

USC Division of Colorectal Surgery

Post-Discharge Anorectal Surgery Instructions

This information helps you understand how your post-discharge recovery should progress, so you have realistic expectations for the first few weeks after surgery. Following the guidelines on this sheet will help you recover from your surgery as quickly as possible and reduces the risk of some complications.

What to expect:

Diet:

There are no major restrictions on diet. At first, you will find it better to continue to eat 4-5 smaller meals until your appetite has fully returned and the anesthesia has completely worn off. Until you are having regular bowel movements, you should take a stool softener, such as 1 tablespoon of milk of magnesia daily or Colace (also known as docusate in generic form) 100mg twice daily. Once your appetite is fully recovered and you are having regular bowel movements, you may begin 1 tablespoon of Metamucil (mixed in water or juice) after breakfast and after dinner. This will help to thicken your stool and prevent constipation. Also, be sure to drink plenty of liquids to keep your stools soft. Sports drinks are better than plain water to prevent dehydration.



Bowel Habits:

Your bowel habits may be erratic following your procedure. You may not move your bowels for several days after discharge. You should take 1 tablespoon of milk of magnesia daily for several nights to help your bowels move. If you feel the need to use the toilet, do not resist the urge as this may exacerbate constipation and bowel-movement-related discomfort.



It is not unusual for the first bowel movement to have some blood or mucous. Do not become alarmed. This will usually stop after several bowel movements. If this continues, or if you have other symptoms such as light-headedness, dizziness, fever, or chills, contact your doctor.

If you develop bloating, nausea, or vomiting, decrease your diet to clear liquids and notify the office. The best liquids are sports drinks (like Gatorade) as they provide sugar and salt to support your fluid levels. If you drink water or other beverages, you may dilute the salt in your blood and you may actually feel worse. If the symptoms persist, please call our office to speak with your doctor.

Activity:

It is very important to gradually and consistently increase your physical activity after surgery. You will feel some discomfort in your bottom and you will not be able to perform activities that irritate this area for several days. Your body will tell you when you are ready to do something. As a general rule, if it hurts too much, you are not ready to do that activity yet. You are free to walk and take stairs as you are able. This activity improves your lung and heart function and improves the ability of your body to use nutrition to heal. You should not drive a car until your pain control is adequate without need for any narcotic pain pills, which may take several weeks. You should not lift >30lbs for 6 weeks from the day of surgery. After that time you can perform any physical activity you can tolerate.



Wound Care:

Your wound will either be left open or closed with absorbable sutures. It is ok to shower and soak in a Sitz baths, though you should avoid prolonged periods in the water as this may lead to increased swelling. After a bowel movement, be sure to wipe the area dry or use a shower or Sitz bath to clean the area. You do not need special antibiotic or other ointments to clean the area.

If you notice that the wound becomes increasingly painful with time or becomes swollen and bright red around the edges, you may be developing signs of an infection. Please call the office so that we can discuss this.

Pain control:

You will be discharged with prescriptions pain pills. If you were admitted to the hospital after your surgery, these will be similar medications to what you received while admitted. Everyone is different in how long your pain lasts. Most people average 2-4 weeks of discomfort. Every day should get easier, but it is important to remain patient. You had a surgery in your anorectal region and a period of discomfort is normal. You will be given one or more of the following medications, which should be taken on a schedule. The narcotic medications may be taken as needed for severe pain, but all others should be around the clock without skipped doses. This will help to control your pain better:

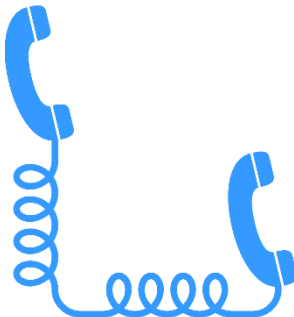


Ibuprofen 600-800mg 3x/day (take routinely on a schedule)
Acetaminophen (Tylenol) 650mg every 6 hours (routinely on a schedule)
Gabapentin (Neurontin) 300mg 3x/day (routinely on a schedule)
Oxycodone (narcotic, as needed every 6-8 hours)

Upon discharge please call our office to make a follow-up appointment in 5-6 weeks.
Should any questions or concerns arise, please call our office:

Monday – Friday: 8am-5pm 323-865-3690

Weekends, Holidays or after-hours, you may call our exchange at 323-865-3690 or the hospital operator at 323-442-8500 and ask for the Colorectal Resident on-call.



To: Patients undergoing colorectal surgery

From: Kyle Cologne, MD

Welcome to USC!

I'm glad you have chosen us here at USC for your surgical care. I understand this can be a very difficult time filled with uncertainty, lots of questions, and significant anxiety. The following packet is designed to help you understand more aspects of your care by giving you an idea of what to expect before and after surgery.

Enclosed is general information on recovery after anorectal surgery. At the time of your clinic appointment, you will be given more information about your specific surgery. At any time, you may also refer to our website for more information.

Finally, if you have any questions, please do not hesitate to contact our office. I can also be reached via e-mail at kyle.cologne@med.usc.edu. Thank you, and I look forward to taking care of you.

Warmest personal regards,



Kyle G. Cologne, M.D.