Colorectal surgery – discharge advice

Going home

As you go home after major bowel surgery we want you to continue making a safe recovery. Although complications are uncommon you need to be aware of what to look out for – especially within the first 2 weeks. If you have any concerns please contact us on the numbers provided at the end of this leaflet.

Who should I contact for advice after discharge home?

You should contact the nurse in charge of the colorectal ward at the hospital where your operation was performed (even if you were on a different ward) if you have a problem within 2 weeks of discharge. After this period contact the Colorectal Nurse Specialists or your GP for any advice or support.

Abdominal pain

Gripping pains are quite common during the first week or two after surgery. This may last for up to a few minutes then passes. Severe pain which lasts for several hours may indicate leakage of fluid from the internal join in your bowel. This is serious but rare. You may have a temperature or feel generally unwell but some people can have a leak from where the bowel has been joined without any pain.

You should contact us as soon as possible if you have severe pain lasting one or two hours or have a temperature and feel generally unwell within two weeks of your operation.

Your wound

This can be slightly red and uncomfortable for a week or two. Call us if your wound is becoming progressively inflamed, painful, swollen, is starting to discharge fluid or is beginning to open. You may experience some discomfort and twinges around your wound for several months. This is normal and taking a mild painkiller regularly will help you feel better and aid your recovery. If the pain does not settle or you are worried, contact your GP or your colorectal nurse.

Your bowels

Your bowel function may continue to be erratic after discharge. Contact the Specialist Nurses for advice if you have constipation or are loose for more than 4 days, if you have a stoma related problem or have any concerns about your bowels.

Passing urine

After bowel surgery you may feel like you bladder is not emptying fully but this usually improves within a week. Contact your GP for advice if you are concerned or have excessive stinging when passing urine.

Diet advice following colorectal surgery (without) a stoma

You may find that digestion takes a while to settle down following surgery on the bowel, motion may be looser than normal, often the bowels are erratic and diarrhoea and urgency are not uncommon. Your bowel should start to work more normally after a few weeks, however some foods may upset you and may needed to be avoided for a short time.

Top tips: Take small mouthfuls and chew your food slowly. Drinking peppermint water, peppermint tea or taking peppermint oil capsules may help relieve trapped wind and so ease discomfort

Eat small, more frequent meals to begin with rather than 3 large meals a day. Try to avoid long gaps between meals - have small snacks in between meals.

What to eat if you have very loose motion

A diet high in fibre can make loose motion worse; fibre is found mainly in fruit and vegetables, nuts and wholegrain cereals therefore a low fibre diet may help initially.

Drink plenty of fluids - at least 3 to 4 pints or 1.5 to 2 litres a day. Reduce the amount of caffeine you have in a day. Caffeine can stimulate the bowel and make diarrhoea worse – it can be found in coffee, fizzy cola drinks, some herbal teas, cocoa and energy drinks.

Fatty foods, fried foods and overcooked meats can also be difficult to digest and are best avoided initially after surgery.

We advise you initially to avoid very spicy foods or those high in fibre such as cabbage, beans and onions. Large meals may make you feel bloated and uncomfortable.

The information below is for guidance, it is advised that a normal healthy diet is resumed over the next 4–6 weeks. **Remember** what suits one person may not suit another.

Suggested food list

- Breakfast cereals low in fibre, e.g.: cornflakes, rice crispies, sugar puffs, special K, ready brek
- White pasta, white rice, chapattis made from white flour
- White bread, plain biscuits and crackers, plain cakes
- Soups, strained to remove vegetable pieces
- Puddings: milk puddings, egg custard, sponge puddings, jellies, ice-cream, yoghurt, pastry in moderation
- Vegetable remove all skin, peel, pips and stalks. All vegetables must be cooked until soft
- Fruit, remove all skin, peel and pips, any fruit juice avoid under ripe fruit

High fibre foods can be introduced gradually back into the diet

- Meat- overcooked, tough and reheated meats and meat dishes
- Wholemeal bread, wholemeal flour, light brown and brown chapatti flour, wholegrain products
- Fruit cake, fruit puddings
- High fibre cereal, e.g. Weetabix, shredded wheat
- Wholemeal pasta, brown rice
- Raw fruit, dried fruit, nuts
- Raw vegetables and salad

It is important to eat well so that you get stronger and more able to fight infection. Eating foods high in calories and protein help with healing, some weight loss following major bowel surgery is to be expected.

High protein

- Meat, fish ,eggs, cheese
- beans, lentils, nuts, dhal
- Quorn or tofu at least 3 times a day
- Use 1-2 pints of full fat or semi-skimmed milk
- Milk daily for soups, sauces, milk shakes puddings and on cereals

How to add extra nourishment to your food

- To breakfast cereal's add a banana, honey or golden syrup
- Soup- add grated cheese, noodles or pasta or cream
- Add grated cheese, fromage frais, ham or tinned fish to mashed or jacket potatoes

Suggested menu

Breakfast
Low fibre cereal; cornflakes, rice crispies, eggs, white toast, thick creamy yogurt

Mid-morning
Tea/coffee/milky drink with biscuits

Lunch
Lean meat or fish, eggs, cheese, white bread and butter:
i.e. Omelette, scrambled egg on toast, chicken or cheese sandwich
Milky pudding – milk jelly, yogurt, rice pudding pot or custard pot

Mid afternoon
Tea/coffee, plain biscuits or allowed fruit

Evening meal

Lean meat/fish/egg or cheese, (If you have had egg for lunch avoid having at dinner as well)
Vegetables well-cooked including potatoes, or pasta
Milk pudding – maybe give example as above

Bed time snack

Milky drink and plain biscuits

Lean meat examples: chicken breast, tenderloin pork, turkey breast.
Lean fish examples: Lean fish examples Trout, tuna, bass, cod, haddock, halibut, monkfish, perch, pike, Pollock, seabass, snapper, sole, swordfish

(**No more than 2 portions of oily fish per week – including fresh tuna or swordfish due to their mercury content)**

With experience you will become aware if you need to avoid certain foods but most people should be able to eat most foods

Within a few weeks after discharge from hospital, you will be sent an appointment to see your surgeon.

Discharge home

For the first few 2 to 3 weeks you may find that you tire easily. Try to alternate light activity with periods of rest. A short sleep in the day during the first 2 to 3 weeks after surgery is often required. Keep active to help reduce the risk of a blood clot developing in your legs. Try to take some gentle exercise, like walking around the home or in the garden. Wear your compression stockings for **4 weeks**. Wash stockings according to instructions and remove stockings daily for a maximum of 30 minutes to wash your legs.

You will be discharged home with blood thinning injections, to complete a course of 28 days after the date of surgery. This is given to stop blood clots forming in your leg veins following your operation. Occasionally there is a reason for patients not to receive blood thinning injections; you will be advised on this if it applies to you. The ward staff will show how to administer the injection, or arrange for the district nurse or practice nurse to support you.

Gradually build up your activity levels over the first 6 weeks after your surgery until you are back to normal. Do not do any heavy lifting for the first 6 weeks, avoid heavy activities such as shopping, wet washing, digging the garden and mowing the lawn. You may resume sexual relationships when you feel comfortable.

Work

You may be well enough to return to work after 6 weeks following surgery. If your job involves heavy lifting then seek advice from your surgical team or GP first.

Driving

You must be able to perform an emergency stop and turn the wheel quickly in an emergency. You may wish to consult your own doctor before driving again; patients are advised not to drive until 6 weeks after surgery. Check with your insurance company as there may be a clause in it about driving after operations.

University Hospital Birmingham NHS Foundation Trust

Colorectal Nurse Specialist Teams (24 hour answerphone)

Heartlands/Solihull Hospitals Telephone: 0121 424 2730
Good Hope Hospital Telephone: 0121 424 7429
Queen Elizabeth Hospital Telephone: 0121 371 4501 Email: colorectalnursingcns@uhb.nhs.uk

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