Colorectal Surgery

Patient Progress

Your operation date: ……………………………
Your anticipated discharge date is: ………………………..

Immediately after the operation

- After you wake up from your operation, it is very important that you sit up, start deep breathing and perform ankle exercises – repeat these hourly.
- Your temperature, pulse, urine output and blood pressure will be checked regularly throughout the day and night.
- You will most likely be attached to a pump known as a PCA (Patient Controlled Analgesia). This is for pain relief and the recovery staff will inform you how to use this.
- Your pain will be regularly assessed. Please tell a nurse if your pain relief is not effective.
- You will receive extra oxygen through small tubes in your nostrils for at least 24 hours after the operation.
- Depending on the time you return to the ward following your operation, the staff will help you to get out of bed for two hours.
- Shortly after your return to the ward, you will be able to start drinking.
- If your operation resulted in a stoma formation (small opening cut into the wall of the abdomen to create an exit for bowel movements), the nurses will check the colour of any drainage from the stoma and ensure the appliance is secure.
- You will receive a small injection in the abdomen called Dalteparin. This is vital to prevent any blood clots forming and you will have this every 24 hours while in hospital.

Days one to two

- Your pain will be regularly assessed. Please tell a nurse if your pain relief is not effective.
- You will be visited by your doctors.
- The nurses will help you into your chair in the morning. You should try and sit out for a few hours, morning and afternoon.
- The nurses will continue to regularly check your temperature, pulse, blood pressure, urine output and wound (observations).
- If you have had laparoscopic surgery, your catheter will most likely come out on day two.
- Additional oxygen will be removed.
- The drip in your arm will be removed today, providing you are drinking plenty of fluids.
You will be able to eat and drink as you can tolerate.

Depending on the type of surgery you have had, you may get a visit from the physiotherapist.

If you have a stoma, a stoma nurse or ward nurse will check the colour and function of your stoma. They will check the appliance is still secure and do a demonstration bag change so you can start learning how to change and empty the bag yourself. They will review you regularly throughout your stay.

If you have any concerns about how you will cope at home, please make the nursing staff aware of these as soon as possible.

We aim to estimate your discharge date on day two. Please discuss this with your relatives and tell the nurse how you will be getting home.

Days three to six

- You will be seen by either your consultant or a member of their team daily.
- Your PCA will be reviewed in the first few days and probably discontinued on day two or three. Continue to take regular pain relief and report any pain to your nurse.
- Your observations will continue to be monitored regularly throughout your inpatient stay. The frequency will be reduced as clinically indicated.
- If this has not been done so already, your catheter will be removed on day three.
- Continue to eat and drink well. You will most likely be on a GI soft (or low fibre) diet. Diet sheets are available on the ward.
- You should try to be out of your bed for the majority of the day and continue to increase the distances you walk daily. Regaining independence will help reduce chances of developing post-operative complications such as chest infections.
- Continue deep breathing exercises.
- Any drains remaining in your body should be removed by day five unless otherwise stated by your consultant.
- You will need to be independent with your stoma on discharge, including being able to empty the stoma bag. You should aim to change your stoma bag twice a day for practice.
- If your operation was for cancer, then you will go home with a course of the Dalteparin injections you receive in the evening. Your nurses will teach you how to self-administer these.
- If your operation was for cancer, a colorectal nurse specialist will visit you while you are an inpatient.
- If you have any concerns regarding leaving hospital, please inform the nurses as soon as possible.
Discharge check list

On the day you are discharged from hospital, the following conditions should have been met:

- Your observations will need to be satisfactory.
- Your pain will need to be well controlled.
- You should be able to tolerate diet and fluids.
- You will have had your bowels open or passed wind.
- You will be independent with your stoma care and have arrangements in place for on-going follow up.
- You will be able to administer Dalteparin (if you are a cancer patient).
- Arrangements should have been made for a family member or friend has been arranged to come and collect you.

The nurses will give you your discharge paperwork and TTO’s (medications to take out). There can sometimes be a delay in pharmacy so if there is any medication you were taking before you were admitted to hospital, please get these via your normal route.

If your operation was for cancer, you may be visited by the colorectal nurse specialist who will give you follow up information and tell you when the results of your surgery will be available.

At home

If at home you become unwell and experience any increased pain, redness around the wound site or you develop a temperature, please contact your GP at once.

We are a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history

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