

# Discharge advice following bowel surgery

Colorectal Department



Patient information leaflet

## Contents

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Introduction	2
Pain	3
Wound	3
Eating and drinking	4
Bowel function	4
Rest and exercise	5
Hygiene	5
Driving	5
Sexual activities	5
Returning to work	6
Travel abroad	6
Follow up	6
Who can help?	7
Additional support available	7

## Introduction

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The Colorectal Nurse Specialist has given this booklet to you; we hope it will be helpful on your discharge home from hospital. The Colorectal Nurse Specialist will also telephone you after you have been home for a few days to check that you are managing and answer any questions you may have.

## Will I have pain?

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Following discharge from hospital, after bowel surgery, it is normal to experience some abdominal discomfort from either the wound or windy pain from the bowel itself. This will gradually improve over several weeks. You should continue taking the pain relieving drugs, which have been prescribed for you at the hospital, until you feel comfortable. If you need further supplies or your pain is not adequately controlled you should see your GP. Simple measures such as supporting your abdomen with a cushion when coughing or whilst wearing a seat belt will avoid putting strain on your wound and make you more comfortable.

## What will happen to my wound?

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Your wound may have been closed with either glue/staples/stitches. If your staples/stitches are still in place when you are discharged, the nursing staff on the ward will refer you to a District or Practice Nurse who will remove these 10–14 days following surgery. In some patients the wound is closed with stitches under the skin which dissolve on their own. The wounds may be covered with paper steri-strips, which you should leave in place until they begin to fall off on their own.

If your wound has not completely healed and there is a dressing in place, you must keep this clean and dry to reduce the risk of infection. The District Nurse will visit and advise you further. You will have some bruising from the operation but this can vary in degree (red and blue turning yellow). Do not be alarmed as this is quite normal and it will improve with time.

If your wound becomes red, inflamed, and painful or has any discharge from it, this could indicate an infection. You should contact the District Nurse or GP who will be able to recommend the appropriate treatment.

If your wound has healed you can shower and bathe as normal, but make sure you can get in and out of the bath/shower safely. If you anticipate any problems the Occupational Therapist at the hospital will be able to advise you on the availability of bathing aids.

## Will I be able to eat and drink normally?

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It may take a while before you get your appetite back. Instead of eating three meals a day it may be easier to have small and more frequent meals. After having an operation on your bowel, you should aim to gradually return to a normal balanced diet, including fruit, vegetables, whole-wheat cereals and bread, in order to maintain a healthy lifestyle. Some people notice that certain foods upset the normal action of their bowel. Fruit and vegetables may give you loose stools, increased wind and bloating. This is often only temporary, and if it affects you, it may be sensible to start on foods which are low in fibre, gradually increasing your fibre intake over the next few weeks. There are no set rules about the types of food to avoid – everybody is different!

## Will this operation affect my bowel function?

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Following bowel surgery your bowel habit may continue to be unpredictable. You may find that your bowel motion is looser, more frequent and/or urgent. It is important to drink plenty of fluids if you do have diarrhoea to prevent dehydration. Occasionally people may experience constipation. It is normal to expect a lot of wind, sometimes associated with abdominal discomfort. This will gradually settle down over 2–3 months, although some people find that their bowel function never returns to its previous pattern. Bowel problems often improve by simple measures such as looking at what you eat. Once again, you should speak to your Surgeon, GP or Colorectal Nurse Specialist, who will be able to advise on diet and medication available to control these symptoms.

**Bowel obstruction** – following surgery, adhesions (scar tissue) can form in the abdomen, which may cause blockage to the bowel. If this occurs you may experience severe windy pain with an inability to pass wind or stool, abdominal bloating and vomiting. You should contact your GP or the emergency doctor for advice.

**Excessive wind or bloating** – you should reduce the amount of fibre for a week or so and then try re-introducing a single item of high fibre food at a time. Fizzy drinks will cause more wind so are best avoided. Alcohol is fine in moderation, but beer and lager can produce wind.

## How often should I rest and exercise?

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It is normal to feel tired and weak for up to three months after major surgery. This will gradually improve and you will become stronger each day. It is important that you rest when needed, however, this does not mean that you should confine yourself to bed.

Good nutrition in the form of a well balanced diet is essential. Having sufficient food and fluids to drink will help to keep your energy levels up and prevent feelings of weakness.

You should avoid lifting anything heavy, for example, a bag of sugar in each hand for the first 2–4 weeks and only do the equivalent of light housework. Start by taking a gentle walk each day, perhaps around the house or garden and gradually increase, as you feel able. Remember it is best to take rest periods when needed. Short frequent periods of activity help you to avoid over exertion.

If you normally take part in sports or exercise, you will probably be able to start these after your follow up appointment with either the Colorectal Nurse Specialist or your Surgeon. You can discuss whether you are fit enough to start participating in sport or more vigorous exercise. Most people will have returned to their normal level of fitness 3 months after their surgery.

## When will I be able to drive?

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You should wait at least 2 weeks before starting to drive again. This will depend on your ability to perform an emergency stop without causing discomfort to your abdomen and how comfortable it is to wear a seat belt.

It is advisable to check your insurance policy to ensure you are covered if you have had an operation.

## When can I start having sex again?

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Feeling tired and weak after an operation or illness naturally affects your sex drive. As you gradually start to feel well again and your energy levels return to normal so should your sex drive. It is important for you and your partner to discuss your feelings openly.

Sexual intercourse can be resumed as soon as you feel comfortable, generally about 2–4 weeks after surgery. Occasionally, following surgery or radiotherapy to the rectum or lower colon, nerve and blood vessel damage can occur. In men this may cause ejaculatory problems or result in difficulty in obtaining and/or maintaining an erection. In women, discomfort or vaginal dryness may occur.

These problems are usually temporary, due to inflammation and swelling after surgery, but in some instances may be permanent. If you do experience problems of this nature, please discuss it with your Surgeon or Colorectal Nurse Specialist, as specialist help is available.

## **When can I return to work?**

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It is advisable to take a minimum of 2 weeks off work. The nature of your occupation and which surgery you had performed will determine how soon you can return to work. It may be wise initially to go back part-time until you have regained your strength. At your follow up appointment with your Colorectal Nurse Specialist or Surgeon you can discuss when you are going to be fit enough to return to work.

## **Can I travel abroad?**

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It is safe for you to travel abroad when you feel ready, but it is advisable that you wait until you have been seen for your follow up appointment with your Colorectal Nurse Specialist or Surgeon.

When applying to travel abroad you should be sure you are not travelling against medical advice; you may require a letter from your GP. It is best to check the insurance policy for 'pre-existing medical conditions', which may need to be declared for the policy to be valid.

## **When will I have my follow up?**

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You will be seen in the outpatient department of the hospital 2–4 weeks after your surgery. If you have had your operation for cancer you may be referred to an Oncologist (Cancer specialist), they will then discuss with you any further treatment that may be necessary.

## Who can help?

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During your hospital stay you will have met the Colorectal Nurse Specialist who is available to provide information and give support to you and your family. Please remember that following your discharge home from hospital the Colorectal Nurse Specialist is still available to support you. If at any point you have any questions or concerns please telephone them. They can be contacted Monday–Friday, 8.30–4.30 on **01483 406729**.

Outside office hours, or in an emergency, contact your GP.

It is also possible to get advice from the nursing staff on Compton Ward at the Royal Surrey County Hospital – **01483 571122** ext **4941**.

## Reference source

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**Colorectal Cancer: diagnosis and management.**

[www.nice.org.uk/guidance/CG131](http://www.nice.org.uk/guidance/CG131)

## Additional support available

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### **Macmillan Cancer Support**

- Tel. 0808 800 0000
- [www.macmillan.org.uk](http://www.macmillan.org.uk)

### **The Fountain Centre (RSCH)**

- Tel. 01483 406618 or 406619
- [www.fountaincentre.org](http://www.fountaincentre.org)

### **Crohn's and Colitis UK**

- Tel. 0300 222 5700
- [www.crohndandcolitis.org.uk](http://www.crohndandcolitis.org.uk)

### **Ileostomy & Internal Pouch Support Group**

- Tel. 0800 018 4724
- [www.iasupport.org](http://www.iasupport.org)

### **Beating Bowel Cancer**

- Tel. 0208 973 0011
- [www.beatingbowelcancer.org.uk](http://www.beatingbowelcancer.org.uk)

### **Colostomy Association**

- Tel. 0800 328 4257
- [www.colostomyassociation.org.uk](http://www.colostomyassociation.org.uk)

## Contact details

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For further information or advice, contact the Colorectal Nurse Specialists:

**Telephone:** 01483 406729 (Monday–Friday, 8.30am–4.30pm)

**Email:** rsc-tr.ColorectalCNS@nhs.net

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## PALS and Advocacy contact details

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Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

**Telephone:** 01483 402757

**Email:** rsc-tr.pals@nhs.net

**Opening hours:** 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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Author: Angela Bates

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