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# **A Guide to Enhancing Your Recovery After Bowel Surgery**

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**Please bring this booklet with you  
every time you visit the hospital prior  
to your surgery.**



### **Disclaimer**

*This is general information developed by The Ottawa Hospital. It is not intended to replace the advice of a qualified health-care provider. Please consult your health-care provider who will be able to determine the appropriateness of the information for your specific situation.*

### **Acknowledgements**

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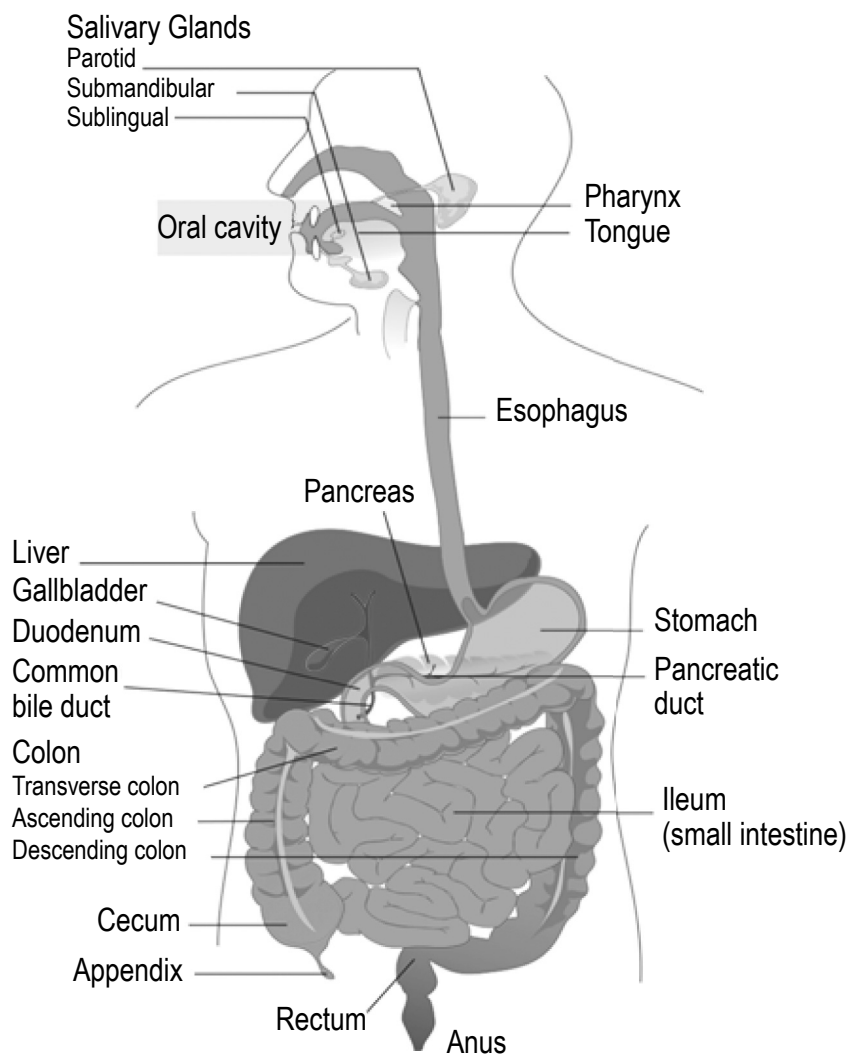
## Introduction

The information in this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional healthcare practitioner, or substitute medical care. Contact your surgeon if you have any questions about your care.

This booklet is part of the Best Practice in General Surgery's (BPIGS) Enhanced Recovery after Surgery (ERAS) program. The goal of this program is to increase your satisfaction, decrease postoperative complications and speed your recovery. BPIGS' goal is to make sure that you receive the best care by standardizing general surgery practices based on the best evidence. ERAS is a program which involves many academic hospitals across Ontario. The ERAS program includes surgeons, anesthesiologists, nurses, dietitians, physiotherapists and other allied health personnel who are working together to provide you with the best care. The goal of the program is to improve your recovery so you can go home sooner after surgery. A second goal of the program is to improve your satisfaction with the care that you receive.

## What is the Bowel?

When eating, food passes from your mouth, through the esophagus into your stomach. From there it passes into the small bowel (small intestine). This is where your food and nutrients are absorbed. What is left of the food then goes to your large bowel (large intestine), which is about 6 feet long. This is where the fluid is absorbed from the food and stool (your bowel movement) is formed. The stool is then stored in your rectum, until it is passed out of your body through the anus.



## What is Bowel Surgery?

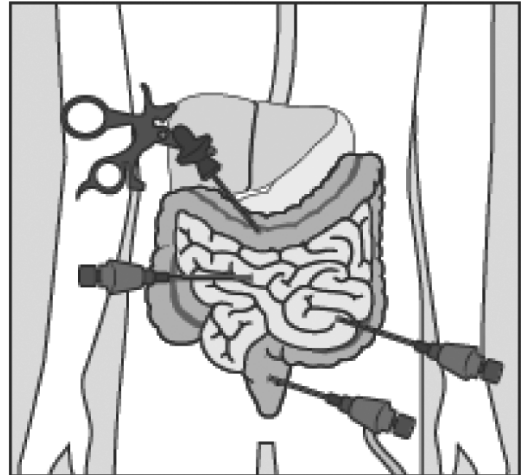
Bowel surgery (also known as colorectal surgery) is the removal of the diseased section of the bowel between your stomach and your anus.

### Your surgery can be done in 2 ways:

#### Laparoscopic

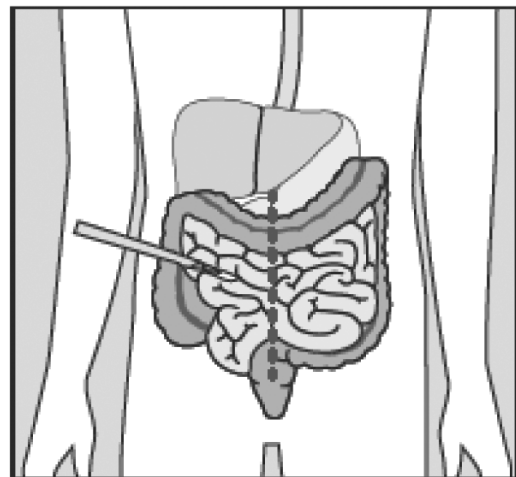
If your surgery will be done laparoscopically, the surgeon will make 4 to 6 small cuts (incisions) in your abdomen.

Your surgeon will use instruments and a camera to loosen (free-up) the diseased bowel and then make a small incision to remove it. The healthy ends of your bowel will then be sewn or stapled back together or a stoma will be created.



#### Open

If the surgery is done openly, your surgeon will make one 10 to 20 cm cut (incision) in your abdomen to perform the surgery. The surgeon will remove the diseased bowel and sew the healthy ends of your bowel back together or a stoma will be created.



## **Preparing for Your Surgery**

Plan ahead. Make sure that you know who is going to take you home. Also, make sure that everything is ready for you when you go home after your surgery. You should be able to walk and eat food and care for yourself as usual. You will likely need some help from friends and family when you first get home from the hospital.

You may need help with:

- Driving
- Making meals
- Laundry
- Cleaning
- Paying bills
- Caring for pets
- Watering plants
- Bathing and self-care

Fill your freezer and cupboards with easy to prepare meals so that when you return home, you will not have to go to the grocery store.

If you smoke, we strongly suggest that you stop smoking completely for 3 weeks before your surgery. This will reduce the risk of lung problems afterwards. There are many resources available to help you. Talk to your doctor, nurse or pharmacist if you would like information to help you quit smoking.



## **How Long Will I be in the Hospital?**

If you are having colon surgery and you do not have any problems after your procedure, you may go home 3 days after your surgery.

If you are having rectal surgery and you do not have any problems after your procedure, you may go home 4 days after your surgery.

## Things to Bring to the Hospital

- This booklet and a pen to complete the Patient Activity Log
- A bathrobe and loose comfortable clothing (if you were told to do so)
- A credit card (if you want to rent a television or telephone in your room)
- Non-slip slippers or shoes
- Earplugs (if you wish)
- Magazines or books to read
- Personal hygiene items like a toothbrush, toothpaste, hair brush, mouthwash, deodorant, lip balm and hand cream that are scent free.
- Non-perishable, easily digestible food like cookies, crackers, cereal or pudding cups. Do not bring food that needs to be refrigerated as it will spoil.
- Two packs of chewing gum. Chewing gum will help you recover from your colorectal surgery.

## Your Pre-Admission Clinic Visit

You will be seen in a pre-admission clinic several days or weeks before your surgery. This is a place where information is shared: we will learn more about you and your health, and you will learn more about your surgery. You will be seen by a nurse and possibly an anesthesiologist (anesthetic for OR procedure) or other doctors or health-care professionals if needed.



### The PAU clinician will go over the following with you:

- Medications
- Bowel preparation
- Body cleansing
- Nutrition
- Activity level
- Going home



# Your Surgical Path

## Day Before and Morning of Your Surgery

You should eat solid foods until 12 midnight the night before your surgery unless you had a bowel prep. If you had a bowel prep, please follow the instructions that were given to you.

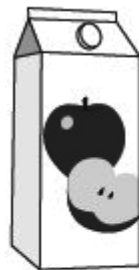
- You should drink clear high carbohydrate liquids up to **90 minutes** before your hospital admission time.
- A clear liquid is any liquid you can see through. Examples of clear liquids are water, apple juice, white grape juice and white cranberry juice. Milk and orange juice are not clear fluids and should not be taken.

## High carbohydrate (sugary) drinks before your surgery

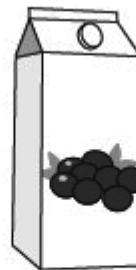
A drink that is high in carbohydrates are drinks that have a lot of sugar. It is important to have sugary drinks before your surgery because it will help you feel stronger after your surgery and recover faster.

- Drink up to 3 glasses (800 mL) of a high carbohydrate drink at bedtime the night before surgery.
- Drink 1.5 glasses (400 mL) up to **90 minutes** before your surgery or until you leave for the hospital.

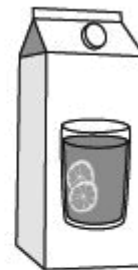
Examples of high carbohydrate drinks are:



Apple juice



White cranberry  
juice



Iced tea

## Showering/Bathing the night before Surgery

Because the skin is not sterile, you can reduce the number of germs on your skin by washing before your surgery. You should shower (wash your hair and body) the night before and the morning of your surgery with your normal shampoo and soap. You should rinse your hair and body thoroughly to remove any soapy residue. Pat yourself dry with a fresh, clean, soft towel. Put on clean pajamas or clothes and use freshly laundered bed linens if you are able. Do not apply any lotions, perfumes or powders. Avoid shaving in the areas you will be operated on.

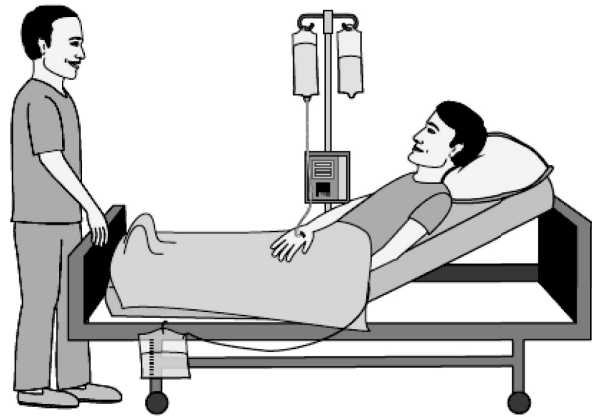
## When you arrive at the hospital

- You will be admitted.
- You will see a surgeon, a nurse and an anesthesiologist. They will answer any questions you may have. They will ask you a few questions to make sure you are safe to have your surgery.
- You may be given pain medicine to take by mouth before your surgery.



## In the operating room:

- You will be wheeled on a stretcher (bed) by a porter and/or nurse.
- If you are to receive an epidural (small tube in your back) or spinal anesthetic it will be inserted before you are put to sleep.
- The anesthesiologist will put you to sleep. This is not painful.
- Antibiotics and anticoagulants (blood thinners) will be given to help decrease your chance of infection and blood clots.
- While you are asleep, you may have a tube (catheter) put into your bladder to drain your urine.



## In the recovery room, you **MAY** have:

- An intravenous (IV) drip to give you fluid and medicine.
- Pain medicine: an epidural and/or IV pain medicine.
- A nurse ask about your pain level. Please tell the nurse if your pain changes or gets worse.
- Oxygen through an oxygen face mask.
- A catheter to drain the urine out of your bladder.
- A family member be able to visit you once the nurses have finished checking you and you are awake.



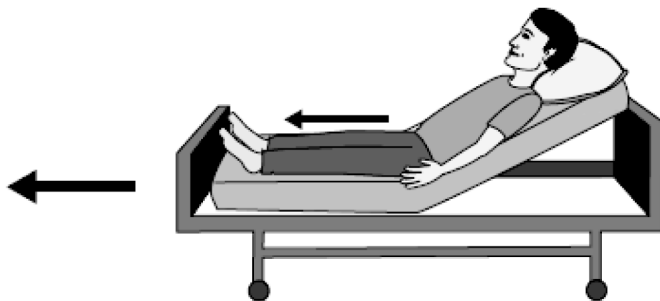
You will leave the recovery room (PACU) and go to your room when the nurse and doctors are sure you are awake, breathing properly and that your pain is well managed.

## Activity

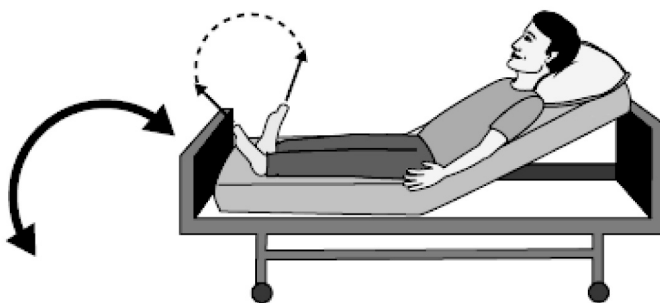
Lying in bed without moving may cause many problems like pneumonia, blood clots and muscle weakness. It will also slow down your recovery. The more often you get up, the better you will feel!

**Leg exercises** If right for you, you will be helped to do the following exercises by your health-care team:

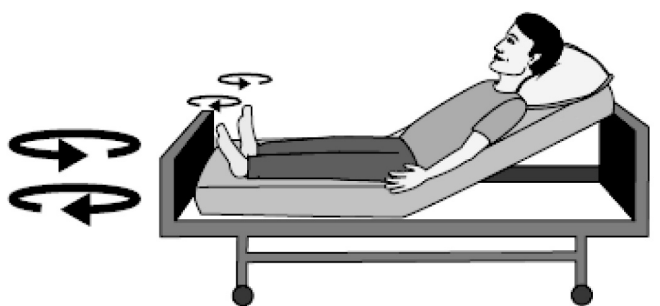
- Sit up and dangle your legs at the side of the bed.
- Start your leg exercises These will help blood circulation in your legs. Repeat these 4 to 5 times every hour while you are awake.



**Stretch your legs out straight.**



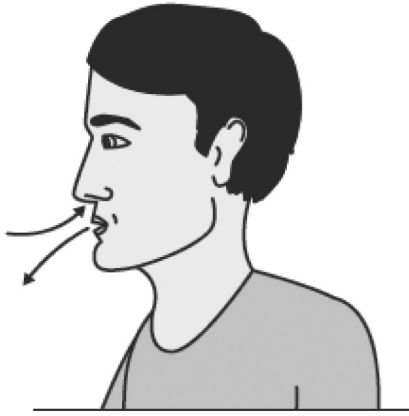
**Wiggle your toes and bend your feet up and down.**



**Wiggle your toes and rotate your ankles.**

**Breathing exercises** If right for you, you will be shown how to do deep breathing exercises by your health-care team.

- Perform 10 sets every hour when you are awake
- Try coughing 2 to 3 times after your breathing exercises. Hug a pillow when you try to cough.



Breathe in slowly and deeply through your nose, then breathe out slowly through your mouth with your lips pursed. Repeat 10 times every hour.



While holding a pillow against and supporting your incision, give 3 strong coughs. If your cough is wet, try to cough more and clear the phlegm.

With the help from nurses, health-care aids or your family members, you will:

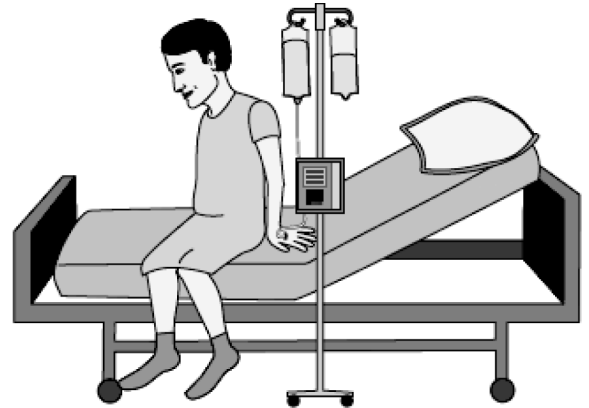
- Sit up in a chair for all of your meals.
- Be out of bed, either walking or sitting frequently for increasing periods of time.
- Do your deep breathing exercises.
- Do your leg exercises.

## Nutrition

**Drinking** can happen as soon as you are on the ward after your surgery, you may be able to have sips of clear fluids.

You will be given your first meal the day after your surgery.

You can eat as much or as little of whatever you want. You should not push yourself. Eat only when you are hungry or feel ready. Your family can bring you food if you prefer, but check with your nurse first about what is right for you. You can bring non-perishable foods to eat when you are hungry.



You should always sit in a chair at meal time, even if you eat very little.

You should chew gum starting the day after your surgery. You should chew one stick of gum, for at least 5 minutes, 3 times per day.

Chewing gum after surgery will help you pass gas, which is a sign that your bowels are working. Again, if you cannot chew gum for any reason, talk to your surgeon or nurse.

Tell the nurse if you are sick to your stomach (nauseous) or if you feel bloated during or after eating. If so, you should not eat.

## Elimination

**Catheters** A catheter may be put into your bladder during your surgery to drain your urine. Your catheter should be removed on Day 1 if you had a colon operation, and Day 3 if you had a rectal operation. The catheters should be removed as soon as possible. Early removal of the catheter decreases your chance of a bladder infection. It also helps you move around more easily.

**Bowels** – your bowel function may take time to restart. Your health-care team on the ward will teach you specifics on how to manage your bowels.

## You Might Feel...

### 1) Nervous about getting up

This is a normal feeling. Your nurse will help you to walk with the IV pole and tubes.

## 2) Hungry or Not hungry

It is safe to have fluids the night of your surgery and food the day after surgery. You may eat and drink what you feel like. You will usually feel like eating and drinking more each day.

## 3) Tired

This is normal because your body is trying to heal. After your walks, it is important to rest.

## Why is Moving Around After Surgery Important?

After bowel surgery, your bowel may stop working. This is called an ileus [i-lee-uhs]. When this happens, people feel bloated and may have nausea and vomiting. If you have an ileus, this will increase your surgery recovery time.

Pain medicine which contain opioids, like morphine, increase the chance of ileus. Walking and chewing gum help the bowel work faster and speed your recovery.

## Pain Management

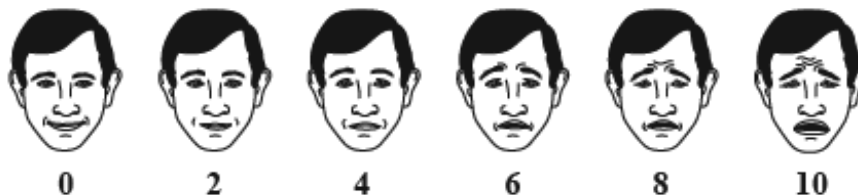
Pain is an unpleasant feeling that is different for every person. There are many words people use to describe pain like: 'soreness', 'discomfort', or 'aching'.

### Having your pain well controlled is important because it helps you to:

- Decrease the stress in your body so you can recover faster
- Breathe and cough more easily
- Move more easily
- Sleep better
- Recover faster
- Do things that are important to you

**When do I treat my pain?** A pain rating scale can help you decide when to do something to relieve your pain. You can use a scale from 0 to 10 to determine how much pain you are having.

You may find that your pain is less when you are resting and more when you are moving. If your pain is 4 (moderate) or more you should treat your pain. If the pain is stopping you from moving, you should treat your pain.



There are different medicines you can take after surgery to help manage your pain. There are also different ways of receiving your medicine. You and your pain team will discuss your different options before your surgery and together you will decide which options are best for you. Sometimes, you may receive more than one type of medicine and more than one way of receiving it. The most common ways to receive medicine are:

### **Intravenous (IV) Pain Medicine**

Pain after surgery is frequently treated with strong medicine (opioids) given through your intravenous (IV). Most likely you will be given a pain pump to use. This method of pain relief is called PCA (Patient Controlled Analgesia). Pain medicine from the PCA pump goes into your IV and then into your body. When you use PCA, you are in control of how much pain medicine you get and when you get it. If you are having pain, you push a button that is attached to the pain pump. You can push the button at any time you think that you need more pain medicine. You will hear a beep from the pump to let you know that the pain medicine is going into your intravenous. After the beep, it takes only a few minutes for the medicine to work. You do not need to call the nurse to get pain medicine. The pump is set up to make sure that you do not get too much. However, it is very important that only you and no one else push the button on the pain pump. Do not let your family or friends push the button!

If you have a PCA pump, your nurse in the recovery room will give the pain medicine to you until you are awake enough to use it yourself. If you choose a pain pump, you will have it until you are able to drink fluids and swallow pills by mouth.

If for some reason you are unable to use your pain pump, your nurse will give you the pain medicine that you need. Your nurse will check with you if you are in pain and will give you medicine if needed. If you are in pain call for a nurse to request your IV pain medication.

You may also be given pain pills by mouth in addition to using the IV pain pump. The IV pain medicine will be given until you are able to drink fluids.

### **Epidural Pain Medicine**

An epidural is a small tube placed in your back by an anesthesiologist. It is placed in a space outside your spinal cord to give you medicine to reduce your pain after surgery.

Medicine is given through the tube to provide pain relief. This medicine is usually local anesthetic or “freezing” plus strong pain medication, such as an opioid. Epidurals are usually inserted before your surgery.

After your operation, your epidural will be connected to an epidural pump, which will deliver a steady dose of pain medicine. Sometimes, you may be able to control the pump yourself (PCA). If you choose an epidural, you will have it for the first 48 to 72 hours after your surgery.

## **Oral Pain Medicine (by mouth)**

You will be given different types of pain medicine on a regular basis after your surgery, including acetaminophen, to help manage your pain. Each pill works differently in your body and reduces the need for large amounts of strong pain medicine, such as opioids. If the medicine does not control your pain, please tell your nurse. Additional or different pain medicine can be given. Examples of oral pain medicine include: extra strength Tylenol and anti-inflammatory pills.

## **Going Home**

### **Checklist**

- You should have no nausea or vomiting
- You should be able to eat and drink as usual
- You should be passing gas
- You do not have to have a bowel movement before you go home
- You should be passing your urine well
- You should be able to get in and out of bed on your own or have a plan in place to assist you
- You should be walking like you did before surgery. You may not be able to walk far and that is fine
- If you have stairs in your home, you should have enough strength and energy to go up and down the stairs
- You should have everything organized at home (for example, food to eat)
- All of your questions or concerns about your ongoing recovery at home have been answered by your health-care team

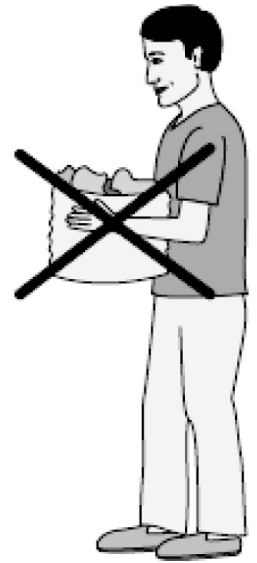
## **You Need to Know**

- About the medicine you were on before your surgery and any new medicine you will need to take now.
- If you need a prescription for any pain medicine or other medicine you may need to take at home.
- About what to eat and drink.
- How to take care of your surgical incision (cut).
- When to go back to regular activities (for example, driving, exercise, lifting).
- What symptoms are considered medical emergencies and what signs to watch for.
- Who is going to help take care of you once you are home. If you require home care services or any other items to help in your recovery at home (such as a walker or bathroom equipment), you will need to be sure you have confirmation that this has been arranged for you.
- Who to call if you have questions or concerns.



### **What I cannot do at home**

- Do not lift more than 10 pounds (1 laundry bin or 2 small bags of groceries) for the first 4 to 6 weeks after surgery.
- Do not do abdominal exercises, high intensity aerobic activities or weight training for 4 to 6 weeks after surgery.
- Swimming and bathing (do not submerge your incision/wound)



### **What I can do at home**

- When you get home, you should continue to be active (walk, participate in personal care, socialize). Gradually increase your activity level over the next several weeks.
- It is normal to feel tired after surgery. Listen to your body and take frequent rest breaks as needed throughout the day.
- You can resume most normal activities once you are pain free, including sexual intercourse.
- You may start to drive when you are no longer taking opioid pain medicine.
- Your surgeon will tell you when you can return to work. This will depend on your recovery and your type of work.
- You can shower. You do not need to cover your surgical incision (cut) to have a shower.
- You might go home with staples in your skin that hold your surgical incision (cut) together. If so, talk to your nurse about when they need to be taken out.

### **Ask your family and friends to help you with:**

- Getting meals ready
- Grocery shopping
- House cleaning
- Laundry

### **Signs and Symptoms to Watch For**

#### **Call your nurse, surgeon or go to the nearest emergency room right away if you have any of the following symptoms:**

- A fever (temperature greater than 38°C or 100°F).
- You are vomiting, bloated or feeling nauseous all the time.
- Redness, swelling, odour, pus or increasing pain from your surgical incision (wound).
- Bright red blood from your anus.
- Stomach pain that your medicine does not help.
- You have not had a bowel movement after 7 days from your surgery.
- If your incision opens up.

### Clinical Pathway – ERAS Bowel Surgery

	<b>Cancer Assessment Clinic/ Pre-Admission Unit (PAU)</b>	<b>Day of Admission/ Surgery Pre-op</b>	<b>Post-op Day of Admission</b>
<b>Consults</b>	<ul style="list-style-type: none"> <li>Anesthesiologist</li> </ul>		<ul style="list-style-type: none"> <li>Dietitian</li> </ul>
<b>Tests</b>	<ul style="list-style-type: none"> <li>Blood tests if required</li> <li>Electrocardiogram if required</li> <li>Chest x-ray if required</li> <li>Urine test if required</li> </ul>	<ul style="list-style-type: none"> <li>Blood tests if required</li> <li>Blood glucose monitoring if required</li> </ul>	<ul style="list-style-type: none"> <li>Blood glucose monitoring if required</li> </ul>
<b>Medications</b>	<ul style="list-style-type: none"> <li>Review of all the medications you are taking</li> </ul>	<ul style="list-style-type: none"> <li>Antibiotics</li> <li>Follow physician's instruction on taking medication</li> </ul>	<ul style="list-style-type: none"> <li>Epidural/IV pain medications</li> <li>Antinausea medications</li> <li>Anticoagulant (blood thinner)</li> <li>Patient's own medications if required</li> </ul>
<b>Assessments and Treatments</b>	<ul style="list-style-type: none"> <li>Bowel preparation if required</li> <li>Stoma marking if required</li> </ul>	<ul style="list-style-type: none"> <li>Vital signs (blood pressure, heart and respiratory rate, temperature)</li> <li>Intravenous</li> </ul>	<ul style="list-style-type: none"> <li>Vital signs (blood pressure, heart and respiratory rate, temperature)</li> <li>Oxygen if needed</li> <li>Pain assessment</li> <li>Intravenous</li> <li>Incision (abdominal/rectal)</li> <li>Monitor drain/drainage</li> </ul>
<b>Activity</b>			<ul style="list-style-type: none"> <li>Activity as tolerated</li> <li>Deep breathing and coughing exercises</li> <li>Foot and ankle exercises</li> <li>Walk if able</li> </ul>
<b>Nutrition</b>		<ul style="list-style-type: none"> <li>Clear fluids up to 2 hours before you arrive for your surgery</li> </ul>	<ul style="list-style-type: none"> <li>Sips of clear fluids 2 hours post operatively</li> </ul>
<b>Elimination</b>			<ul style="list-style-type: none"> <li>Urinary catheter</li> </ul>
<b>Patient Teaching</b>	<ul style="list-style-type: none"> <li>Pre-op instructions</li> <li>Ostomy Education</li> </ul>	<ul style="list-style-type: none"> <li>Pre-op instructions</li> </ul>	<ul style="list-style-type: none"> <li>Deep breathing and coughing exercises</li> <li>Foot and ankle exercises</li> <li>Pain management</li> </ul>
<b>Discharge Planning</b>	<ul style="list-style-type: none"> <li>Plan for hospitalization of 3 days for colon resection and 4 days for rectal operation; discharge time is 10 a.m.</li> </ul>		<ul style="list-style-type: none"> <li>Identify issues that could cause delay of discharge</li> </ul>

<b>Clinical Pathway – ERAS Bowel Surgery</b>		
	<b>Post-op Day 1</b>	<b>Post-op Day 2</b>
<b>Tests</b>	<ul style="list-style-type: none"> <li>• Blood tests</li> <li>• Blood glucose monitoring if required</li> </ul>	<ul style="list-style-type: none"> <li>• Blood tests</li> <li>• Blood glucose monitoring if required</li> </ul>
<b>Medications</b>	<ul style="list-style-type: none"> <li>• Epidural/IV pain medications</li> <li>• Antinausea medications</li> <li>• Anticoagulant (blood thinner)</li> <li>• Patient’s own medications if required</li> </ul>	<ul style="list-style-type: none"> <li>• Epidural/IV pain medications</li> <li>• Antinausea medications</li> <li>• Anticoagulant (blood thinner)</li> <li>• Patient’s own medications if required</li> </ul>
<b>Assessments and Treatments</b>	<ul style="list-style-type: none"> <li>• Vital signs (blood pressure, heart and respiratory rate, temperature)</li> <li>• Pain assessment</li> <li>• Intravenous discontinued if drinking well</li> <li>• Incision (abdominal/rectal)</li> <li>• Monitor drain/drainage</li> </ul>	<ul style="list-style-type: none"> <li>• Vital signs (blood pressure, heart and respiratory rate, temperature)</li> <li>• Pain assessment</li> <li>• Incision (abdominal/rectal)</li> <li>• Monitor drain/drainage</li> </ul>
<b>Activity</b>	<ul style="list-style-type: none"> <li>• Sit in chair for all meals</li> <li>• Walk 3 times per day</li> </ul>	<ul style="list-style-type: none"> <li>• Sit in chair for all meals</li> <li>• Walk 3 times per day</li> </ul>
<b>Nutrition</b>	<ul style="list-style-type: none"> <li>• Surgical diet</li> <li>• Chew gum 3 times per day</li> </ul>	<ul style="list-style-type: none"> <li>• Surgical diet</li> <li>• Chew gum 3 times per day</li> </ul>
<b>Elimination</b>	<ul style="list-style-type: none"> <li>• Urinary catheter removed (Colon Surgery)</li> </ul>	<ul style="list-style-type: none"> <li>• Urinary catheter</li> <li>• Up to bathroom</li> </ul>
<b>Patient Teaching</b>	<ul style="list-style-type: none"> <li>• Deep breathing and coughing exercises</li> <li>• Foot and ankle exercises</li> <li>• Pain management</li> <li>• Hand hygiene</li> <li>• Activity</li> </ul>	<ul style="list-style-type: none"> <li>• Deep breathing and coughing exercises</li> <li>• Foot and ankle exercises</li> <li>• Pain management</li> <li>• Hand hygiene</li> <li>• Activity</li> </ul>
<b>Discharge Planning</b>	<ul style="list-style-type: none"> <li>• Plan for hospitalization of 3 days for colon resection and 4 days for rectal operation; discharge time is 10 a.m.</li> <li>• Identify issues that could cause delay of discharge</li> </ul>	<ul style="list-style-type: none"> <li>• Plan for hospitalization of 3 days for colon resection and 4 days for rectal operation; discharge time is 10 a.m.</li> <li>• Identify issues that could cause delay of discharge</li> </ul>

### Clinical Pathway – ERAS Bowel Surgery

	Post-op Day 3	Post-op Day 4
<b>Tests</b>	<ul style="list-style-type: none"> <li>• Blood tests</li> </ul>	<ul style="list-style-type: none"> <li>• Blood tests if required</li> </ul>
<b>Medications</b>	<ul style="list-style-type: none"> <li>• Oral pain medications</li> <li>• Gastric motility medications</li> <li>• Antinausea medications</li> <li>• Anticoagulant (blood thinner)</li> <li>• Patient’s own medications if required</li> </ul>	<ul style="list-style-type: none"> <li>• Oral pain medications</li> <li>• Gastric motility medications</li> <li>• Antinausea medications</li> <li>• Anticoagulant (blood thinner)</li> <li>• Patient’s own medications if required</li> </ul>
<b>Assessments and Treatments</b>	<ul style="list-style-type: none"> <li>• Vital signs (blood pressure, heart and respiratory rate, temperature)</li> <li>• Abdominal dressing</li> <li>• Monitor drain/drainage if present</li> </ul>	<ul style="list-style-type: none"> <li>• Vital signs (blood pressure, heart and respiratory rate, temperature)</li> <li>• Abdominal incision</li> </ul>
<b>Activity</b>	<ul style="list-style-type: none"> <li>• Sit in chair for all meals</li> <li>• Walk in hall at least 3 times</li> </ul>	<ul style="list-style-type: none"> <li>• Sit in chair for all meals</li> <li>• Walk in hall at least 3 times</li> </ul>
<b>Nutrition</b>	<ul style="list-style-type: none"> <li>• Surgical diet</li> <li>• Chew gum 3 times per day</li> </ul>	<ul style="list-style-type: none"> <li>• Surgical diet</li> <li>• Chew gum 3 times per day</li> </ul>
<b>Elimination</b>	<ul style="list-style-type: none"> <li>• Urinary catheter removed (Rectal Surgery)</li> <li>• Up to bathroom</li> </ul>	<ul style="list-style-type: none"> <li>• Up to bathroom</li> </ul>
<b>Patient Teaching</b>	<ul style="list-style-type: none"> <li>• Deep breathing and coughing exercises</li> <li>• Foot and ankle exercises</li> <li>• Pain management</li> <li>• Hand hygiene</li> <li>• Activity</li> <li>• Ostomy management (Enterostomal Therapy Nurse consult, if required)</li> </ul>	<ul style="list-style-type: none"> <li>• Deep breathing and coughing exercises</li> <li>• Foot and ankle exercises</li> <li>• Pain management</li> <li>• Hand hygiene</li> <li>• Activity</li> <li>• Ostomy management (Enterostomal Therapy Nurse consult, if required)</li> </ul>
<b>Discharge Planning</b>	<ul style="list-style-type: none"> <li>• Plan for hospitalization of 3 days for colon resection and 4 days for rectal operation; discharge time is 10 a.m.</li> <li>• Identify issues that could cause delay of discharge</li> </ul>	<ul style="list-style-type: none"> <li>• Plan for hospitalization of 3 days for colon resection and 4 days for rectal operation; discharge time is 10 a.m.</li> <li>• Identify issues that could cause delay of discharge</li> </ul>

