POSTOPERATIVE INSTRUCTIONS FOR MAJOR ABDOMINAL SURGERY

The following directions and suggestions are guidelines for your recuperation following your surgery. After reading these instructions, should you have any questions at all or are not totally clear as to what you should do following your discharge from the hospital, please feel free to contact the office at (518) 438-2776.

1. Discharge from the Hospital:
   Although immediately prior to discharge most patients feel that a good deal of their strength is returning, frequently patients complain of feeling more tired or sore the first day or two following discharge. In all likelihood, this is due to all the physical activity involved with packing and leaving the hospital and the general tendency to be up and around more at home than you were in the hospital. This fatigue will gradually improve over the next 4 weeks. Take it easy at home for the first week. It is common to need to sleep more than usual and being tired after small bouts of activity. Bed rest is not necessary; in fact, it is extremely important to keep walking. You can go up and down stairs and perform tasks of daily living. We discourage any regular house cleaning or major meal preparation.

2. Daily Activities:
   Following that initial week at home, you may gradually get into your normal routine in terms of physical activity. No heaving lifting more than 5 pounds, no strenuous physical activity, and no major exercise programs until you are seen by your surgeon. Always let your body be your guide in terms of return to activity.

3. Diet:
   During the first 5-10 days at home, bowel activity is still not completely normal and therefore it is quite important to keep your diet soft and bland and to avoid very gassy foods, spicy foods or fatty foods. Keep to a low residue diet (includes breads, cereals, chicken, fish, soup) until you see your surgeon. Eat small, frequent meals rather than your typical 3 large meals. You may take nutrition supplement or protein shakes (e.g. Boost, Ensure). Fast foods and junk foods are particularly to be avoided. Also avoid alcohol and caffeine which can cause dehydration.
4. Bowel Activity:
   It is typical that bowel movements may be sluggish after intestinal surgery. Because dietary intake is reduced during the pre and postoperative period, bowel activity may not return to a normal level for a while. In fact, patients may have irregular, erratic, more frequent, less predictable bowel movements for the next 3-6 months. If you have not had a bowel movement by the 4th postoperative day, it is recommended that you increase your fluid intake (drink 6-8 glasses of water a day) and take over the counter stool softener such as Colace (generic is also fine) 100 mg twice a day. If still no result, please call the office.

5. Wound Care:
   You may have either staples or strips of tape (Steri-strips) to hold the skin edges together. When you go home, to keep the incisions clean, you can shower, get the incision(s) wet, put soap on them, and pat dry with a towel. Do not scrub the incisions. You do not need to keep the incision covered, but occasionally a gauze bandage will help protect clothing if you are still having some drainage from the incision. Do not put ointment, creams or lotions on incisions. No baths, Jacuzzi or swimming till it is ok’d by your surgeon. Bruising around the incision sites is normal and will resolve on its own with time. Some numbness around the incision is not unusual and may persist for as long as several months following the surgery.

6. Your Postop Visit:
   Please call the office at (518) 438-2776 the day after you are discharged from the hospital to make a “POSTOP appointment” within 1-2 weeks. Please let the secretary know if you have staples in your incision or not as the follow up appointment will be scheduled sooner.

7. Work Disability:
   Generally, 6 weeks is considered the usual time for disability from work; however, there is a broad range between 3-8 weeks that is usual. If there is no significant problem, generally 6 weeks is standard. At times patients are very anxious to return to work sooner. This will need to be discussed with your surgeon. We urge you if at all possible to take at least 4-6 weeks to allow your body to totally recover.
8. Warning Signs:
Please call the office if you have any of the following symptoms:
• Fever over 100.5°F (or 38°C) - good idea to check your temperature twice a day for first week at home
• Severe chills
• Frequency or burning with urination
• Redness, swelling or pus from your incision
• Swelling or pain in one or both legs
• Nausea, vomiting
• Severe abdominal pain or bloating
• Unable to pass gas or bowel movement
• Heavy or prolonged rectal bleeding
• Persistent watery diarrhea

9. Driving
It is recommended that you not drive a car until ok’d by your surgeon. You may need to avoid driving for up to 2 weeks. Pain and use of narcotic pain medication will impair your ability to drive safely. Drive only if you are absolutely pain free and experiencing no dizziness.

10. Sexual Intercourse
Ask your surgeon at postoperative visit.

11. Pain Medication
A prescription will be given to you and you should take the medicine before the pain is too severe. Ibuprofen (Motrin, Advil) may be helpful for pain control in addition to the narcotic prescribed. As your pain subsides, you may use Tylenol or ibuprofen instead of the narcotic pain medication. Many prescription pain medications contain Tylenol (acetaminophen). Do not take additional Tylenol if your prescription already contains it. All pain medication should be taken with food to prevent nausea and stomach irritation, which are common side effects. We will only refill medications during office hours; please plan accordingly.