DOCTORS + HOSPITAL

OF AUGUSTA | COLORECTAL SURGERY

Justin Somerville, MD | Colon & Rectal Surgery

3651 Wheeler Road
Augusta, GA 30909
(706) 504-9712

POSTOPERATIVE DISCHARGE INSTRUCTIONS

Patient:	_____	**Surgery date:**	_____
Procedure:	_____	**Discharge date:**	_____

These instructions are a guide for your recovery at home. Follow the specific instructions on your hospital discharge medication list and any additional instructions given by your surgeon.

1. WOUND / INCISION CARE

- Check your incision(s) every day. A small amount of bruising, swelling, or tenderness is common and should gradually improve.
- You may shower. Let water and mild soap run over the incision, then gently pat dry. Do not scrub the incision.
- If you have Dermabond (skin glue) or Steri-Strips, leave them in place and let them loosen or fall off on their own.
- Do not soak the incision in a bathtub, pool, or hot tub until your surgeon says it is safe.
- If you have a dressing, change it as instructed or sooner if it becomes wet or soiled.
- Call for increasing redness, warmth, swelling, worsening pain, separation of the incision, or pus/foul-smelling drainage.

2. DIET, HYDRATION & BOWEL FUNCTION

- Eat small, frequent meals at first. Advance toward your usual diet as tolerated unless you were given a specific diet plan.
- Drink plenty of fluids unless another doctor has told you to restrict fluids. Dehydration is more likely if you have frequent loose stools or an ileostomy.
- It is common for bowel movements to be irregular for several weeks. You may have more gas, cramping, urgency, constipation, or loose stools while your bowel adjusts.
- Do not take anti-diarrheal medicines or laxatives unless your surgeon has told you to use them.
- Call if you cannot keep liquids down, have repeated vomiting, worsening abdominal bloating/distention, or persistent diarrhea.

3. PAIN CONTROL

- Take your pain medicines exactly as listed on your discharge medication list.
- If your surgeon allows it, acetaminophen (Tylenol) and/or an anti-inflammatory medicine such as ibuprofen may reduce the amount of prescription opioid pain medicine you need.
- Do not take more than one medicine containing acetaminophen at the same time. Check prescription labels because some opioid combinations also contain acetaminophen.
- Prescription opioid pain medicines may cause sleepiness, nausea, and constipation. Do not drive or drink alcohol while taking them.
- Your pain should gradually improve. Call if pain is getting worse, is suddenly different, or is not controlled by the prescribed medicines.

4. ACTIVITY

- Walk several times each day. Increase your activity a little each day as you feel stronger.
- Avoid heavy lifting, pushing, pulling, or strenuous abdominal exercise until your surgeon clears you. A common restriction after abdominal colorectal surgery is no lifting over about 10 pounds for 4-6 weeks.
- Do not drive while taking prescription opioid pain medicine. Resume driving only when you can move comfortably, react quickly, and your surgeon has said it is safe.
- Fatigue is common after major surgery. Rest when needed, but avoid spending most of the day in bed.

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5. CALL THE SURGEON / SEEK MEDICAL CARE

CALL THE COLORECTAL SURGERY OFFICE if you have any of the following:

- Fever of 101°F (38.3°C) or higher, or shaking chills.
- Increasing redness, warmth, swelling, pus, foul-smelling drainage, or opening of the incision.
- Worsening or severe abdominal pain, increasing abdominal swelling/distention, or pain not controlled by your medication.
- Persistent nausea or vomiting, or inability to keep liquids down.
- No urination for about 8 hours or significant difficulty urinating.
- Persistent or severe diarrhea, especially if you are becoming weak, dizzy, or unable to stay hydrated.
- Significant rectal bleeding or bleeding that is increasing rather than improving.
- Any new concern that is getting worse rather than better.

CALL 911 / GO TO THE EMERGENCY DEPARTMENT for chest pain, severe shortness of breath, fainting, new confusion, uncontrolled bleeding, or another medical emergency.

6. MEDICATIONS AT HOME

Pain medicine plan _____

Bowel medicine plan _____

Blood thinner / Lovenox plan _____

Other medication instructions _____

7. FOLLOW-UP

- Your postoperative visit is usually about 2-3 weeks after discharge unless your surgeon tells you otherwise.

Date:	_____	**Time:**	_____
Location:	_____	**Other:**	_____

Questions or concerns?

Office: (706) 504-9712 **After hours:** _____

Simplified instructions:

Resume your usual medications
You may shower.
Eat food you can cut with a fork. Keep hydrated!
Take 2T of MOM if feeling constipated
Follow up in the office in 2-3 weeks