

Colon Resection

About Your Surgery Preparation for Surgery Day of Surgery Recovery After Surgery

About Your Surgery

Your doctor recommends that you have a colon resection. Your surgery involves removing part of the colon with tumor, vessels, lymph nodes, and often some healthy tissue around it.

In certain cases, an ostomy may be recommended if your surgeon deems it to be necessary for your care. An ostomy is a surgical procedure that creates an opening for the bowels on the surface of the abdomen. Ostomies may be used by the surgeon to treat complicated abdominal problems or to allow for healing of the site of surgery. Different kinds of ostomies are named by the organ involved. For example, an "ileostomy" is a surgically created opening involving the ileum, a part of the small intestine, to the skin of the abdominal wall. A "colostomy" is a surgically created opening involving a part of the colon, or large intestine, to the skin of the abdominal wall.

An ileostomy or colostomy can be temporary or permanent. A temporary ostomy may be reversed after the colon heals or after you complete any additional cancer treatment. If you are scheduled to have an ileostomy or colostomy, you will receive more information. Talk with your doctor or nurse about any concerns you have.

Health Care Team

Many different health care specialists will take care of you during your treatment. Your team may include several doctors, nurse practitioners, physician assistants (PAs), nurses, your care partner and others.

You may also have a nurse on your team who is a Wound Ostomy Continence Nurse (or WOCN). WOCNs are registered nurses who have special training in caring for patients who have ostomies.

Sometimes you may feel overwhelmed. Please talk with your team members about your surgery. They are here to help with any needs or concerns that you and your care partner may have.

Preparation for Surgery

Your doctor may request a number of tests and laboratory studies before surgery. These tests will be helpful in planning the appropriate surgical procedure.

Diagnostic Tests Before Surgery

- Complete blood count (CBC) within two weeks of surgery – a test that shows how many red blood cells, white blood cells and platelets are in a sample of your blood
- Type and cross match – these determine your blood type in case you need blood as well as making sure your blood matches the donor's type
- Chemistry profile – a blood test to check electrolytes and/or organ function
- Blood urea nitrogen (BUN) and creatinine – a blood test to check kidney function
- A pregnancy test will be included in your lab work if you are a woman of childbearing age.
- Electrocardiogram (ECG) – records electrical activity of your heart
- Imaging studies – these help evaluate the tumor

Blood Transfusions/ Donations

You may need blood during surgery. You will be asked to sign a consent form giving your permission to receive blood products (transfusion). Your clinic area will provide and explain the consent form to you. If you have any questions, please ask your clinic nurse or doctor. Generally, it is not recommended that you donate your own blood because it may deplete your body's blood supply. Family members may donate in your name.

Preoperative Teaching

A nurse will teach you and your care partner about how to prepare for your surgery and how to take care of yourself afterward.

Stop Smoking Immediately

To help minimize postoperative (after the procedure) complications, it is very important for you to stop smoking before surgery. If you need help quitting, the Tobacco Free Florida program is available to help you and/or your loved ones stop smoking. Please contact 1.877.U.CAN.NOW to talk to a Quit Coach who can help you quit tobacco.

About Anesthesia

You will see an anesthesiologist, a doctor trained to give anesthetics, and the anesthesia team members. Anesthetics are the drugs that cause anesthesia, a drug-induced state that produces a loss of sensation, with or without a loss of consciousness.

Anesthesiologists support patients during surgery. Before your procedure, the anesthesiologist will talk to you about anesthetics and what to expect from anesthesia.

- Tell your anesthesiologist about all medicines you are taking, including **steroids, over-the-counter medicines, vitamins and herbal supplements.**
- Do not take herbs or herbal supplements, including ginkgo, biloba, garlic, ginger, ginseng, St. John's Wort, or kava-kava for at least two weeks prior to surgery. These products can cause excess blood loss or prolong your anesthesia.
- Tell your health care team if you are taking aspirin, aspirin products and nonsteroidal anti-inflammatory products such as ibuprofen medicines like Advil[®], Motrin[®], Alka Seltzer[®], Aleve[®] and Aggrenox[®]. You may need to stop taking these medicines before surgery depending on your medical history.
- Tell your anesthesiologist and health care team if you are taking blood thinners, for example, Coumadin[®], Plavix[®], Lovenox[®] and Xarelto[®].

Your anesthesiologist may allow you to take your regular medicines with a small amount of water on the morning of surgery. If you have questions about medicines, ask a member of your health care team. The anesthesia team will provide a handout with contact numbers for pre-admission, directions, and surgery check-in time and location.

Preparing Your Bowels for Surgery

You must carefully follow the instructions your doctor or nurse gives you. Bowel prep may begin as early as two days before your surgery depending on your surgeon.

The Night Before Surgery

Do not eat or drink anything after midnight the night before your surgery. You may brush your teeth and rinse your mouth with mouthwash. Just avoid swallowing any water or mouthwash. This will help prevent possible complications while you are asleep under anesthesia. Your anesthesiologist may allow you to take medicines with a small amount of water.

Preparing Your Skin

The night before or the morning before your surgery, you should wash yourself thoroughly with soap and water. You may be asked to use a special soap and to avoid using deodorants, lotions, powders, or anything else on your skin. You may want to wash your hair because you may not feel like washing it for several days after your operation.

If you wear nail polish, be sure to remove it before you come to the hospital. Also remove any artificial nails.

Packing

Most basic toiletries are available in the hospital. You may bring the following items with you to

the hospital:

- This educational material
- Basic toiletries, such as comb, toothbrush and toothpaste
- Slippers and a bath robe
- CPAP machines for patients with sleep apnea

Do not bring credit cards, money or jewelry. If you do bring valuables, ask family or friends to keep them until you return to your hospital room after surgery. If no one is able to help, ask the nurse to store your valuables. Baptist MD Anderson Cancer Center is not responsible for lost valuables.

Day of Surgery

- Please report as directed and check in
- Make sure you are not wearing anything that can come off during surgery, such as dentures or partial plates, eyeglasses or contact lenses, jewelry, bobby pins, hair clips, wigs or any removable prosthesis, such as an artificial eye or leg.
- You will put on a hospital gown; this will be the only item of clothing you will wear into the operating room.
- Go to the bathroom and empty your bladder
- You may receive medicine to help you relax
- The staff will help you onto a stretcher and move you to the holding area or the operating room.

In the Holding Area

The holding area is a patient waiting room near the operating room. A blood pressure cuff will be put on your arm. An IV, a small tube through which you receive medicine and fluids, will be placed in a vein in your hand or arm.

In the Operating Room

Your family and friends may stay in the surgery waiting area. They are not allowed in the operating room.

Staff members will be wearing uniforms, masks and caps. A nurse will help you move from the stretcher to the operating table. If you feel cold, ask for a blanket.

Your arms and legs will be secured. The anesthesia team will monitor your heart rate, blood pressure, breathing and other conditions.

Through your IV, you will receive the anesthetic. After you are asleep, a tube will be put in your

throat to help you breathe. A tube may be placed into your bladder to drain urine. It will stay in place after surgery until your doctor feels that it can be removed.

Although it is rare, you may have a central venous catheter (CVC) or an internal jugular catheter placed into a vein during surgery. These are long, flexible tubes through which you receive fluids. (They are also called central IVs.) A CVC goes into a large vein under your collarbone. An internal jugular catheter goes into the jugular vein in the neck. The IV will remain in place until you are able to take enough fluids by mouth.

Recovery After Surgery

You will wake up in the Post Anesthesia Care Unit (PACU). Most patients are assigned to a hospital room. You may not see clearly when you first wake up because a protective lubricant is put in your eyes while you are in the operating room.

Once you are well awake, the tube in your throat will be removed so you will be able to talk. You may have a sore throat for a day or two, and your mouth will probably feel dry. You may be given small amounts of ice chips after your breathing tube is removed. You will have:

- An IV to give you fluids
- Sutures (stitches) or staples (metal clips) to hold the edges of your incision together. A nurse will check your incision regularly to make sure there is no bleeding. Although some of your stitches will dissolve, other stitches and all metal staples will be removed about seven to 10 days after surgery or as directed by your surgeon.
- A rubber tube placed into the bladder, called a Foley catheter, to drain urine continuously
- A device placed on your finger, called a pulse oximeter, to monitor the oxygen concentration in your blood
- You may have a nasogastric (NG) tube, a thin tube that goes from the nose to the stomach. It removes fluid from the stomach by suction and prevents nausea and vomiting. It will be removed at a time deemed appropriate by your surgeon.

Breathing and Coughing Exercises

You will learn how to do breathing and coughing exercises that will help clear secretions and prevent lung infections. You should use an incentive spirometer 10 times every hour. See your copy of “Breathing Exercises Using the Incentive Spirometer” for more information.

You will perform the coughing exercise four to six times throughout the day. Using a pillow to support your incision (called splinting) will make coughing less painful. When you prepare to cough, put a pillow over your incision. Hug the pillow to your chest and abdomen; take in a deep breath and then cough. Be sure to cough; don't just clear your throat.

Pain Management

Your health care team and anesthesia team will talk with you about options to manage your pain. You will receive medicine through a patient-controlled analgesia (PCA) pump or epidural catheter. PCA pumps provide small continuous doses of pain medicine after surgery plus extra doses of pain medicine you can give yourself. The PCA pump will be attached to your IV line. When you get to your room, you will learn how to use the pump or learn how to tell if your epidural catheter medicine needs adjusting.

Tell your nurse if pain interferes with your ability to walk or do breathing and coughing exercises. Your dose of medicine can be adjusted to make you feel more comfortable.

If you have nausea, ask your nurse for medicine. It is important for your health care team to know if you are having any other reaction to the medicine besides pain relief. Many pain medicines are available, and knowing about other symptoms you are having will help your doctor prescribe the best medicine for you.

Surgical Site

Your nurses will regularly check the dressing over your surgical site to make sure there is no bleeding and no sign of infection. The fluid from your drainage tubes will be measured.

Circulation

You will wear compression boots while you are in bed after surgery. Compression boots are inflating/deflating sleeves worn on the legs to improve circulation and prevent blood clots.

During Your Hospital Stay

- Your health care team will check on your progress.
- You will be encouraged to start walking the day after your surgery and gradually increase the distance you walk each day.
- Your team will help you return to a normal diet as appropriate. Tell your nurse if you feel nauseated. Stop eating and/or drinking if you feel full.
- You will be given IV pain medicine at first and then will transition to pain pills. Tell your nurse about your pain.
- You should perform breathing exercises by using the incentive spirometer 10 times every hour and perform the coughing exercise four to six times throughout the day.
- Tell your nurse if you notice any bleeding through your bandages, feel feverish or have chills or have trouble sleeping.

Recovery After Surgery

Bowel Management

You should expect to have changes in your bowel movements after surgery. A member of your health care team will speak with you about these changes. If you have questions, ask a member of your health care team.

You Will be Ready to Go Home When

- You are walking
- You are getting enough nutrition by mouth
- You have had a bowel movement or have passed gas
- Your pain is under control by oral medicine
- You do not have a fever
- You are able to care for your incision
- Your doctor feels that you are ready

Before Leaving the Hospital You Will

- Review instructions with your nurse on how to take care of yourself at home.
- Schedule your follow-up appointments.
- Receive prescriptions for medicines before you go home.

Home Care

Activities of Daily Living

- When you arrive home, do not expect to do everything you did before surgery. Your body will need time to return to a normal activity level. You probably will tire easily, but exercise such as walking will help. Take frequent breaks to rest.
- Avoid any strenuous physical activity, such as heavy housework (like vacuuming), until approved by your doctor.
- Wear clean, loose clothing over your incision.
- Walk more each day.
- Continue your breathing and coughing exercises.
- Eat a balanced diet. Limit carbonated drinks and follow the dietary recommendations from your health care team.

- Drink plenty of fluids to help prevent constipation.
- If you are discharged with pain medicine, take stools softeners to help prevent constipation.
- You may shower, but do not bathe or soak the incision for seven to 10 days or until it is okay with your surgeon.

Do Not

- Take laxatives unless instructed by your doctor
- Lift anything that weighs more than 5 to 10 pounds for at least six weeks after surgery.
- Insert suppositories, enema tubes or other objects into the rectum after surgery until your doctor says it is okay.
- Drive or drink alcohol while on pain medicine

Report the Following Symptoms to Your Doctor

- Redness, swelling, drainage at the incision site, or separation of the skin
- Increased soreness along the incision
- Temperature of 101° F (38.3° C)
- Nausea or vomiting
- Increasing pain
- Lack of passing gas for 24 hours
- Diarrhea or constipation
- Tingling or numbness around your lips or in your fingertips
- Rapid, irregular or skipped heartbeats
- Increased or excessive output from your ostomy
- Go to an emergency center if you have chest pain, shortness of breath or other emergent medical conditions.

Caring for Your Incision

When you return from surgery, you will have a suture line with metal clips, stitches or surgical adhesive strips at the operative site. Be sure to inspect your incision site daily for evidence of infection.

Unless otherwise instructed, cleanse your incision once each day, and as needed, with soap and water. Pat it dry with a clean towel. Ask your doctor or nurse if you can take a shower or bath.

Remember to take your temperature once each day and let your doctor or nurse know if you have any signs or symptoms of infection.

Care of Your Colostomy/Ileostomy

If you have a colostomy/ileostomy, carefully follow the instructions you received. If you have trouble caring for your ostomy, tell your doctor or nurse. It may be possible to arrange for a visit for care in your home.

Diet After Surgery

You will receive instructions about what to eat after your surgery. If you do not have other instructions, you may eat a regular diet.

Return Visits

You will be seen in the surgery clinic after discharge. Plans for further therapy will be discussed at that visit. Also at this visit, you will receive your pathology report and it will be discussed with you if you have not already received it.

Questions: Please call our Nurse Triage line at **(904) 202-7300 Option 4** or your clinic nurse, 8 a.m. to 5 p.m. Monday through Friday and (904) 202-7300 after hours, holidays, and weekends.

Resources

American Cancer Society

800-ACS-2345 (800-227-2345)

www.cancer.org

The American Cancer Society (ACS) is a voluntary national health organization with local offices around the country. The ACS supports research, provides information about cancer, and offers many programs and services to patients and their families.

Cancer Information Service

800-4-CANCER (800-422-6237)

The Cancer Information Service (CIS) is a program of the National Cancer Institute (NCI). People who call the CIS speak with highly trained and caring information specialists who can answer questions about cancer screening tests, risks, symptoms, how cancer is diagnosed, the latest treatments and support organizations.

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Patient Education Office