



Patient & Family Guide
2021

Laparoscopic Bowel Surgery



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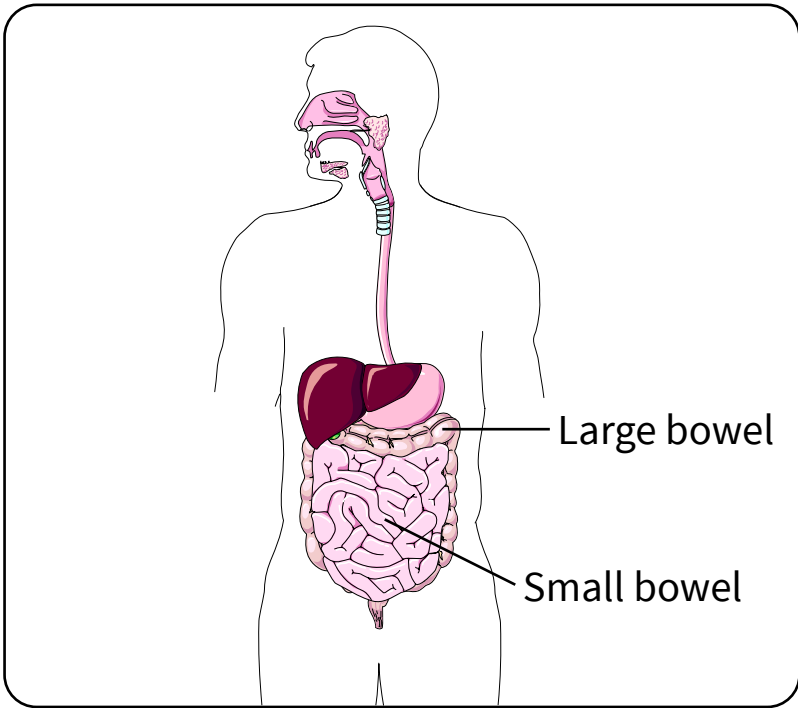
Your doctor has arranged for you to have laparoscopic bowel surgery. During surgery, a part of your bowel will be removed using a laparoscope.

This pamphlet will answer some of your questions about your stay in the hospital and care at home. We hope this information will help you to take part in your care.

Why have laparoscopic surgery?

Laparoscopic surgery has fewer complications than open bowel surgery. You will have smaller incisions (cuts) and there is less risk of infection. You will also have less discomfort, less scarring, a shorter hospital stay, and a quicker return to your normal activities.

This picture shows your large and small bowel.
Other words for 'bowel' are colon or intestine.



A laparoscope is a special tube with a camera that sends pictures to a video monitor. This lets your surgeon see inside your abdomen (stomach area).

This type of surgery is also called keyhole surgery. The surgeon will make 4 to 6 small incisions 1/4 to 2 inches long in your abdomen. The laparoscope and other surgical tools will be inserted (put in) through these incisions. One of these incisions will be in the belly button area. The others will depend on the part of your bowel that is being operated on.

Before your surgery

- Your surgeon may give you a prescription for a laxative to take the day before your surgery, or you may be given a laxative by the Pre-Admission Clinic. This solution causes diarrhea (loose, watery poop), that is yellow in colour with no lumps.
- You will be given instructions about what you may eat and drink after taking the laxative.
- **Do not eat or drink after midnight the night before your surgery.** Follow the instructions given to you by your surgeon and/or by the Pre-Admission Clinic.
- Read the pamphlet *Planning for Your Hospital Stay After Surgery* to learn about what will happen during this time, and how to get ready.
 - › www.nshealth.ca/sites/nshealth.ca/files/patientinformation/1395.pdf

After your surgery

- You will be taken to a recovery area. Your health care provider will check your breathing, pulse, and blood pressure often. When you are fully awake and stable, you will be taken to your hospital room.

- How long you will need to stay in the hospital after your surgery will depend on the type of surgery you had and how quickly you heal. This is usually 2 to 5 days.

Intravenous (IV)

You will have an intravenous (IV) in your arm. This is a small tube used to give medication(s), liquids, and nutrition (salts and some sugar). Once you are able to eat and drink on your own, the IV will be taken out.

Oxygen

You will be given oxygen during the first night after surgery. The oxygen is given through 2 small open tubes under your nose.

Catheter

You may need a tube in your bladder to drain your urine (pee). It will be taken out as soon as possible.

Controlling discomfort/pain

- There will be some discomfort around the incision (cut). Ask your nurse if you would like medication to help with this.
- While you are in the hospital, you and your nurse can plan your activities for the times when your medication is given. **Please ask for medication as needed.**

- You may also have some discomfort in your shoulder and neck area. This is normal and is caused by the gas that is placed in your stomach during surgery. This can be helped with medication and by moving around.
- Your nurse will encourage you to get up and move as soon as possible, on the day of your surgery. The more you move, the less chance there is of problems such as pneumonia or blood clots in your legs. **You should get up to walk several times a day.**

Incisions (cuts)

Your incisions will be closed with staples (metal clips) or Steri-Strips™ (special tape). They may be covered by a small dressing.

Nasogastric (nose to stomach) tube

- You may have a nasogastric tube. It will be placed into your nose and down to your stomach during surgery. It will be attached to a small suction machine at your bedside or on the wall. The tube will keep your stomach empty and help to prevent nausea (feeling sick to your stomach). The nurse will give you swabs to make sure your mouth does not dry out. The tube may be in place for 2 to 3 days or longer. After the tube is taken out, you may start to have liquids.

- If you do not have a nasogastric tube, you may be able to have liquids in the evening after your surgery. Once you have passed gas or pooped, you will be allowed to eat solid foods. This is usually 1 to 2 days after surgery.
- Your health care team will monitor you closely to decide when it is safe for you to eat normally.

At home

Nutrition

Read the pamphlet *Nutrition Guidelines After Bowel Surgery* for more information on what to eat after bowel surgery.

- › www.nshealth.ca/sites/nshealth.ca/files/patientinformation/1415.pdf

It may take time for your appetite to get back to normal.

For the first 4 weeks (1 month) after surgery:

- Eat smaller meals. Eat a snack if you feel hungry. It is normal to feel full quickly after surgery.
- Chew your food well.
- Eat well-balanced, healthy foods to help you get your strength back after surgery.
- Some pain medications can cause constipation (not being able to poop).

- Try to drink at least 8 cups (2 litres) of liquid a day. Good liquids to drink include water, milk, juice, and decaffeinated tea or coffee. Avoid caffeine (regular tea or coffee) and alcohol.

Some people with other medical conditions or who are taking certain medications **should not** drink more fluids than usual. Check with your health care provider about the safe amount of fluids for you.

Please ask to talk with a dietitian if you have questions about meals and nutrition.

Controlling discomfort

Pain after surgery is normal. Good pain control is important to your recovery.

- You may take pills for pain or soreness at home as prescribed.
- **Do not** take more than you are prescribed or directed.
- **Do not** drink alcohol while taking pain pills.
- **Do not** drive while taking pain pills.
- If you have discomfort when sitting, it can help to take pressure off your incision site by:
 - › using a cushion with a rear cutout.
 - › sitting on a rolled towel shaped into a doughnut.

Care of your incisions

- Keep your incisions clean and dry.
- If you have staples, they will need to be removed 7 to 10 days after your surgery. A member of your health care team will talk to you about this.
- You may be given an appointment with your surgeon to remove your staples.
- You may need to make an appointment with your primary health care provider to remove your staples.
- If you have Steri-Strips™ over your incisions, you can peel them when they get loose, usually about 7 to 10 days after surgery.
- If your dressing must be left on, tape plastic wrap over it before showering to keep it dry.
- You may have a bath when the incisions are healed, usually 7 days (1 week) after surgery. **Do not soak in the tub for the first 2 weeks after surgery.** This may cause your incisions to open up.

Activity

- Moving your body and walking can help you heal and get your strength back after surgery. Start slowly and go a bit further each day.
- Some examples of safe activities include light housekeeping and preparing small meals.

- You may find that you get tired easily and may need extra rest. Over time your energy will come back.
- If you get short of breath or dizzy, take a break and rest. Try again, slowly or with help, as needed.
- You may have gentle sex when you feel well enough.
- Talk with your surgeon and/or your primary health care provider about when you should go back to work (usually about 2 weeks).

For the next 2 to 4 weeks:

- **Do not** lift anything heavier than 10 pounds. This includes children, laundry, and groceries.
- **Do not** strain, or do any strenuous (hard) activities. For example, do not move furniture, vacuum, mow the lawn, or shovel snow.
- **Do not** play sports.
- **Do not** drive for 2 weeks or while taking pain pills.

Follow-up

You will be given an appointment with your surgeon or primary health care provider a few weeks after you go home. **It is very important that you keep this appointment.**

Call your surgeon's office or your primary health care provider if you have:

- › Fever (temperature above 38.5° C/ 101.3° F) or chills that are not controlled by acetaminophen (Tylenol®) and last more than 48 hours (2 days).
- › More redness, swelling, or warmth around the incisions. Note: Some redness is a normal part of healing.
- › Green or yellow drainage (pus) from the incision(s)
- › More pain in the abdominal (stomach) area
- › Nausea and vomiting (throwing up) that does not go away
- › Problems with peeing or pooping
- › More pain or tenderness around the incision(s)
- › Separation (coming apart) of the edges of the incision(s)

If your surgeon or primary health care provider is not available, go to the Emergency Department.

