

## THINGS TO EXPECT AND DO BEFORE, DURING AND AFTER ABDOMINAL SURGERY

STEPS	TREATMENT	ACTIVITY	EDUCATION	NUTRITION/MEDICATIONS
<b>PRE-SURGERY</b>	<ul style="list-style-type: none"> <li>-Blood tests may be done prior to surgery</li> <li>-EKG and Chest X ray may be ordered</li> <li>-You will be asked to sign a surgical consent</li> <li>-You may be asked to take a bowel prep</li> <li>- You may be asked to see an enterostomal therapist to mark the site of the colostomy</li> </ul>	<ul style="list-style-type: none"> <li>-Do deep breathing and aerobic exercises to improve your lung function</li> <li>-Take a good night's rest prior to surgery</li> <li>-You may use a sleeping pill if you are too apprehensive</li> </ul>	<ul style="list-style-type: none"> <li>-Ask your surgeon any questions regarding surgery, recovery or your medical condition</li> <li>-A stretcher will transport you to the surgery area from the waiting area. Your family can be with you till you are taken to the operating room and they will be directed to the waiting room.</li> <li>-The receptionist or nurse will be there to provide necessary information.</li> </ul>	<ul style="list-style-type: none"> <li>-Do not eat or drink anything after midnight before surgery or surgery may be cancelled</li> <li>-You can take your cardiac and blood pressure medications on the morning of surgery with a sip of water</li> <li>-Do not take your diabetic medications</li> <li>-Do not take Aspirin, Plavix or any blood thinners for a week before surgery</li> </ul>
<b>DAY OF SURGERY</b>	<ul style="list-style-type: none"> <li>-An intravenous line may be placed</li> <li>-You may be asked by the anesthesiologist if you would prefer an epidural for post operative pain management</li> <li>-Thigh high elastic stockings and leg squeezers may be placed prior to surgery</li> <li>-Some patients may have a tube in your nose placed when they are asleep to drain the stomach</li> <li>-You will have a tube placed when you are asleep to drain your bladder</li> <li>-An abdominal drain may be placed to drain blood and fluids</li> </ul>	<ul style="list-style-type: none"> <li>-Nursing staff will assist you to turn in bed, dangle your feet by the side of the bed, sit in a chair and walk as ordered by the physician</li> <li>-You will be given a breathing machine (Incentive spirometer) and encouraged by the nurse to use it 10 times an hour when awake</li> <li>-The head end of the bed will be elevated</li> </ul>	<ul style="list-style-type: none"> <li>- Your nurse will assess you and give helpful information</li> <li>-Notify your nurse if you experience pain or nausea</li> </ul>	<ul style="list-style-type: none"> <li>-Ice chips and Popsicles may be given as directed by your physician</li> <li>-You may have a PCA (Patient controlled anesthesia) pain pump or a epidural catheter that is managed by the anesthesiologist for pain control</li> <li>-Your blood pressure and cardiac medications may be continued</li> <li>-Your diabetic medications will be stopped and insulin will be given based on periodic blood sugar checks</li> </ul>

<p><b>1<sup>ST</sup> DAY AFTER SURGERY</b></p>	<p>-Treatments from the day of surgery may be continued          -You will continue to have the leg squeezers          -You will be assisted by the nurse to use the breathing machine and asked to take deep breaths and cough          - Place a rolled bed sheet over the operative site and support it when you cough          -Blood will be drawn for lab work on the morning after surgery, appropriate actions will be taken if abnormal labs are noted</p>	<p>-You will be assisted by the nurses to ambulate in the hall way, 4-5 times a day          - You will be encouraged to continue using the incentive spirometer          -Physical therapists may be consulted to evaluate and assist with your physical activity</p>	<p>-Your nurse and doctor will review the guidelines with you and your family</p>	<p>-You may be allowed by your doctor to have clear liquids          -Additional pain medication (Toradol) may be ordered by your physician</p>
<p><b>2<sup>ND</sup> DAY AFTER SURGERY</b></p>	<p>-Above treatments will be continued          -Your urinary drainage catheter may be removed</p>	<p>-You will be assisted by the nurses to ambulate in the hall way, 4-5 times a day          - You will be encouraged to continue using the incentive spirometer          -You may be able to shower</p>	<p>-The dressing over the incision may be removed and the incision may be left open          -You may be given ostomy teaching and ostomy supplies if needed</p>	<p>-You may be advanced to a soft diet</p>
<p><b>3<sup>RD</sup> DAY AFTER SURGERY</b></p>	<p>-Above treatments will be continued</p>	<p>-Above treatments will be continued</p>		<p>-You may be started on pain medications by mouth and the pain pump may be stopped          -Intravenous narcotic pain medication will be given for breakthrough pain          -You will be put back on most of your home medications          -You will not be allowed to take Aspirin for a total of 2 weeks from the day of surgery</p>
<p><b>4<sup>TH</sup> DAY AFTER SURGERY</b></p>	<p>-Abdominal drainage catheter may be removed prior to discharge. In some situations you will be sent home with the drainage catheter, and it will be removed in</p>	<p>-Above treatments will be continued</p>	<p>-A social worker/ Case manager will be requested to assess your home needs and facilitate discharge to home or a outside</p>	<p>- You will be discharged home with a prescription for pain medication          - Instructions regarding restarting blood thinners such as Coumadin and Plavix will be given</p>

	<p>the office on your follow up -You will be discharged home if you are having bowel function (Bowel function includes passing gas from the bottom (flatus) or having a bowel movement.</p>		<p>facility for recuperation</p>	
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