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Post-Discharge Instructions After Major Abdominal 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:

You will find it better to continue to eat 4-5 smaller meals until your appetite has fully returned and the abdominal bloating fully resolves. There are no specific food restrictions but watch what you tolerate well and make sure you chew everything well. Once your appetite has fully recovered, you should begin 1 tablespoon of Metamucil (mixed in water or juice) after breakfast and after dinner. This will help to thicken your stool and return the normal bacteria to your colon.

Bowel Habits:

Your bowel habits may be erratic following your procedure. You may not move your bowels for several days after discharge. If you feel constipated, you may take 1 tablespoon of milk of magnesia at bedtime for several nights to help your bowels move. However if you are patient, the bowels will move on their own.

If you develop frequent loose stools, the Metamucil should help thicken the stool. However, you may carefully use Imodium AD (over the counter). It is best to start with 1 pill in the morning and one pill at bedtime initially. Should this not be enough, please contact the office for advice.

If you develop bloating, nausea, or vomiting, decrease your diet to clear liquids and notify the office. Avoid sodas. The best liquids are sports drinks (like Gatorade) or a combination of juice and broth as they provide sugar and salt to support your fluid and electrolyte levels. If you only 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 someone.

Activity:

It is very important to gradually and consistently increase your physical activity after surgery. You are free to walk and take stairs as you are able. The 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 you feel strong enough and until your pain control is adequate without need for any narcotic pain pills.

You should not lift >15lbs for 6 weeks from the day of surgery. After that time, you can perform any physical activity you can tolerate.



Wound Care:

If your wounds were closed with absorbable sutures, you will find a transparent foil dressing or short white steri-strips over the incision. It is ok to shower with those in place and you can remove them on the 10th day after surgery.

If you have staples, please call the office and arrange for a visit with our Physician Assistant (Eva Moya) to have them removed approximately 10 days after surgery.

If you notice that the wound becomes increasingly painful or red around the edges and/or starts to have some discharge, you may be developing a wound infection. Please call the office so that we can discuss this.

Pain control:

You will be discharged with prescriptions for the same or similar pain pills we were administering in the hospital. This program should ease your pain and reduce any problems with the return of bowel function.

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

- Ibuprofen 800mg 3x/day (routinely not intermittently)
- Acetaminophen (Tylenol) 650mg po q 6hrs (routinely not intermittently)
- Neurontin 300mg 3x/day (routinely not intermittently)
- Narcotics: Oxycodone/Vicodin/Norco: **as needed.**

As your pain decreases you can stop the narcotics first, then the Neurontin, and finally the ibuprofen and Tylenol.

Colostomy or ileostomy care:

If you have an ostomy/stoma (ileostomy or colostomy), you can follow all of the above recommendations. A visiting nurse should have been arranged for to assist you in the care of the stoma. The most important issue is to monitor the output of the stoma to avoid becoming dehydrated. It is ok to take a shower.

Ileostomy:

- Your stoma output should approach the consistency of toothpaste over time.
- If the stoma output is greater than 1500ml and watery, you are at risk for dehydration.
- Drink sports drinks liberally to stay hydrated as stated above.
- Use Imodium and Metamucil as stated above to help thicken the stoma output.

Colostomy:

- Your colostomy may have a “bridge” in place which might have to be removed after ____ weeks.



Contact the office if you experience any of the following:

- Fevers/chills
- Severe bleeding
- Severe pain
- Food intolerance, nausea or vomiting
- Your urine output decreases or your urine becomes increasingly darker
- You cannot urinate at all
- You are becoming dehydrated/weak
- 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**.

