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## **Post-Discharge Instructions After Anorectal Surgery**

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.

### **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. With the goal to obtain formed but soft bowel movements, you should:

- Drink plenty of liquids, particularly WITH your meals to keep your stools soft.
- Add fibers to your diet, e.g. 1 tablespoon of Metamucil (mixed in water or juice) twice per day with a lot of additional fluids. This will help to make the stool smooth.
- Take a stool softener, such as Colace (also known as docusate in generic form) 100mg twice daily
- Possibly add 1 teaspoon to tablespoon of milk of magnesia daily.

### **Bowel Habits:**

Your bowel habits may be erratic following your procedure. If you feel the need to use the toilet, do not resist the urge as this may exacerbate constipation and bowel-movement-related discomfort. If you feel constipated you may take 1 tablespoon of milk of magnesia every 4 hours until the bowels move. Contact the office if you have no success after 3 doses.

### **DO NOT give yourself an enema or suppository unless instructed.**

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 frequent loose stools the Metamucil should help thicken the stool. Should this not be enough, please contact the office for advice.

### **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.

Ask your doctor when it would be okay to resume sexual intercourse.

You should not drive a car until you feel strong enough and until your pain control is adequate without need for any narcotic pain pills.

### **Wound Care:**

Your wound will either be left open or closed with absorbable sutures. Sometimes, there are plastic drains or setons left to allow for cleaning out deeper areas. Minor amounts of bleeding and wound discharge are normal. It is ok to shower and soak in a Sitz bath, though you should avoid prolonged periods in the water as this may lead to increased swelling. You may use soap everywhere on your body EXCEPT right in the wound. After a bowel movement, be sure to either gently wipe the area dry or better use a shower or Sitz bath to clean the area. You do not need special antibiotic or other ointments to clean the area. The wound normally does not require any special dressing but you may want to use an absorbing pad to protect your clothes.

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 for pain pills. Commonly prescribed medications are listed below, but not all may apply to you. Please check your individual prescription AND do not do not combine these or add other medications without consulting with us.

- Toradol 10mg every 6 hours (only for 5 days maximum, stop earlier if stomach pain).
- Ibuprofen 800mg 3x/day (routinely not intermittently)
- Acetaminophen (Tylenol) 650mg po q 6hrs (routinely not intermittently)
- Vicodin, Norco, or Oxycodone **(as needed every 4-6 hours)**

### **Urination:**

In the first 24 hours, it can occasionally be difficult to void the bladder. Once the anesthesia has completely worn off, it is not usually a problem anymore. However, if you have not been able to urinate and feel increasing pressure in your abdomen, you may have a urinary retention: please contact the office or go to the next Emergency room.

### **Contact the office if you experience any of the following:**

- **Fevers/chills**
- **Severe bleeding**
- **Severe pain**
- **Food intolerance, nausea or vomiting**
- **You cannot urinate at all**
- **Women: if stool passes through the vagina**
- **Other concerning symptoms**

**If any condition appears very urgent, go to the next Emergency Room or call 911.**



**Follow-up:**

Upon discharge please call our office to make a follow-up appointment in \_\_\_\_\_ 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**.

