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INSTRUCTIONS FOR OUTPATIENT SURGERY

You are scheduled for surgery:

Date _____

Location _____

Before Surgery

Preoperative Testing

You may need testing or blood work in order to be cleared for surgery by your primary care physician or cardiologist

Discuss with Erika or Ashleigh whether you have all of your pretesting in order or whether you need to see your primary care physician prior to surgery. For certain procedures, you may be contacted by the hospital to undergo testing in the pre-surgical testing department

The Day Before and Day of Surgery

You may eat what you wish on the day prior to surgery but do not eat or drink anything after midnight on the night before surgery. If you do, your surgery may be canceled by anesthesia.

Buy one Fleet enema kit over-the-counter. Use enema as directed on the package an hour or two before leaving the house the morning of surgery unless specifically instructed not to.

Leave all valuables at home if you can and make sure you have arranged for someone to bring you home after the surgery. You will not be allowed to proceed with surgery if you do not have a chaperone to accompany you home.

After Surgery

I. Diet

You may eat a regular diet the evening after your procedure as a liquid diet is not necessary. You should follow a high fiber diet and include cereals, fresh fruits and vegetables. Drink only a small amount of fluids the day of surgery until you urinate well. Then, drink 6-8 glasses of water or clear liquids each day.

II. Activity

For the first few days after surgery, you may wish to limit your general activity because of discomfort. Be guided by your level of comfort. You may climb stairs, walk, and drive or ride in a car, however, avoid driving when on narcotic pain medication.

If you have an exposed wound near the anus, you may still sit as normal, but avoid sitting for long periods of time if you have discomfort. Sit on a soft but firm cushion and you do not need to use a rubber ring or "doughnut."

Limit exercise for the first five to seven days. When you feel comfortable, you can start with light exercise and increase the intensity as tolerated. Avoid strenuous activity or heavy weightlifting until you see your physician.

You may return to work when you feel comfortable enough and after you stop taking narcotic pain medication. This may be within the first few days or after two weeks, depending upon the complexity of the operation and whether or not you can work from home.

III. Wound Care

Keep the wounds clean and dry by showering/bathing and changing the outer gauze at least once daily or more frequently if the gauze is soaked. After patting the area dry, apply a pea-sized amount of Neosporin or Bacitracin for a week. Then, use a dry 4x4 inch or 2x2 inch piece of gauze (found over-the-counter) to place against the wound. You may then place a second piece of gauze over this as necessary. A piece of surgical tape may be used to secure the gauze in place.

You may take a warm tub bath daily lasting 10-15 minutes to soothe the area. Do not add anything to the water. Rinse off in the shower. Pat dry.

You may have bowel movements as normal. After each bowel movement, gently cleanse using wet tissue or gentle wet wipes. Hemorrhoid wipes may cause undue pain. Pat dry. Change the gauze after each movement and as necessary to protect your clothes. It may be helpful to get into a tub or shower after bowel movements. As you become more active and return to work, the number of baths may be reduced.

You may notice one or more small strings near your wounds. These are the dissolvable stitches that are placed at the time of surgery and can sometimes break. Do not be alarmed if you see them unraveling and simply notify your physician at the time of your postoperative visit.

IV. Medications

Take the prescribed pain tablets for discomfort every 4 to 6 hours as necessary. These tablets will alleviate your pain but will not likely suppress it completely.

Take a fiber supplement each evening during the healing process. Some examples are Metamucil, Benefiber, Citrucel and Fibercon (powders or tablets). Many pharmacies and grocery stores have their own generic brands, which are often much less expensive than the name brands.

Continue taking any medications you took prior to your operation. If you are on Plavix or Coumadin, ask your physician when these should be restarted.

V. Bowel Habits

Bowel movements after surgery are associated with some bleeding and discomfort. This will improve as healing progresses. You should ideally have a bowel movement at least every two to three days.

If you are taking the pain medication tablets with regularity, take an over-the-counter stool softener (Colace) twice a day.

If 2 days pass without a bowel movement, increase the Colace to three times a day and start Miralax (over-the-counter laxative) at least once a day.

If you still have had no results after 3 days, continue the Colace and take Miralax twice a day. If this does not work within 24 hours, call your doctor.

Do not give yourself an enema, unless instructed by your physician.

VI. Problems

Bleeding: A little bleeding with each bowel movement is to be expected. You may also notice bleeding occurring even without bowel movements. This is normal unless the bleeding is continuous without stopping or clots are repeatedly and frequently passed. If so, call your doctor.

Urination: It may be difficult to urinate initially. This occurs most commonly with hemorrhoid surgery. Soon after surgery, when you feel the urge, you should make an effort to urinate. You may gently strain; you will not disrupt the surgery. If you are unable to urinate normally, try while sitting in a warm tub of water after you have taken a pain pill. If you are unsuccessful and feel like you must urinate but cannot at all, call your physician. It may be necessary to place a catheter into the bladder to empty it. Then the catheter may be left in for 48 hours. Do not wait until the next day. You must urinate the day of surgery.

Wound opening: If your wound has been closed with stitches, these can often break, leaving an open wound. This can happen at any point during the healing process and if so, you may notice an increase in bleeding and pain as a result. This is a common occurrence and does not require any special treatment. Simply continue dressing the wounds as outlined above.

Pain: Expect pain after surgery especially while having a bowel movement. The pain may wax and wane throughout your recovery period and this is normal. If your pain is getting increasingly worse each day and is incapacitating, notify your physician.

Fever: You should notify your physician if your temperature is greater than 101 degrees Fahrenheit (38.3 degrees Celsius).

Questions: If you have any concerns, call the office at the number listed above. If it is after office hours and it is an urgent matter, you may have the physician paged through the same number. If you feel that it is an emergency and cannot reach the physician, please go immediately to the nearest emergency room.

Follow Up Visit: Call our office to make an appointment for your postoperative visit. This should be for 2 weeks after surgery unless otherwise specified by your physician.