



Oxford University Hospitals
NHS Foundation Trust

Discharge Advice After Colorectal Surgery

Information for patients



Introduction

This leaflet describes what to expect following your discharge after your colorectal surgery and some common problems that you may experience after bowel surgery. It also contains contact information for the colorectal team and who to contact in an emergency.

Getting back to normal activity

Your body needs time to recover following surgery. You might experience fatigue. In the first few days after you leave hospital, plan your day so you can have a rest break or short nap in the afternoon if you need.

After leaving hospital you should be able to gradually increase your activity. It is important to do daily gentle exercises to help build up your muscle strength. Aim to go for short walks daily and increase the distance gradually each day. Please take care when lifting, bending or stretching, particularly within the first few weeks of your operation. The Physiotherapy advice after abdominal surgery leaflet is available on the ward and on the website: www.ouh.nhs.uk/patient-guide/leaflets/. This leaflet provides you with a useful guide on how to progress your recovery goals. If your work or hobbies involve strenuous activities such as heavy lifting or sports, please discuss this with your physiotherapist or surgical team before you leave hospital.

Managing your pain after discharge

It is common to experience some discomfort or pain following surgery. This can be effectively managed with pain relief medications. The pain will improve as your recovery progresses. A small supply of pain relief medication will be arranged for you to take home, and a copy of the prescription will be sent to your GP. You will only need to take the pain relief medication until you can perform your normal activities without significant discomfort. Most people do not need stronger painkillers (such as tramadol or codeine) after a week. The stronger painkillers should be gradually reduced first. Your mild painkiller (such as paracetamol) can be reduced after you have stopped the stronger painkillers and as your discomfort or pain settles. If your pain is not improving or getting worse, please contact your GP or hospital team.

Wound healing

All wounds progress through several stages of healing and you may be able to see changes in your wound. It can be common to experience:

- Unusual sensations, such as numbness, tingling or itching.
- Slight pulling around the glue, stitches or staples as the wound heals.
- A hard lumpy feeling as new tissue forms.
- Some watery, pink coloured fluid from the wound as it heals
 - if this occurs then cover the wound with basic wound dressing that can be removed once wound dry.

Do not pull off any glue that is on the wounds or any scabs, as they protect the new tissue underneath, and act as nature's dressing. The glue and scabs will fall off without any help.

It is important that you know how to tell if your wound is developing an infection after you go home. If a wound becomes infected, it may:

- Become more painful.
- Look red or swollen.
- Leak pus or bloody discharge.
- Have an unpleasant smell.

If you develop a high temperature (above 37.5°C), notice any of the signs mention above, or have any concerns about your wound, contact the Surgical team on contact number provided on page 13 of this leaflet or your GP.

Your wound(s) may not have fully healed before leaving the hospital. If this is the case, your ward team will teach you how to care for your wound at home, or arrange support from a community team.

Bathing and showering

It is safe to get your wound(s) wet after you have gone home, as long as the wound(s) is healing well (or unless otherwise advised). Avoid having a bath whilst the wound is healing. Instead, we advise you to shower regularly and pat the wound(s) dry with a clean towel. Do not put any soap, shower gel, body lotion or any other products directly onto your healing wound(s) unless directed by a health professional. This may affect the glue covering the wound(s) or healing process, which may cause discomfort or an infection. If your wound requires a dressing, please speak to your practice nurse or community nurse for advice about bathing or showering.

Opening your bowels

It is quite normal for the bowels not to open for a few days after your operation, but this can vary from person to person. It is normal to be concerned about the first time you open your bowels. Try to relax as this will aid bowel function. Your bowel pattern may vary in the number of times you go in a day. The bowel needs time to settle into a pattern after an operation, this can sometimes take 3 to 12 months. You may experience diarrhoea initially and this could give you a sore bottom. If this happens, we advise you to wash your bottom with clean water every time you have your bowels open, pat dry, and use a barrier cream to protect the skin. Some people can get constipated after the operation and in this situation your surgical team may advise gentle laxatives. If you are concerned, please seek advice from your surgical team, GP or specialist nurse.

It is also not uncommon to notice some old (dark) blood or mucous passed from your rectum. Depending on your operation you may have been advised by your Surgical team to expect some fresh (bright red) blood too.

If you are concerned about new or increased symptoms of passing blood then contact the Surgical team.

If you have had an operation resulting in the formation of a stoma, you will receive community follow up from your stoma nurse. The stoma nurses will provide you with their contact details and all the equipment you need when you see them in hospital.

Diet

After your operation you can gradually resume eating your usual foods, unless you have been given other instructions. The operation can slow down your bowel movements. Some patients may experience reduced appetite and symptoms of bloating and nausea after the operation. If this happens to you, it may be helpful to try:

- Aiming for 5 or 6 smaller meals throughout the day.
- High energy and high protein snacks.
- Nourishing drinks such as whole milk, fortified milk or homemade milkshakes.

When you are feeling better, eating regular meals and a balanced diet can help you get the right nutrients to stay well. High protein foods are also important to help your wounds heal. These include:

- Meat
- Fish
- Eggs
- Dairy (for example: cheese, yoghurt, milk)
- Tofu
- Quorn
- Beans, lentils and pulses.

Please speak to your GP or specialist nurse, if you continue to have a poor appetite, ongoing weight losses or have ongoing concerns.

While it is expected to have altered bowel habits for a few weeks after your operation, the advice below may help with some of the symptoms.

Diarrhoea

High fibre foods may worsen or exacerbate any diarrhoea you may have. If this happens, a low fibre diet for a short period of time may help. This would include foods such as:

- White bread/rice/pasta.
- Cakes/pastry/biscuits made with white flour.
- Cereals such as cornflakes and rice krispies.
- Potato without skins.
- Dairy foods such as milk, eggs and cheese.
- Meats such as chicken, beef, fish.

Foods to avoid:

- Wholemeal alternatives.
- High fibre fruit and vegetables.
- Nuts, seeds, pips and skins from fruit and vegetables.
- Beans, lentils, and pulses.

If you have diarrhoea, you will be losing salts and other important nutrients as well as water. Keep well hydrated and try eating foods such as fresh or tinned soups and broths, toast, salted crisps or plain crackers to keep up salt intake. Isotonic drinks (such as still Lucozade sports) or rehydration salts (such as Dioralyte) may also help.

If your diarrhoea is improving and you have not been advised to remain on a low fibre diet after surgery, slowly reintroduce fibre as part of a balanced diet. Introducing fibre slowly will help minimise possible symptoms of wind, bloating and stomach cramps. However, these are natural symptoms to expect when fibre is reintroduced.

Wind

Increasing fibre gradually will help reduce discomfort. You may find it helps to eat more slowly and chew well or have some, peppermint oil, mint tea or warm drinks. Gently moving around and walking will help relieve discomfort.

While you are experiencing wind discomfort, avoid foods and drinks that increase gas:

- Beans, pulses, lentils and peas.
- Some vegetables including, broccoli, cabbage, cauliflower, brussels sprouts.
- Fatty foods.
- Fizzy drinks.
- Wine and beer.

Constipation

If you are experiencing constipation following your operation, ensure you are well hydrated and increase foods rich in fibre such as fresh fruit, vegetables, beans and pulses, porridge, wholemeal bread and cereals. Gently moving around and going for walks will also help.

Keeping hydrated

Keeping hydrated by drinking well is vital for good health. Early signs of dehydration can include a lack of concentration, headaches and light headedness. If you are dehydrated over a long period of time it can start affecting your kidney function and can cause problems like urine infections and constipation.

The amount of fluid you need can vary. Different things can affect how much fluid you need, including the weather and temperature, exercise, diarrhoea and how much you sweat.

An average adult should aim to drink between 1.5 to 2 litres of fluid a day. This is equivalent to six to eight mugs of fluid. It is common to experience diarrhoea after bowel surgery so you may need to increase your fluid intake to avoid getting dehydrated. Looking at the colour of your urine is a good way to check how hydrated you are. Your urine should be pale yellow to clear colour. If you have a stoma, it is important to follow the hydration advice given to you by your stoma team, as your needs will vary.

Drinking water is the best way of hydrating. You can add squash for flavour or slices of fruit to make drinking water more interesting.

Other tips to keeping hydrated include:

- Hot drinks such as tea or coffee - although we advise avoid drinking caffeinated drinks in large quantities.
- Have fruit juice which provides a good source of vitamins and minerals, but limit it to one glass a day due to high sugar content and can make diarrhoea worse.
- Glass of milk or milk shakes.

If you find it difficult to drink enough fluids, try adding foods such as cereal with milk, soup, ice cream, ice lollies, smoothies and jelly.

Alcohol does not count towards your daily needs.

Preventing blood clots after operation

You may need to have a course of blood-thinning injections after you have been discharged from hospital. The course is started while you are in hospital and continues until 28 days after your operation. This is to reduce the risk of you getting blood clot in your legs or lungs after your operation.

These are daily injections which you will need to give yourself until the course has finished. You will be taught to do this, and you will have the chance to practice before you go home.

If you are already on blood-thinning medications before surgery, your surgical team will make a plan for resuming your medications. If you have any further queries related to your medication, please discuss these with your specialist team.

Resuming sexual relations

The anxiety and stress of this type of operation often reduces sex drive. This is quite common and in time this will return to normal. If you are in a relationship, we encourage you to talk to your partner talking about your feelings. This will help you both relax and enjoy your lovemaking when you feel ready to have sex.

Men: After some bowel operations, the nerves that control erection and ejaculation can be bruised. If you are experiencing difficulties in getting or sustaining an erection, give yourself time to recover from your operation. If the problem continues, please discuss this with your GP, specialist nurse or hospital doctor.

Women: Nervousness and anxiety can make you tense, making sex uncomfortable or the vagina can become dry. The more relaxed you can be the better. The use of lubricating gel can be helpful.

Driving

We advise you not to start driving again for up to 6 weeks after operation unless your surgical team states otherwise. You need to be sure that you can concentrate, move freely enough to have full visibility, and be able to perform an emergency stop. You also need to check with your insurance company that your policy covers you to start driving again. If you feel ready before 6 weeks, please discuss this with your consultant or specialist nurse.

Going back to work

You can return to work when you feel ready to. To begin with you may feel tired and deciding when to return to work is an individual decision – everyone is different. If your job involves lifting, pulling, pushing or stretching, then it best not to go back to work for at least 6 weeks, and possibly ask for lighter duties or reduced hours to begin with. If you require a sick note (Fit note) please ask your ward team to provide you with one.

Follow up

If you have cancer, your surgical team will follow up with you 2 to 4 weeks after you leave hospital. Please contact your specialist nurse if you have any concerns.

If you do not have cancer, your follow up appointment will be within 3 months, based on your individual needs. If you have any questions about this, please contact your consultant's secretary.

How to contact the hospital team

During the **first two weeks that you are home**, if you have a question or concern that is **not urgent**, please phone the ward doctors on this number:

Telephone: **07786 114 575**

Monday to Friday, between 8am to 5pm and Saturday to Sunday (and Bank holidays) between 8am to 12pm.

If you do not get an immediate reply, leave a message and one of the team will return your call by the end of next working day.

You can also contact your GP for advice after your discharge from hospital. Your GP will be able to assess you and decide whether you can be treated in the community or if you need to be seen in the hospital.

If your questions require an urgent response or it is outside of office hours, please contact your GP or out-of-hours GP service as they can assess you and decide what further action needs to be taken. If you require an urgent review at the hospital, you may be asked to visit the Surgical Emergency Unit at the John Radcliffe Hospital for further tests and investigations.

In an emergency or life-threatening situation, you must dial 999 or attend your local emergency department for appropriate treatment.

Your colorectal hospital teams

Consultant Surgeons' secretaries:

Telephone: **01865 235 507**

(8:00am to 5:30pm, Monday to Friday)

Colorectal Cancer Nurse Specialists:

Administrator

Telephone: **01865 221 839**

Oxford University Hospitals

Telephone: **01865 221 454**

Stoma nurses:

Administrator

Telephone: **01865 221 839**

Churchill Hospital

Telephone: **01865 235 367**

Wytham ward (Colorectal ward at Churchill hospital):

Telephone: **01865 235 380**

Telephone: **01865 235 382**

Further information

smokefree.nhs.uk

(NHS stop smoking advice)

www.macmillian.org.uk

(Cancer care and support charity)

www.maggiescentres.org

(Maggie's cancer care centres)

www.crohnsandcolitis.org.uk

(Crohn's and Colitis UK)

www.bowelcanceruk.org

(A UK charity dedicated to saving lives from bowel cancer)

www.ouh.nhs.uk

(Oxford University Hospitals NHS Trust)

www.iasupport.org

(The ileostomy and internal pouch support group)

www.colostomyuk.org

(The Colostomy Association)

www.britishpainsociety.org

(The British Pain Society, patient information website)

www.occtopus.org.uk

(Occtopus - Oxford Colon Cancer Trust)

Any other specific instruction

(Please write down any specific information and instructions related to your operation or care after leaving hospital).

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust
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