Before, During and After

Bowel Resection Surgery

Patient, Family & Caregiver Guide

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HPHA
HURON PERTH HEALTHCARE ALLIANCE

Reviewed & Endorsed by HPHA Patient and Family Caregivers

Your operation was on: _____ at _____

Date Time

Acknowledgment:

This booklet was originally developed by the London Health Sciences Centre (LHSC) and has been adapted for use within the Huron Perth Healthcare Alliance (HPHA) surgical program. We sincerely thank LHSC for allowing us to adapt this resource. Some of the content has been modified by HPHA to reflect our local practices and surgical program. In addition, references from St. Joseph's Healthcare Hamilton have also been adapted to support the development of this resource.

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Welcome to Huron Perth Healthcare Alliance (HPHA)

At the Huron Perth Healthcare Alliance (HPHA), we are committed to working collaboratively with patients and their Substitute Decision Makers (SDMs) to deliver high-quality, compassionate and safe care that meets each individual's unique needs.

As part of your surgical journey at Huron Perth Healthcare Alliance, all members of your health care team are committed to treating you and your family and/or caregivers with dignity, compassion and respect for your privacy.

What is this booklet?

This booklet provides an overview of your surgical stay and plan of care, including what to expect during your hospital stay and a day-by-day checklist of your responsibilities.

It is intended to help you and your family and/or caregivers understand each step of your surgical journey.

This booklet is divided into the following sections:

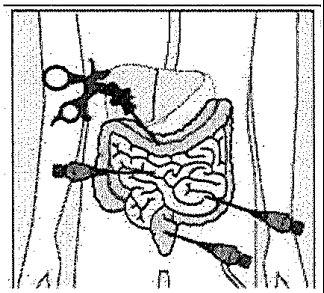
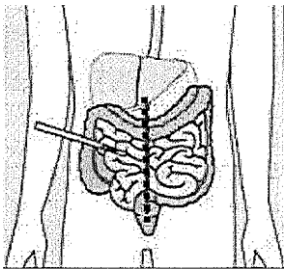
IMPORTANT

If your surgeon or health care team gives you different advice than what has been provided in this booklet, follow the specific directions you receive.

What is a Bowel Resection?

A bowel resection removes a part of the small or large bowel. Your surgeon will determine the type of bowel surgery you are having depending on your diagnosis.

This surgery can be done in 2 different ways:

Laparoscopic	Open
Your surgeon will make 3-5 small cuts (incisions) in your abdomen. They will use instruments and a camera to mobilize (free up) the diseased bowel and then make a small incision to remove it. 	Your surgeon will make one 10 to 20cm cut (incision) in your abdomen to perform the surgery 

The type of bowel surgery you are having depends on your presenting health concerns. Your doctor will talk to you about the type of bowel surgery you are having.

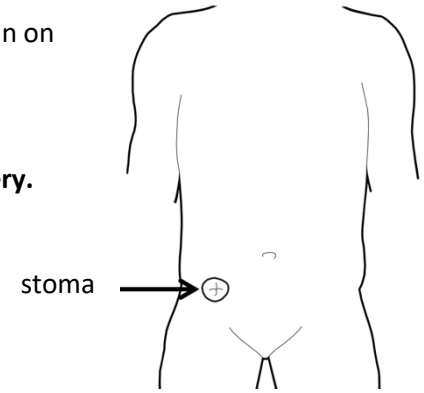
There are many types. For example:

- If you have a problem in your small bowel, it may be called a small bowel resection.
- If you have a problem in the lower part of the large bowel and rectum, this is called colorectal surgery.
- If there is a problem in the large bowel (this is also called the colon), this is called a colon resection.
- If you have a problem in the anus area, this is called anorectal surgery.

Sometimes the bowel needs to be brought out through the surface of the skin on the abdomen. The part of the bowel that can be seen is called a stoma:

- It is called an ileostomy if this is done with the small bowel.
- It is called a colostomy if this is done with the larger bowel.

Your surgeon will tell you if there is a planned ostomy as part of your surgery.



Length of Stay in Hospital

- 3-4 days for Laparoscopic Bowel Surgery
- 5-6 days for Open Bowel Surgery

These are guidelines and your hospital stay may be longer or shorter. Physicians and nursing staff will continually assess your readiness for discharge.

Preparing for Surgery

Smoking/Vaping

- There should be no smoking/vaping for eight (8) hours before your surgery. Smoking/vaping affects your heart and lungs.
- You are advised to reduce and preferably stop smoking/vaping for two (2) weeks before your surgery
- For support with quitting smoking/vaping, please call your Healthcare Provider - For more information on free provincial smoking/vaping supports please visit www.hpph.ca/smoking. Smoking/Vaping is not permitted on HPHA property

Pre-Admit

- You will need to attend a Pre-admit Clinic appointment at the Stratford General Hospital approximately 1-2 weeks prior to your surgery.
- You will need to bring all of your medications with you, including any inhalers (puffers), supplements and herbal remedies.
- You will be called to be notified of this appointment.
- Please have a support person accompany you to this appointment
- You may have testing completed at this appointment; blood work, ECG, swabs et cetera
- Do not shave your surgical site with a razor within 72 hours prior to surgery.
- At your pre-admit appointment, you will receive a form that is called “Patient, Family & Caregiver Information: Surgical Pre-Admit Clinic Day Surgery”. Please refer to this form for more specific pre-operative instructions.

Bowel Preparation/Enemas

- Your surgeon may recommend and prescribe a bowel preparation and/or enema before your surgery. Your surgeon’s office will advise you if this is necessary.

Day of Surgery

Before You Go into Surgery

- You will put on a patient gown (no undergarments can be worn into surgery)
- You will have a nurse helping prepare you for surgery by:
    - Asking you questions about when you last had anything to eat or drink, what medications you have taken, your bowel prep (if ordered) and your history (like your medications and allergies)
    - Assessing your vital signs.
    - Blood work may be taken.
    - An intravenous (IV) will be placed in your hand or arm to give your medications and fluids through.
    - You may be given some medications before surgery.
- You will see an anesthesiologist.
    - They will answer any questions you have about anesthetic or being 'put to sleep'
    - They will ask questions about your health history as part of their assessment to make your surgery as safe as possible
- You will be taken to the operating room.
- Your family can wait for you in the waiting room.

During Surgery

- The anesthesiologist will put you to sleep. This is not painful.
- The team may put a catheter (small tube) into your bladder to drain your urine.
- You may receive medications like blood thinners (to decrease your chance of getting a blood clot) and antibiotic (to decrease your chance of getting an infection).

What are Vital Signs

- Temperature
- Blood Pressure
- Heart Rate
- Respiratory Rate
- Oxygen Level
- Pain Level

Immediately After Surgery

You will wake up after surgery in the Post Anesthetic Care Unit (PACU) where you will stay until you are ready to be moved up to your room. You may have:

- IV drips to give you fluids and medications
- Bandages (dressings)
- A catheter draining your urine from your bladder
- Oxygen (face mask or nasal prongs)

Nurses will be checking on you closely. They will:

- Assess your vital signs regularly
- Assess your pain level and nausea, and give you medication as needed
- Monitor your bandage(s), catheter and drains if you have them

You will be moved to your room on the inpatient unit once you are stable and there is a bed available on the unit.

Care on the Inpatient Unit

Nurses will be checking on you often, even throughout the night. They are going to be checking:

- Vital signs
- Comfort & pain level
- Your bandages (dressing over the incision)
- Urinary catheter (if you have one)
- Drains (if present)

Post-Operative Pain Management Options

Pain is an unpleasant feeling that is different for everyone. It is normal to have some pain after surgery, but less pain means less stress on the body. Your body heals better with less stress. Having your pain well controlled is important because it helps you:

- Breathe and cough more easily
- Move better
- Sleep better

There are different ways to receive pain management. The team will discuss these different options with you and discuss with you to decide which is best for you. Sometimes you will have more than one type of pain management. Your pain level will be routinely monitored by nurses and doctors using different scales (for example, a number scale or a faces scale).

Multi-Modal Pain Medications

Examples of Multi-Modal Medications

- Acetaminophen (Tylenol)
- Gabapentin
- Ondansetron (Zofran)

All patients will be on multi-modal pain medications. These medications work with narcotics (stronger pain medications) to keep you as comfortable as possible. Your nurse may wake you up during the night to check your pain level. These medications are prescribed as needed. You may ask for them if you are having pain, or your nurse may prompt you if you appear uncomfortable. **Regular use of NSAIDs (non-steroidal anti-inflammatory drugs such as Advil or Aleve) is not recommended for 30 days after surgery with bowel anastomosis (surgical joining of the bowel).**

Here Are Some Ways to Manage Your Pain

- Take pain medication as directed. It is normal to have some increased pain or symptoms during physical activity. It may be helpful to take the pain medication 1-2 hours before doing activity. It is better to take pain medication BEFORE the pain is severe.
- Pace yourself. Regular rest is an important part of your healing.
- Relax. Use relaxation techniques such as breathing exercises or visualization.
- Distract yourself. Listen to music, visit friends, write letters, watch TV.
- Think positively. You will become more and more comfortable as you recover from surgery.

Pain Control After Surgery

- Your nurse will teach you how to use the pain scale to describe your level of pain. "0" is no pain and "10" is the worst possible pain.
- Generally, pain medicine is given as a pill. A combination of medicines will likely be used to control your pain after surgery. This normally would include acetaminophen (e.g. Tylenol™) plus possibly an anti-inflammatory (e.g. NSAID) and/ or narcotic (e.g. morphine). By taking a combination of these medicines, you may be able to reduce the side effects and have improved pain control. It is important to talk to your healthcare team to understand how and when to take these medicines.
- Some side effects of pain medicine can include nausea, headache, vomiting, drowsiness, itchiness, inability to urinate and/ or constipation. Tell your nurse if you have any of these symptoms.
- ***It is our goal to keep your pain at "3-4" at rest (may increase with exercise)***

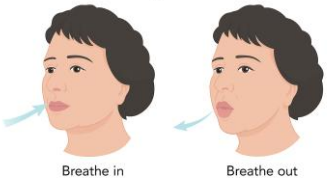
Wong-Baker FACES® Pain Rating Scale

0	2	4	6	8	10
No Hurt	Hurts Little Bit	Hurts Little More	Hurts Even More	Hurts Whole Lot	Hurts Worst

Exercises to Help me Recover from my Surgery

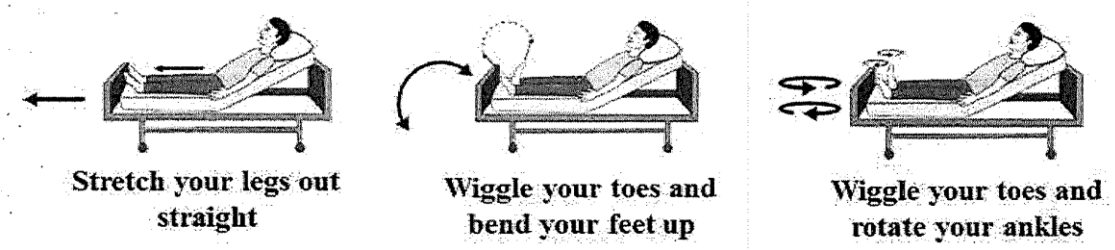
Deep Breathing and Coughing

Your Healthcare team will be showing you how to do deep breathing and coughing exercises. These exercises ae very important after surgery to help open up your lungs and help clear any mucus from your lungs or throat.

Deep Breathing Exercises	Splinted Coughing Exercises
1. Breathe in slowly and deeply through your nose. You should feel your lower rib cage expand and your abdomen move forward. • Hold for 2-5 seconds 2. Breathe out slowly through pursed lips (like you are blowing out birthday candles). **How often?** 5-10 <u>times</u> per hour (when awake) – stop if you feel dizzy Pursed Lip Breathing  	1. While holding a pillow against your incision to support, cough as deeply as possible. 2. If you cough up mucus, spit it into a tissue and throw it away.  **How often?** 3 <u>times</u> per hour (when awake)

Leg Exercises

Start doing leg exercises in bed every hour while awake to help with blood circulation and prevent blood clots.



How Often? Repeat these 4-5 <u>times</u> per hour <u>when</u> awake.

Activity

Lying in bed without moving may cause problems like pneumonia, blood clots and muscle weakness which might slow down your recovery. The healthcare team will be helping you get up as soon as possible after surgery.

Moving Around After Surgery

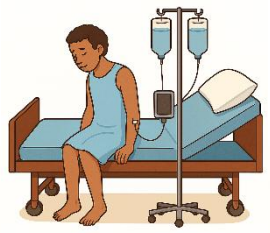
After your surgery, it is very important to move around and be out of bed as soon as possible. Movement helps your recovery, prevents complications, and gets you back to normal activities sooner.

Why is Moving Important?

After bowel surgery, your bowels may temporarily stop working. This is called an **ileus**.

- Signs of an ileus include feeling bloated, nausea, or vomiting.
- An ileus can increase your recovery time.
- Certain pain medications (such as morphine or other narcotics) increase the chance of developing an ileus.

What to Expect After Surgery

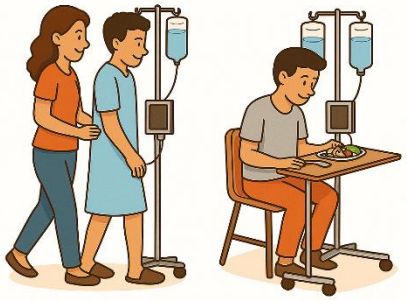


Day of Surgery:

- **Dangling at the Side of the Bed**

  On the night of your surgery, your nurse will help you sit on the side of the bed and dangle your feet off the side. If you feel comfortable, you may take a short walk with your nurse.

Starting the First Day After Surgery:



- **Walking After Surgery**

  You may be encouraged to take a short walk the same day as your surgery. You will be encouraged to start walking in the hallways as soon as the first day after surgery. With help from your care team, you should aim to walk every 4-6 hours until discharge.

- **Sitting in a Chair for Meals**

  You should be sitting in a chair for all meals. This will help increase your strength and make eating meals easier.

- **Be Out of Bed Often**

  You should be walking or sitting for increasing periods of time following your surgery.

You Might Feel…

1. **Nervous about getting up**
   This is a normal feeling. Your nurse will help you walk with the IV pole and tubes.
2. **Tired**
   This is normal because your body is trying to heal. After your walks, it is important to rest.
3. **General Wellness**
   If you are not feeling quite yourself after surgery, let your nurses or doctor know.

Important notes when you start eating

- Do not push yourself – stop if you feel full, nauseous or bloated.
- Start small and work your way up to larger portions or more complex meals.
- Make sure you are sitting up in a chair when eating.

Please follow any specific dietary recommendations provided by your surgeon. If you have questions about dietary concerns, please ask to speak to our dietitian.

Chewing Gum after Bowel Surgery

- Chewing gum after your surgery helps your bowels recover and help prevent ileus.
- Passing gas is a sign that your bowels are working.
- You are encouraged to bring gum to chew 3 times a day for at least 5 minutes starting the day after your surgery.
- If you cannot chew gum for any reason, bring hard candies to suck on.

Remember:

- **Walking and chewing gum both help prevent ileus.**
- **Walking regularly helps with your recovery, prevents complications, and gets you back to normal activities sooner.**
- **Sitting up, walking, and doing your exercises helps with your recovery.**

Frequently Asked Questions: Activity

I am nervous about getting up after surgery. How will I know I'm ready?
This is a normal feeling. The nurse or physiotherapists will get you up the first time and make sure that you are safe. The healthcare team will help with any equipment and let you know when they feel you are able to ambulate safely.

I am really tired after my surgery. Is that normal?
This is normal because your body is trying to heal. After any activity, it is important to rest.

Frequently Asked Questions: Eating and Drinking

You will be able to start drinking fluids 2 hours after surgery and may be provided small light snack on the day of surgery unless otherwise instructed.

You will get a regular meal tray the first day after your surgery. It is important to listen to your body and only eat when you feel hungry or ready. You will usually feel like eating and drinking more each day.

There are times when I don't feel hungry even though I haven't eaten much. Should I still eat the food on my trays?
It is safe to have fluids and food after your surgery. You may eat and drink what you feel like.
Stop if you feel full or nauseous. Typically, you will start t to eat and drink more each day.

Patient Safety

Preventing Blood Clots after Surgery

Some patients are at a higher risk of developing a blood clot after surgery.
There are different techniques we use to help minimize this risk.

Blood Thinner (Medication)	Sequential Compression Device (SCDs)
A nurse may give you a blood thinner in the form of a needle daily during your hospital stay. 	This device wraps around your legs and fills with air to gently squeeze your leg. This helps push the blood through the veins in your legs and help prevent blood clots. Once you are walking regularly, this device will be removed. 

Some patients need to continue to take blood thinner injections at home after discharge. The nurses will teach you how to give yourself these medications prior to discharge. Please note that some prescriptions may not be covered by your insurance and there may be an out-of-pocket expense once you are discharged from the hospital.

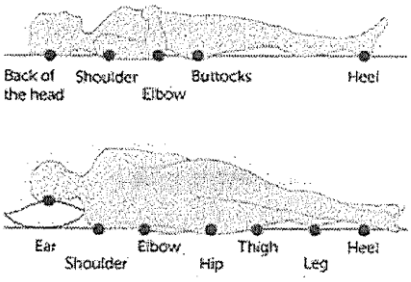
Preventing Falls

After surgery, you may be at an increased risk of falling due to medications, surgical tubes, and generalized weakness. We all must work together to prevent you from falling. **Things you can do to help:**

- Non-slip footwear
- Ask for help from your care tam when getting out of bed or up for walks.

Please see the *"Patient & Family Fall Prevention Education Inpatient"* HPHA Pamphlet for more information.

Preventing Pressure Injuries



A pressure injury (also known as a 'bed sore' or 'pressure ulcer') is an area of red or broken skin caused by too much pressure or friction on your skin for too long. There are many things we can do together to reduce your chance of getting a pressure injury. Things you can do to help:

- Change your body position every 2-3 hours while in bed, and at least 4 times per hour when sitting (the healthcare team can help you with this).
- Keep your skin clean and dry.
- Keep a pillow between your knees and/or ankles to keep them from touching and elevate your heels off of your mattress using a pillow.

Please see the *"Preventing a Pressure Injury"* HPHA Pamphlet for more information.

Discharge

The Surgical team will decide when you are going to go home after surgery. Some of the things they consider are:

- Your ability to tolerate food and liquids
- Your ability to mobilize safely
- Your incision healing
- Your comfort level (pain level and tolerating oral pain medications)

Once the team has decided you will be discharged from the hospital, you should contact your ride home and the person that will be supporting you once you are at home.

Although you are able to walk, eat and care for yourself fairly well, you will likely need some help from family and friends when you first get home from the hospital.

You may need help with:

- bathing and self-care
- driving, cleaning, laundry, making meals
- caring for pets

Before you go home, make sure you know:

- ☐ About the medication(s) you need to take or continue to take at home. Make sure you have the prescriptions for any new medications such as pain control medication.
- ☐ What you can eat and drink
- ☐ How to take care of your incision(s)
- ☐ When to go back to your regular activities such as driving, exercising, lifting and work. You may need to wait until your follow-up appointment to get these answers.
- ☐ What to watch for and when you need to contact a health care provider
- ☐ When your follow up appointment is or how to book this
- ☐ Contact information for any home care referrals made
- ☐ Who to call if you have questions or concerns
- ☐ If Ontario Health at Home has been contacted (if needed) for home care referrals, including ostomy teaching, required supplies and nursing support.

Incision Care

You may go home with staples in your skin holding your surgical incision together. Make sure you talk to your nurse about when the staples need to come out (done by a doctor or nurse).

- You may shower after surgery – avoid scrubbing soaking or direct shower spray on your incision
- Do not soak in a bathtub
- Gently pat your incision dry
- It will either stay open to air or a light gauze with tape can be placed over the incision.
- Do not put any lotion, powder or ointment on your incision
- It is safe and appropriate to leave your incision(s) uncovered. If there is drainage, a dry dressing is recommended until the drainage decreases.
- If the incision area is irritated with clothing, you may cover it with a dry dressing.

Diet

A well-balanced diet will help your recovery. Try eating small nutritious meals more often

- Have protein with each meal. Protein helps your body heal. Protein can be found in meat, poultry, peanut butter, eggs, milk products, lentils, and peas
- Drink 8-10 glasses of fluid a day (Not including caffeinated drinks)
    - Drinking water may help prevent constipation after surgery

Medications

Your home medications will be reviewed with you by the nurses on discharge. You may receive a prescription for new medications (such as pain medication) that you will need to take at home after you are discharged.

At Home

What you cannot do:

- Do not lift more than 10 pounds. This means you should not lift anything such as laundry baskets, grocery bags or small children for 4 weeks after surgery.
- Do not vacuum, rake or shovel snow for 4 weeks after surgery.
- Do not do anything like abdominal exercises, high intensity aerobic activity or weight training for 4 to 6 weeks after surgery.
- Your surgeon's office may advise you differently – please follow their advice.

What you can do:

- Continue to be active. Get up, wash and dress each day as you would normally. Walk often and take part in your normal social activities.
- Gradually increase your activity level as you heal and get stronger. Walking is the best way to exercise after surgery.
- It is normal to feel tired after surgery. Listen to your body and take rest breaks as needed throughout the day.
- You can resume most normal activities once you are pain free, including having sex.
- You may start to drive when you are no longer taking opioid pain medication.
- Your surgeon will tell you when you can return to work. This depends on your recovery and the kind of work you do.
- You can shower. You do not need to cover your incision(s) to have a shower. Avoid getting your incision(s) too wet. For example, do not soak in a bathtub. Avoid having shower water directly hit your incision(s). Dry your incision(s) right after you shower. The tape will come off by itself. You do not have to put new tape on.
- If you go home and have staples in your skin, your nurse will tell you when they need to be taken out. You may need to call for an appointment.

Ask your family and friends to help you with:

- Getting meals ready
- Grocery shopping
- House cleaning
- Laundry

Please note: *The information above provides general guidance. Always follow the specific instructions given to you by your surgeon or healthcare team, as they may differ based on your individual care needs.*

Remember:

- **Passing gas is a sign that your bowels are working.**
- **<u>You do not need to have a bowel movement before you leave the hospital!</u>**

Things to watch out for

It is important to notify your family doctor, your surgeon or go to the nearest emergency room if you have any of the following:

Notify Your Family Doctor and/or Surgeon	Go to the Nearest Emergency Room
☐ Your incision becomes red, swollen, or extremely painful ☐ You have increased drainage from your incision (yellow, green and/or foul smelling)	☐ You have significant or worsening pain (even when you use prescribed pain medications) ☐ If you have a temperature >38.0°C (101°F) ☐ You are bloated or feel nauseous (vomiting) all the time ☐ Your incision separates at the skin line ☐ Bright red blood from your anus or in your stool ☐ If you become dizzy, lightheaded and/or have less urine output ☐ Chest pain, shortness of breath, calf pain
** If you are ever in doubt, please call Health 811 (formerly TeleHealth Ontario) and seek assistance (Dial 811) **	

Bowel Resection Surgery:

What to Expect Each Day

(Daily Checklists)

Bowel Resection Surgery: What to Expect Each Day
The DAY of Surgery (Day 0)

Category	What to Expect
Food and Drink	☐ I can start drinking Clear Fluids 2 hours after surgery ☐ I should NOT push myself – eat only when I am hungry or feel I am ready; you may have a light meal the day of surgery unless otherwise instructed ☐ I should stop if I feel nauseous or bloated and tell my nurse
Activities and Movement	☐ May have compression devices (SCDs) on my legs to prevent blood clots ☐ I will sit up and dangle my legs at the side of the bed with my nurse on the night of my surgery ☐ I will start my leg exercises every hour while awake ☐ I will do deep breathing and coughing every hour while awake
Pain Management	☐ I will take the multimodal medications that my nurse offers me (helps with pain control) ☐ Pain should be tolerable to allow you to move in bed and do deep breathing and coughing
Lines and Tubes	☐ I will have an IV Infusing ☐ I may have a urinary catheter ☐ My nurses will monitor my catheter output frequently
Nursing Care	☐ The nurses will check on me frequently ☐ The nurses will wake me up to check my vital signs throughout the night ☐ They may draw blood samples to send to the lab
Personal Care/Hygiene	☐ I will participate in my own hygiene with assistance from the Healthcare team (if needed) ☐ Oral (Mouth) Care ☐ General Hygiene (Bathing, grooming)
If You Have an Ostomy:	☐ I will look at my stoma.

If you have an ostomy, additional information and support resources are available at:
http://www.ostomycanada.ca

Bowel Resection Surgery: What to Expect Each Day (Continued)

Day #1 AFTER Surgery

Category	What to Expect
Food and Drink	☐ I can start eating a regular diet ☐ I should NOT push myself – eat only when I am hungry or feel I am ready ☐ I should stop if I feel nauseous or bloated ☐ I will chew gum 3 times a day.
Activities and Movement	☐ I will complete my leg exercises every hour while awake ☐ I will do deep breathing and coughing every hour while awake ☐ I will walk in hallways 3-4 times a day ☐ I will sit in a chair for all meals ☐ The nurse may remove the compression devices on my legs (SCDs) if I'm walking well ☐ I will walk to the bathroom when my catheter is removed
Pain Management	☐ I might get started on oral medications (instead of injections for pain) ☐ I will take the multimodal medications that my nurse offers me (helps with pain control) ☐ Pain should be tolerable to allow you to walk in hallways and do deep breathing and coughing
Lines and Tubes	☐ My IV might be stopped ☐ The nurse may remove the catheter from my bladder
Nursing Care	☐ The nurses will check on me frequently ☐ The nurses will wake me up to check my vital signs throughout the night ☐ They may draw blood samples to send to the lab ☐ Begin injection teaching if you will go home on blood thinner injections
Personal Care/Hygiene	☐ I will participate in my own hygiene with assistance from the Healthcare team (if needed) ☐ Oral (Mouth) Care ☐ General Hygiene (Bathing, grooming)
If You Have an Ostomy:	☐ I will review my ostomy resource package. ☐ I will watch the Ostomy Video today. ☐ I will look at my stoma today. ☐ I will let my nurse know if I am passing gas or stool through my ostomy. ☐ I will learn how to burp and empty my ostomy bag with my nurse today.

Bowel Resection Surgery: What to Expect Each Day (Continued)
Day #2 AFTER Surgery

Category	What to Expect
Food and Drink	☐ I can eat a regular diet ☐ I should NOT push myself – eat only when I am hungry or feel I am ready ☐ I should stop if I feel nauseous or bloated ☐ I will chew gum 3 times a day.
Activities and Movement	☐ I will complete my leg exercises every hour while awake ☐ I will do deep breathing and coughing every hour while awake ☐ I will walk in hallways 3-4 times a day ☐ I will sit in a chair for all meals ☐ I will walk to the bathroom when my catheter is removed ☐ The nurse may remove the compression devices on my legs (SCDs) if I'm walking well
Pain Management	☐ Will most likely be on oral medications only ☐ Pain should be tolerable to allow you to walk in hallways and do deep breathing and coughing
Lines and Tubes	☐ IV most likely stopped (if I am eating and drinking well)
Nursing Care	☐ The nurses will check on me frequently ☐ The nurses may wake me up to check my vital signs throughout the night ☐ They may draw blood samples to send to the lab ☐ Continue injection teaching if you will go home on blood thinner injections
Personal Care/Hygiene	☐ I will participate in my own hygiene with assistance from the Healthcare team (if needed) ☐ Oral (Mouth) Care ☐ General Hygiene (I can have a shower if I want)
Discharge Planning	☐ I will start planning for discharge home. This includes a ride home.
If You Have an Ostomy:	☐ I will continue to review my ostomy resource package. ☐ I will let my nurse know if I am passing gas or stool through my ostomy. ☐ I will participate with a complete pouch system change today with assistance of the nurse. I may want to have my family or caregivers present. ☐ I will meet with Ontario Health at Home to begin arranging nursing support visits and supplies for when I am discharged. ☐ I will demonstrate ostomy pouch burping and emptying to my nurse today.

Bowel Resection Surgery: What to Expect Each Day (Continued)
Day #3 AFTER Surgery until Discharge

Category	What to Expect
Food and Drink	☐ I can eat a regular diet ☐ I should NOT push myself – eat only when I am hungry or feel I am ready ☐ I should stop if I feel nauseous or bloated ☐ I will chew gum 3 times a day.
Activities and Movement	☐ I will complete my leg exercises every hour while awake ☐ I will do deep breathing and coughing every hour while awake ☐ I will walk in hallways 3-4 times a day ☐ I will sit in a chair for all meals ☐ I will walk to the bathroom when my catheter is removed ☐ The nurse may remove the compression devices on my legs (SCDs) if I'm walking well
Pain Management	☐ Will most likely be on oral medications only ☐ Pain should be tolerable to allow you to walk in hallways and do deep breathing and coughing
Lines and Tubes	☐ IV most likely stopped ☐ Catheter will be removed (if not already done)
Nursing Care	☐ The nurses will check on me frequently ☐ The nurses may wake me up to check my vital signs throughout the night ☐ They may draw blood samples to send to the lab ☐ Continue injection teaching if you will go home on blood thinner injections
Personal Care/Hygiene	☐ I will participate in my own hygiene with assistance from the Healthcare team (if needed) ☐ Oral (Mouth) Care ☐ General Hygiene (I can have a shower if I want)
Discharge Planning	☐ I will start planning for discharge home today or tomorrow. This includes a ride home.
If You Have an Ostomy:	☐ I will continue to review my ostomy resource package. ☐ I may be passing gas or stool through my ostomy. ☐ I will be emptying my ostomy pouch with minimal assistance from my nurse. ☐ I will demonstrate a complete ostomy pouch system change with assistance of my nurse prior to discharge. I may want to have family or caregivers present.

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Before, During and After
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Patient, Family & Caregiver Guide

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