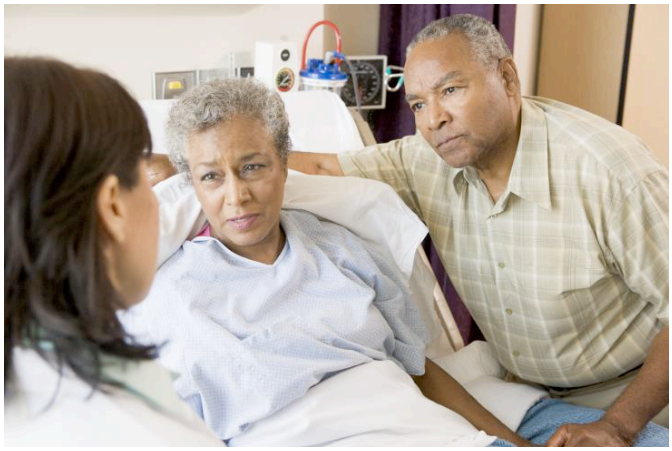
Please check in at Outpatient Services on the 2nd floor in Pavilion II.

Enhanced Recovery After Surgery Guide

We are excited to join your team!

You have been referred to Methodist Dallas Medical Center for colorectal surgery. Studies show that colon surgeries have better outcomes and fewer complications if done at a hospital that performs these specialized surgeries more frequently.

At Methodist Dallas Medical Center you are being cared for by a multidisciplinary team that has increased skill and expertise in this specialty. This team includes surgeons, nurses, radiologists, internal medicine doctors, pathologists, cancer doctors, and other specialized caregivers.



Our Goal

We want to help you through your treatment from beginning to end with as few complications as possible. This guide book will help you learn about what to expect before and after surgery so you and your family will know how to play an active part in your recovery and healing.

Enhanced Recovery After Surgery (ERAS)

ERAS is an evidence-based recovery program developed to minimize the stress of surgery and help you recover as soon as possible.

Unique areas of focus for ERAS include:

- Preparation for surgery
- Preoperative diet
- Nausea prevention
- Surgical techniques
- Mobility and rehabilitation
- Pain relief and anesthesia options.

Your Team

During your hospital stay, your day-to-day support team will consist of many different professionals working together to provide coordinated care.

- ## Nurse

  You will meet a number of specially trained nurses throughout your visits to Methodist Dallas, beginning with presurgery assessment and continuing on the day of surgery with our perioperative nursing staff. After surgery, your floor nurse will check on you multiple times a day to give you medications, monitor your wounds, monitor your vital signs, assess your condition every few hours, and report changes to your doctor.

- ## Surgeon

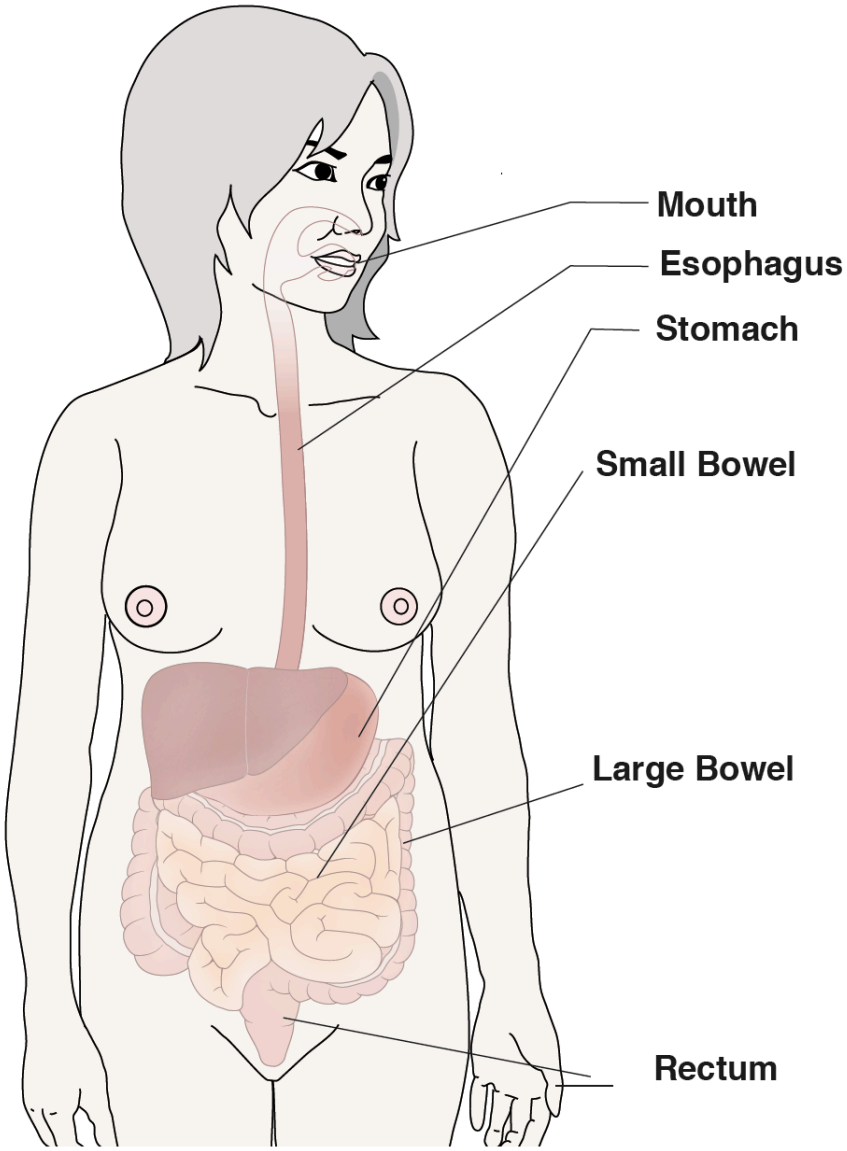
  Your surgeon will formulate and carry out a surgical plan to give you the best chance of success in dealing with your health problem. After surgery, they will check on you at least once per day and guide you through your surgical progress from start to finish.

- ## Anesthesiologist
  Your board-certified anesthesiologist will work with you to develop a strategy to minimize your surgical risk while providing optimal postoperative pain relief.
- ## Residents and interns
  These are doctors who have finished medical school and are being trained at Methodist Dallas by your surgeon. They may be around frequently, if warranted, to keep a close watch on your progress and report to your surgeon. They are in the hospital 24 hours a day, so if an unexpected issue arises, the residents and interns are easily available.
- ## Dietitian
  A registered dietitian will see you before and after surgery to help you manage your diet at home, speed healing through improved nutrition, and maintain muscle mass despite the challenges posed by systemic chemotherapies, which may be required before or after surgery. They will give guidance to the surgeon as to which diet and supplements are best for you.
- ## Social worker
  Case managers will help to arrange home health services, physical therapy, and/or skilled nursing after discharge, depending on the needs that you have.
- ## Patient care technician
  Your patient care technician (PCT) will check on you frequently and help with going to the bathroom and daily bathing. He or she will also change your linens, monitor your vital signs, draw blood if needed, and perform other necessary tasks.
- ## Physical therapist
  A physical therapist will try meet with you ideally on your first day after surgery to design a rehabilitation schedule that best fits your needs. He or she will teach you exercises and other skills to help get you up and walking. This helps to speed the recovery process and prevent complications.

Basic Anatomy and Types of Surgery

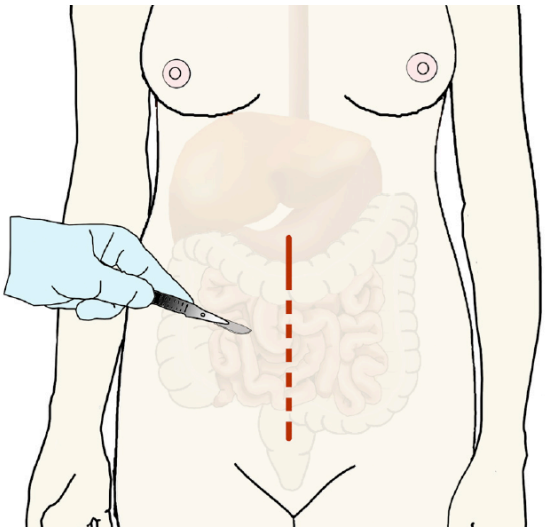
What is Bowel?

When you eat, food passes from your mouth, through your esophagus, and into your stomach. From there, it passes into the small bowel. This is where nutrients are absorbed. What is left of the food goes to the large bowel, which is about 6 feet long. This is where fluid is absorbed from the food. The stool (waste that is left over) is stored in the rectum until it is passed out of the body through the anus.

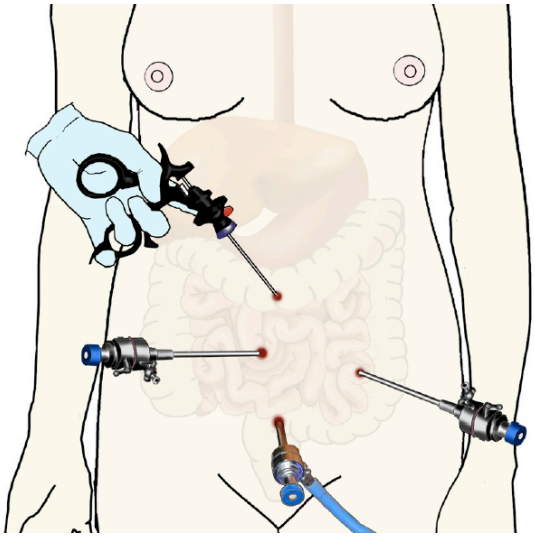


Surgical Exposure

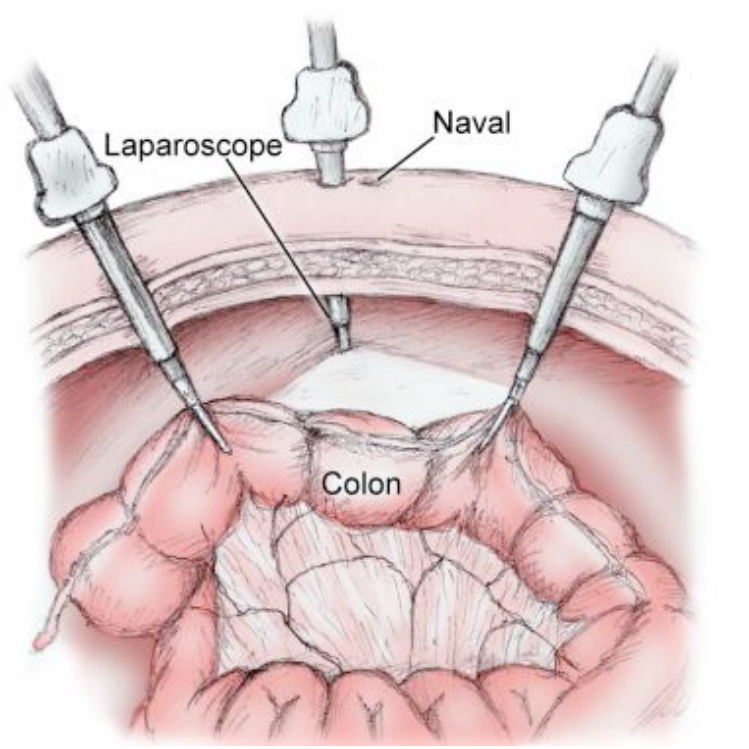
Bowel surgery, also called colorectal surgery, is removal of a diseased part of the bowel. The surgery may be done two ways. Your surgeon will talk with you about the kind of surgery you need.



- **Laparotomy**: This is an incision made through the skin up and down on the upper abdomen to provide optimal exposure of the surgical site. The skin will be closed with staples or suture under the skin.



- **Minimally invasive surgery** or laparoscopy: This type of surgery is done through very small incisions in your abdomen through which a camera and other tools are placed during surgery. Your abdomen is filled with a gas called carbon dioxide to provide space to perform the surgery.

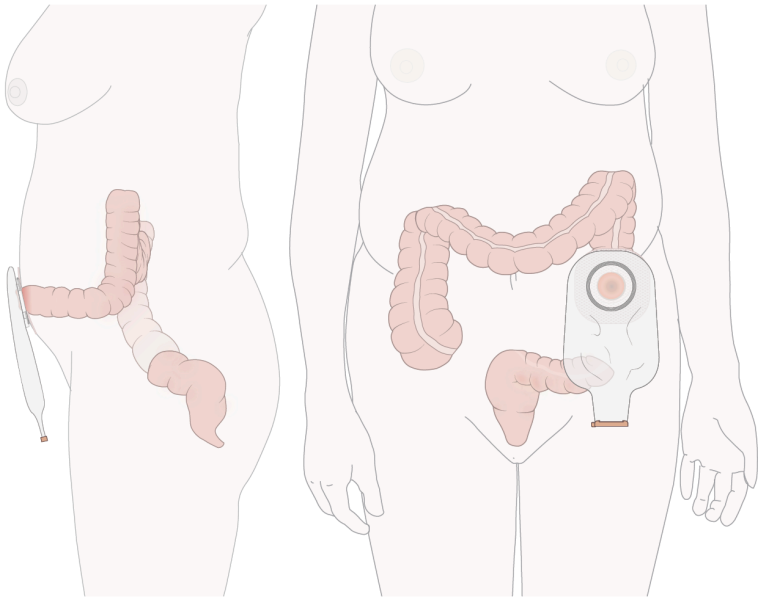


Laparoscopy may be done with the use of the robotic **da Vinci Surgical System®** to provide improved recovery and less postoperative pain.

- **Drains** are small tubes that your surgeon places in the surgical site to temporarily prevent the accumulation of blood or fluids in the operative area. They are removed a few days later in the hospital.

What is an Ostomy?

Some people, but not everyone, need an ostomy as part of their bowel surgery. An ostomy is an opening in your belly where stool and waste pass out into a bag. It may be temporary or permanent. If you need an ostomy, your surgeon will talk with you about it before your surgery. During your stay at Methodist Dallas, you will also meet with an ostomy nurse who will help you learn how to take care of it.



Benefits of Surgery for Cancer Patients

Cancer patients undergo potentially curative surgery when tests suggest that all the cancer can be removed. **The aim of this surgery is to remove all of the visible tumor or growth.** In general, patients treated with surgery survive longer.

How to Prepare for Your Surgery

Nutrition plays a key role in helping your body recover from surgery. Proper preoperative nutrition has been shown to improve the surgical outcome and shorten your length of stay in the hospital. It is important that you begin to prepare your body for surgery several weeks prior to your scheduled surgery date.

- We encourage you to drink two protein drinks per day, in addition to your regular meals as prescribed by your physician and registered dietitian. We recommend starting two to four weeks before your surgery. If your surgery date is in less than two weeks, you can still make a positive impact on your outcome by drinking two protein shakes a day in addition to eating a balanced diet. By increasing your protein intake, you will increase your muscle strength and prepare your body to handle the stress of surgery.
- Our nutrition experts recommend eating five servings of fruits or vegetables per day to maximize your nutrient status prior to surgery.
- If you are diabetic, please ensure that you obtain a protein drink appropriate for glucose control. You may need additional insulin or you could run the possibility of higher glucose levels during this time.
- Your surgeon and registered dietitian will choose the type of drink best suited for you based on a number of factors, including any recent weight loss, obesity, or disease state.

Recommended protein drinks:

General	Pts with >10% weight loss in 3 mo	Diabetics	Obese
•Ensure •Boost •Glucerna	•Boost •Ensure Complete	•Glucerna Complete •Glucerna Shake •Boost Glucose Control	•Isopure Plus •Boost Glucose Control •Glucerna Shake

- It is important that you try to make yourself as fit as possible before surgery by **exercising daily** or as much as you are able to tolerate. You can start with a 15- to 30-minute walk three times a week and increase the length of time and/or number of days when you feel you are ready. Please keep your routine simple and set realistic goals.

- We strongly recommend that you **stop smoking at least one month before your surgery** in order to decrease the risk of serious complications during and after surgery. Possible complications related to smoking include:
    - Formation of blood clots in your veins
    - Difficulty breathing during and after surgery
    - Increased risk of infection
    - Increased risk of stroke or heart problems
    - Significant delay in surgical healing and increased breakdown of wounds.

- **Do not drink alcohol for 24 hours prior to your surgery**. The consumption of alcohol may also lead to serious complications such as:
    - Increased risk of bleeding
    - Increased risk of tolerance to pain medications, increasing the likelihood of postoperative pain and complications
    - Interaction with certain medications in ways that can be very dangerous to your health
    - Dehydration and increased kidney problems.

- **Vitamins and herbal supplements** should be stopped two weeks before your procedure.

- **Please stop all NSAIDs (ibuprofen, Motrin®, Aleve®, and aspirin) one week prior to surgery.** If you are taking other anticoagulants such as Coumadin® (warfarin), Eliquis®, or argatroban, you will need to contact your surgeon's office for instructions regarding stopping these medications. If you are taking medications for chronic pain, you may continue these up to the day of surgery.

- **Prepare in advance.** You may need additional help from family and friends for the first few days with meals, chores, bathing, etc., so please try to make arrangements with your support system at home. If your bedroom is upstairs, then try to move essential items to a downstairs area where you might sleep and recover safely rather than attempt stairs until you are stronger. Stock your house with the foods that you like to eat in the event that you might not feel up to going shopping for the first week at home.

Preoperative Visit

About a week before surgery, you will be called to make a pre-op appointment at your surgeon's office. During this appointment, your healthcare provider will record your medical history and draw your blood.

- Please bring your medicine bottles with you to the appointment. This will give you the opportunity to review your medications with your surgeon and discuss how to best prepare for surgery.
- Your surgeon may order a variety of tests (for example, lab tests, X-rays, and/or an EKG) in preparation for your surgery.
- You may be referred for an evaluation by a heart or lung specialist.
- You may be given a prescription for gabapentin (Neurontin®) to be started and increased over several days immediately prior to your scheduled surgery date. This drug will be continued after your surgery to help with your pain.
- Please visit the **Presurgery Assessment Center** for evaluation by an anesthetist at least **two weeks before your surgery; call 214-947-3888 to schedule an appointment**. Please bring your medication bottles to this appointment. The anesthesia personnel will review your medications and provide additional information regarding anesthesia and advanced procedures used to control surgical pain postoperatively.

Before Surgery

- Please shower with the antibacterial soap (chlorhexidine) before you go to bed and again in the morning of your surgery to clean your skin and decrease the risk of infection.
- You can continue to eat a normal diet until 24 hours before your surgery**. During the 24 hours before your surgery, you may only have clear liquids. Examples include chicken broth, Jell-O®, water, ClearFast®, Gatorade®, and apple juice.** Do not drink anything red or purple.
- You may be instructed to take a laxative the day before surgery.
- **The day prior to surgery, please drink one bottle of the ClearFast before 8 p.m. and another at bedtime.**

- You may continue to drink additional **clear liquids only** throughout the night. **Please drink the final bottle of ClearFast the morning of surgery up to two to four hours before your scheduled procedure time**. For example, drink it at 5 a.m. for a 7 a.m. scheduled surgery. The decision about when to stop drinking will be made by your surgeon and/or anesthetist.

Please write down the times of your ClearFast bottles and report them to the nurse upon your arrival to Methodist Dallas.

Times:

Bottle 1 (by 8 p.m. (ex. dinner)/day before surgery): _____

Bottle 2 (right before bedtime/day before surgery): _____

Bottle 3 (on the way to the hospital/day of surgery): _____

If you are diabetic and taking insulin, then please test your sugar level prior to leaving for the hospital. If your glucose level is greater than 180, then treat this as you would normally treat the blood sugar level and report your insulin dose to the nurse. If you take pills for your diabetes, please remember to stop this medication the day before surgery.

Day of Surgery

- Arrive 2½ hours before your surgery. This will give you time to **register in Outpatient Services on the 2nd floor of Pavilion II** and give the staff enough time to carry out any additional tasks and provide any needed medication prior to your surgery. You may **park in garage A or B** and follow the signs to Pavilion II. Once in Outpatient Services, you and your family will be escorted to the operating room.
- Please bring your home CPAP if you use one.
- Do not chew gum, eat hard candy, or use chewing tobacco the morning of surgery.
- Please bring a copy of your **advanced directive** form, if you have completed one.
- Please bring a book or something to read while you are waiting.
- You will need your toiletries and a change of clothes for discharge.
- Please bring a list of your medications.
- You may receive a packet of antibacterial wipes to cleanse your skin with after changing out of your clothes. Please use these wipes before putting on the hospital gown that will be given to you.
- Your surgeon and anesthetist will see you prior to your surgery. This is a good time to voice any remaining questions you or your family may have.
- Your anesthetist will discuss your anesthetic risks and various options to minimize postoperative pain and nausea.

Immediately After Surgery (Recovery Room)

Most of the time, you will be transferred to the recovery room (PACU) immediately after surgery and remain there for about one hour, allowing you to wake up from anesthesia. During this time, your loved ones will be updated by the surgeon on the progress of your surgery. Once you are in your hospital room, your loved ones can visit you. You will usually stay on the surgical floor (8th floor Schenkel Tower) until you go home.

On the Postsurgical Ward

Tubes and Drains

You might have a small drainage tube exiting your skin and connecting to a little bulb. This is called a Jackson-Pratt drain. This tube will drain the extra fluid in the area where surgery was done. This tube will be removed after one or two days depending on drainage.

You may also have a feeding tube placed during surgery (gastric tube or jejunostomy tube). If needed, this can be used to give you nutrition during your hospital stay and after discharge. Your surgeon will remove the tube in the office at your first follow-up visit or when he or she feels you're eating enough and able to maintain your weight.

Depending on the type of procedure, you may have a urinary catheter or some other type of drain in place after surgery. This catheter is usually in place for two to three days and is removed as soon as you are getting in and out of bed freely. Once removed, you are expected to urinate on your own within six hours of removal.

Eating and Drinking

During surgery, your bowel and other digestive organs are examined. Sometimes the bowels slow down in activity after surgery, creating an **ileus**, a blockage in the bowel. This may result in nausea and vomiting postoperatively.

Chewing gum and hard candy have been shown to stimulate your bowels and get them working again. Regardless of whether you had an open or laparoscopic surgery, once you are fully awake following surgery, you are encouraged to chew gum for 30 minutes every four hours.

You will be started on a clear liquid diet the same day of surgery, beginning with small sips of liquid. You will increase to a full clear liquid diet and ultimately to a normal diet once you pass gas. Fluid to keep you hydrated will go through an IV catheter in your arm into your veins. During this time, you may have ice chips, sugar-free gum, and hard candy.

A **registered dietitian** may also visit you in the hospital and work with your surgeon to develop the best dietary plan for you.

It may be hard to eat and drink at first because of feeling sick to your stomach. This is not unusual. Please let your nurse know. He or she will give you medicine to help with your stomach sickness.

After Surgery:
Pain Expectations and Management

What kind of pain should I expect after surgery?

Everyone's pain experience after surgery is different and unpredictable due to opioid tolerance, previous experience, comorbidities, age, gender, type of surgery, and type of anesthetic.

Will I be pain-free?

The goal of pain management is to restore function after surgery. We will work with you to establish a safe level of pain relief. Your discomfort level may not go down to 0 out of 10, but we want to do everything we can to make you as comfortable as possible without over sedating you.

Why is pain management important?

With good pain management, you get well faster. You can start walking, do your breathing exercises, and regain your strength more quickly. Good pain management has been shown to speed recovery and increase good outcomes by allowing the patient to meaningfully participate in postsurgical recovery activities.

How can I participate in my pain management?

Ask about the schedule of pain medicines. Some medicines are scheduled and will be brought at a set time. Other medicines are brought to you only when you request them. Please inform your nurse if your pain is not being well controlled.

Can I get addicted to pain medicine after surgery?

As long as you take pain medication when there is actual pain and not for other reasons, addiction should not be an issue. Addiction to pain medication can happen if the medications are used improperly. Each week your need for pain medication will decrease as your incision heals.

How will my pain be managed?

During surgery

Your anesthesiologist and surgeon will work together and decide which pain management options would be best for you, depending on the type of surgery and your physical anatomy. You may have a pain medicine injected into your back immediately before surgery while under sedation. This is known as **spinal morphine** and works well during the first day after surgery to allow you to participate in your rehabilitation. Another option your surgeon may choose is inserting an **On-Q® pain pump** into the surgical incision. This small catheter releases numbing medicine to the surgical site over several days. A final option would be to perform a **TAP block** while you are asleep, using a long-acting numbing medication that may last up to three days.

After surgery

IV narcotics: After surgery, you will receive intravenous (IV) pain medications to treat any severe pain. The most common are morphine or hydromorphone (Dilaudid®).

Oral narcotics: Once you are able to eat a solid diet, you will receive oral pain medications to treat pain. Common oral medications are hydrocodone (Norco®) and tramadol (Ultram®).

Non-narcotics: In addition to narcotics, your physician may order other medications to assist with pain relief. A common myth is that mild medications like Tylenol® or ibuprofen cannot treat pain better than strong narcotics. The truth is that they work very well when used together and can greatly improve pain relief while reducing the amount of narcotic you will need; narcotics can keep your intestines from working and prolong your hospital stay. Using the latest ERAS protocols, we also often use gabapentin (Neurontin®) or pregabalin (Lyrica®), both which have been shown to be effective in improving your pain control. While these drugs have traditionally been used as antiseizure medications, they also are used by pain physicians to treat acute and chronic pain.

What alternatives are there to medications?

- Relaxation: Simple techniques can help to increase comfort.
- Music: Music can provide relaxation and distraction.
- Physical agents: Heat or cold therapy, massage, rest, and good body alignment may help to lessen pain.

Will I have pain management help after going home?

You will go home with a prescription for oral pain medication if needed at the time of discharge.

After Surgery

Preventing Problems

Blood clots: After surgery, you will receive a daily injection of a blood thinner until you go home. You will also have blue wraps on your legs that pump up to help your blood circulate. The risk of blood clots goes up if these wraps are not used.

Pneumonia: You will use a breathing device called an incentive spirometer. You will suck on this like a straw, and it will help you take deep breaths. It may make you cough as well, which is good for your lungs. You should take **10 breaths with the incentive spirometer every hour** (while you are awake) to reduce the risk of getting a lung infection and decrease the use of the oxygen supplement. Some patients find it useful to use each commercial they see on TV as a reminder to perform their incentive spirometry.

Getting out of bed and walking: You can bring a robe from home for walking in the halls. After you have your Foley catheter removed, you can wear your own pants or pajama bottoms.

Activity Plan

Day 1: Spend at least two hours out of bed in the chair. Walk at least once outside the room in the hallway with assistance.

Day 2: Spend four hours out of bed in the chair. This can be done one hour or two hours at a time if you need breaks. Complete three or more walks outside the room with assistance.

Day 3: Take four or more walks around the halls from this day forward. Depending on your progress, you may be discharged on Day 3 or 4.

ALWAYS WAIT FOR STAFF TO ASSIST YOU BEFORE GETTING OUT OF BED.

We recommended the above activity plan to help with recovery. Incomplete participation in out-of-bed activities can lead to slower recovery time, a delay in normal digestion, and possibly more serious problems. For medical reasons, your surgeon may temporarily instruct you to slow down or stop your out-of-bed activity for one to two days.

Discharge Home

You are getting close to discharge when:

- You are able to eat solid food and drink fluids on your own without the need for IV fluids
- Your pain is controlled with pain pills
- You are able to walk around the postsurgical floor with limited, or no assistance
- You are able to use the bathroom without difficulty
- You do not have fever or signs of infection.

With a **robotic (laparoscopic) colectomy**, most patients go home in two to three days. With an **open colectomy**, most patients go home within three to four days.

- **Please make arrangements for transportation home prior to the day of discharge.**
- We ask that you gradually resume your exercise program once you have been cleared by your surgeon.
- Prior to discharge, nursing staff will review your medications with you and answer any questions you have regarding your postoperative care. Fill your pain medication prescription as soon as possible and follow the directions on the bottle.
- Please schedule your follow-up appointment with your surgeon's office prior to leaving the hospital
- When you go home, we may help arrange for you to have resources close to your home to help you as you continue to learn how to manage blood sugar control and enzyme replacement.

If you have any other questions, please contact your surgeon.

Follow-Up

You should make a follow-up appointment with your surgeon for one to two weeks after your discharge. Your staples will be removed in the office at that time.

Further Treatments

If your surgery was to remove a tumor or growth, a sample was sent to the lab to look for cancer cells. If cancer cells were found, your surgeon will talk with you at your follow-up appointment and will assist with making an appointment with an oncologist (a cancer specialist), who will discuss with you if chemotherapy is recommended.

Further Testing

You will need to visit your surgeon's office every three months to monitor your recovery progress. If cancer was found, it is important that you also have a CT scan every three months. Please bring the CT scan disk with you to your follow-up appointments.

At Home

When to Call Your Doctor

Complications after surgery can occur, and while we never want this to happen, we do want you to know what to look for. If at any time you are worried about one or more of the symptoms below, please contact your surgeon's office immediately.

Severe Abdominal Pain

It is normal to have medium to strong abdominal pain during the first few weeks after surgery. This may be related to your incision or gas cramps with eating. However, if you experience severe, unbearable pain that lasts for several hours, something serious may be wrong. Fluid could be leaking inside at the surgery site. If this happens, you will likely have a fever with the pain and will generally feel unwell. Please contact the doctor's office as soon as possible.

Wound Infections

Look at your wounds every day to watch for signs of infection: redness, swelling, oozing or liquids leaking out, warmth, or fever. These can start two days to three weeks after surgery. The infection can spread deeper in the body if it is not treated. An infection can also cause your wound to reopen.

Bleeding

If your wound suddenly bleeds, apply pressure and seek emergency care.

Leg or Chest Pain

Walking helps to prevent blood clots in your legs called deep vein thrombosis. However, if at any time you notice pain or swelling in the back of your legs or if you become short of breath with chest pains, you should contact your doctor or go to the emergency room right away.

Fever

Any temperature higher than 101 degrees Fahrenheit should be reported to your doctor immediately. If you notice yourself sweating, having chills, or feeling warm, check your temperature.

Persistent Nausea or Vomiting

If you cannot keep food and liquids down, you can get dehydrated. Contact your doctor if nausea or vomiting happens multiple times.

Please call 911 if you think you are having any problems that you think are an emergency.

Getting Back to Normal

Diet

It is not uncommon to have less of an appetite following surgery. We recommend four to six **small frequent meals** throughout the day to avoid constipation. Depending on your bowel pattern, you may have to make adjustments in your diet. If you don't have an appetite, choose higher-calorie foods and try to make the most of times when you feel hungry.

Try to eat a balanced diet, including:

- Foods that are soft, moist, and easy to swallow
- Foods that can be broken into smaller bite-sized pieces
- Foods that can be softened by cooking or mashing
- Plenty of soft breads, pastas, rice, potatoes, and starchy foods
- Enough protein in the form of meat, eggs, milk, and cottage cheese
- The same nutritional drinks you were drinking before your surgery until you are able to resume your diet fully.
- Plenty of fluids (eight 8-ounce drinks per day) in the form of water, fruit juice, teas and decaffeinated coffee, and milk
- Steamed and soft-cooked fruits and vegetables instead of hard raw fruits and vegetables.

Avoid:

- Letting your stomach get completely empty — this can lead to nausea, so intersperse your bigger meals with little snacks
- Carbonated beverages during the first few weeks
- Tough, thick pieces of meat
- Fast food or red meat
- Fried, greasy food
- Spicy food
- Gas-forming foods such as broccoli and cauliflower, beans and legumes.

If you develop nausea that does not subside after trying these tips, then please contact your surgeon's office.

Gas Pain

Sharp, stabbing gas pain is a very common complaint following laparoscopic procedures. You should have Gas-X® on hand ahead of time for use during the first three days following surgery when it is usually at its worst. Using narcotics to treat gas pain oftentimes will make your gas pain worse as the narcotics can delay and slow your bowel function, intensifying the problem. Please use Gas-X to treat your gas pain and narcotics to treat your incisional pain.

Constipation

It is very important to avoid constipation and hard stools after surgery. Straining during passing stools may cause pain, bleeding, and possibly tear sutures if you have had rectal surgery. To prevent constipation, it is important to **stay hydrated** and to take **stool softeners if there is any sign of constipation**. Your surgeon may give you a prescription for a stool softener, or you can use Colace® (docusate) 100 mg by mouth two or three times a day until it resolves. If you do not have a bowel movement in three days, please contact your surgeon's office.

Urinary Function

After your surgery, you get a feeling that your bladder is not emptying fully — this usually resolves with time. If you are having difficulty urinating or having stinging or burning when passing urine, then please contact your surgeon's office.

Wound Care

Your wounds may be red and sore for one to two weeks following surgery.

- Showering is OK to briefly rinse your wounds with soap and water. **Please ensure that you dry your incisions well following showering.** Do not put lotion, talcum powder, or any other type of moisturizer on your wounds.
- Your surgeon will tell you when soaking in a bathtub is OK.
- It is normal for your abdominal wounds to "soften" in a few months after surgery
- It is common to have lumpy areas around the abdominal wounds
- If you have sutures or staples on the outside of your skin, your surgeon will remove in his or her office seven to 14 days after discharge from the hospital.

Exercise and walking

Activity is great for recovery. You will start walking the first day after surgery and should continue at home. The best exercise for the first few weeks is walking. Begin as soon as you get home and set your mind to walk each day. It is normal to feel tired after walking. If needed, stop and take rests.

Lifting

For the first six weeks after surgery, do not lift anything weighing more than 10 to 15 pounds and do not push anything heavy. This can put too much pressure on the incisions and they can reopen or cause a hernia if the muscles are not yet strong.

Driving

Most people resume driving after six weeks, but always listen to your body. You should not drive until you know that you can make an emergency stop without experiencing pain. Also, you should not drive if you have taken narcotic pain pills in the last four hours.

Resuming Work

Fatigue is common. The time it takes you to return to work usually depends on the type of surgery you had (large or small incisions) and the type of work that you do. Some people return to work after six weeks. If your job involves lifting heavy things or spending a lot of time on your feet, you may need more time. It's a good idea to start back to work on light duty or part time (if possible) until your normal energy level returns. Your doctor's office can fill out paperwork to explain why and how long off you will need.

Sexual Relations

Medications, hormones, and your general condition can alter your desire and response to sex. After your incisions heal and pain is controlled, you may resume your usual activity. If you experience problems or have questions, ask your doctor at your follow-up appointment.

Lifestyle Changes and Prevention

Smoking

Smoking puts you at risk for cancer and poor healing. We recommended that you stop smoking as soon as possible. If you need help with this, your doctor can prescribe medication to help you stop. Please let your doctor know if you would like assistance.

Alcohol

We recommended that you avoid alcohol to prevent interactions with your pain medications, as it can make your pain medication(s) act much stronger and in some cases cause you to stop breathing altogether. Discuss your use of alcohol with your surgeon prior to resuming drinking.

Drinking alcohol in large amounts is a risk factor for developing breast cancer, liver damage, oral and esophageal cancer, bleeding from the esophagus and stomach, pancreatitis, and pancreatic and colon cancer.

Weight

Being overweight is not only a risk factor for cancer, but it can also lead to diabetes and heart disease. In general, if you are overweight, we recommend a healthy diet and regular exercise to improve your health and prevent further disease.