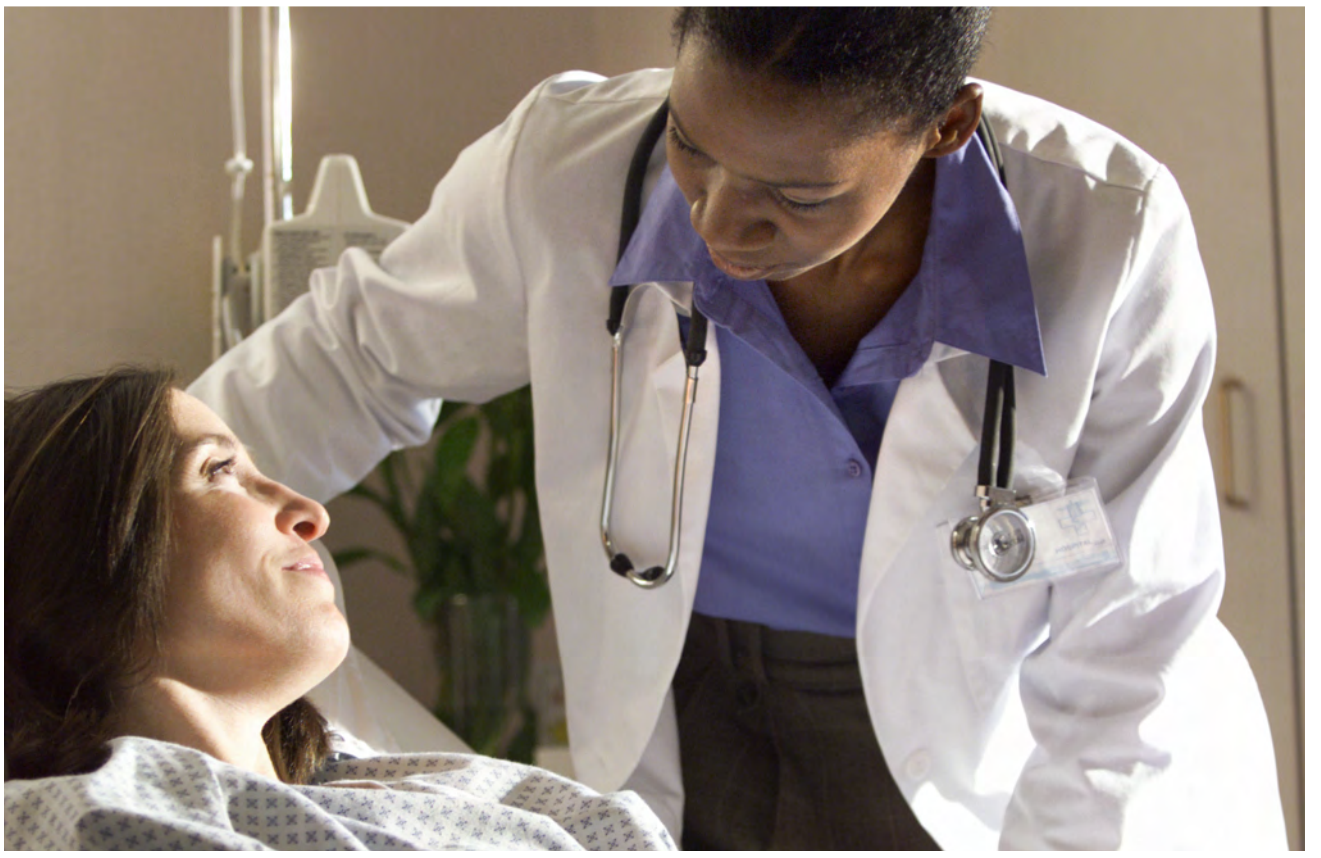
Inova
Fairfax Hospital

Colorectal Surgery Patient Guide



INOVA® FAIRFAX HOSPITAL

INOVA FAIRFAX HOSPITAL

Welcome to the Inova Fairfax Hospital Colorectal Program

Patient Name

Surgery Date

Return to your colorectal surgeon for your final pre-op checkup

---

Date ***Time***

Call the number below to find out what time you should arrive at the hospital on the day of your surgery

---

Phone Number

Date ***Time***

Please bring this book with you to:

- Every office visit
- Your hospital pre-op class
- The hospital on admission
- Follow up visits

This guidebook was developed by our colorectal group and represents the guidelines set forth by the surgical teams. Inova does not recommend this guidebook for any specific person. Only your colorectal surgeon can recommend and prescribe an appropriate course of treatment for your specific condition.

General Information

Preoperative Checklist

Hospital Care

What to Expect

Postoperative Care

Care of your Ostomy

Appendix

Welcome to Inova Fairfax Hospital

Thank you for choosing Inova Fairfax Hospital's Colorectal Program. Our entire staff is committed to providing world-class care, close to home. Using the latest techniques and treatments, we want to ensure your experience with us is excellent. Please carefully read through this binder, which should answer most of your questions about your upcoming surgery and guide you through your recovery.

Purpose of the Guidebook:

Preparation, education, continuity of care and a preplanned discharge are essential for optimum results in colorectal surgery. Communication is essential to this process. The guidebook is designed to educate you so that you know:

- What to expect every step of the way
- What you need to do
- How to take care of yourself after surgery

Remember this is just a guide. Your physician, nurse practitioner, nurses or therapists may add to or change any of the recommendations. Always use their recommendations first and ask questions if you are unsure of any information. Keep your guidebook as a handy reference for at least the first three months after your surgery.

Using the Guidebook: Instructions for Patients

- Read the General Information section.
- Read the Preoperative Checklist section, and check off items as you complete
- Read the information in the appendix
- Read the Hospital Care and Postoperative Care sections for surgical and post-op information.
- Carry your guidebook with you to the hospital, skilled nursing facility and all physician visits.

Frequently Asked Questions about Colorectal Surgery

We are glad you have chosen Inova Fairfax Hospital for your surgical care. Below is a list of the most frequently asked questions, along with their answers, that patients have asked about colorectal surgery. If there are any other questions you need answered, please ask your surgeon or during the pre-op teaching class. We want you to be completely informed about the procedure.

How do I make arrangements for surgery?

Your preoperative arrangements are made through your surgeon's office. Postoperative arrangements are made during your hospital stay by the Case Management Department. Some offices may have you schedule your own preoperative class.

Who will be performing the surgery?

Our colorectal surgeons will perform the surgery. An assistant often helps during the surgery. The assistant may be another surgeon from the practice and/or a resident in training.

Do I need to be put to sleep for this surgery?

You will have a general anesthetic, which most people call "being put to sleep." For more information, read "Anesthesia" in your guidebook appendix.

How long does the surgery take?

On average, surgery can take anywhere from two to four hours. Your family will be informed of the progress during the surgery.

Will there be pain after surgery?

You will have incisional pain following the surgery, but you will be kept as comfortable as possible with the appropriate medication. After surgery, your pain will be managed using the best method for you. Some patients control their own medicine with a special pump called a PCA that delivers the drug directly into their intravenous (IV) tube. Other people benefit by having intermittent IV pain medication. Each method is used until you can tolerate oral pain medications. For more information, read about Patient-Controlled Analgesia (PCA) in the appendix.

How long, and where, will my scar be?

Surgical scars will vary in length depending on your operation, but most surgeons attempt to keep the incision as short/small as possible. If you had laparoscopic hand assisted surgery, the incision would be about 2 inches long over the belly button and then a few other small incisions over the abdomen. If you had open procedure, the incision could be about 4-6 inches long.

How long will I be in the hospital?

Most colorectal patients will be hospitalized for 3-5 days after surgery. There are several goals that must be achieved before discharge. This information is found in the hospital care section of the booklet.

Where will I go after discharge from the hospital?

Most patients are able to go home directly after discharge. Some patients may transfer to a skilled nursing facility and stay there for three to seven days. The case manager will help you with this decision and make the necessary arrangements. You should check with your insurance company to see if you have skilled nursing facility benefits.

Will I need help at home?

Yes. For the first several days or weeks, depending on your progress, you will need someone to assist you with meal preparations, etc...If you go directly home from the hospital, the case manager can arrange for a home healthcare nurse to come to your house, as needed. Family members or friends need to be available to help, if possible. Having the laundry done, house cleaned, yard work completed, clean linens put on the bed, and single portion frozen meals prepared before surgery can reduce the need for extra help.

Will I need physical therapy when I go home?

Most patients do not need physical therapy at home. If you need home physical therapy, case manager will arrange for a physical therapist to provide therapy at your home.

How long will I be debilitated?

You will probably stay in bed the day of your surgery, but at the least, you will sit on the side of the bed. If tolerated, you will be encouraged and assisted to walk on the day of surgery. The patient will sit in a chair or recliner the next morning and be walking with assistance.

What if I live alone?

Two options are usually available to you. You may return home and receive help from a relative or friend. A home health nurse and physical therapist will also assist you at home for one to two weeks. Your second option is to stay at a skilled nurse facility following your hospital stay. All options depend on your insurance.

How long until I can drive and get back to normal?

You should not drive if you're taking narcotics. At your follow-up appointment your doctor will let you know when you can drive again.

When will I be able to get back to work?

We recommend that most people take about 2-4 weeks off from work, unless their jobs are quite sedentary. At your follow up visit you will discuss this further with your physician. Returning to work is based on your progress after surgery. Full recovery can take up to 6 weeks.

How often will I need to be seen by my doctor following the surgery?

You will be seen for your follow up appointment 7-14 days after discharged from the hospital and then on an as needed basis. Please call your surgeon's office for any questions.

What physical/recreational activities may I participate in after my surgery?

You are encouraged to walk. No contact/strenuous activities; use common sense if you experience any pain or discomfort. If you are having pain or discomfort STOP what you are doing and relax. Do not lift more than a gallon of milk or 10 pounds until your follow up appointment. You can discuss your activity level with your doctor at your follow up appointment.

Will I need blood?

You may need blood after the surgery. We recommend that you use the community blood supply. For more information read "Blood Transfusion" in the guidebook appendix.

A Coach Makes a Difference

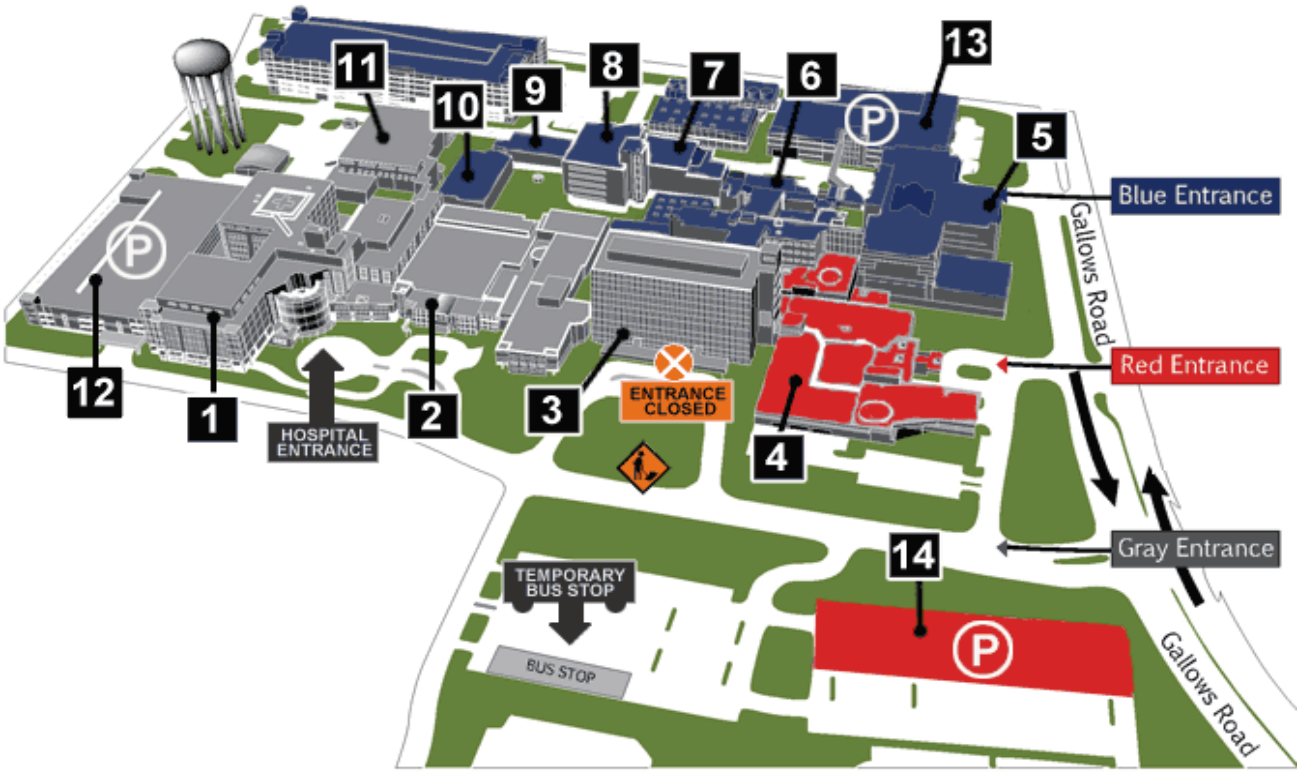
There are many benefits to having a coach supporting you through your surgery. A coach could be your family member or a friend who participates in your care. We encourage them to be with you during your preoperative office visit, preoperative education class, day of surgery, and for discharge instructions. We encourage your coach to be present and assist with your care as much as possible. Having a coach in the preoperative education class helps them to be well informed and prepared for your surgical care. You and your coach will also need to plan for your personal care needs when you go home.

For example, a coach can help you with shopping, meals, transportation, household chores and any other areas you might need help with. Patients who have strong social support contribute to shorter length of stay, good functional outcomes, and higher postoperative quality of life.

Attributes of a good coach are:

- ***C***aring and compassionate
- ***O***rganized and open to learning
- ***A***ble and alert
- ***C***onfident and motivating
- ***H***elpful and understanding

Inova Fairfax Hospital Campus



1	Inova Heart and Vascular Institute (IHVI)
2	Surgery Center
3	Medical/Surgical Tower
4	Emergency Department
5	Women's Center and Children's Hospital
6	Original Building
7	Physicians Conference Center
8	Claude Moore Building
9	Comprehensive Addiction Treatment Services
10	Virginia Commonwealth University (VCU)
11	Support Services Building
12	Gray Garage
13	Blue Garage
14	Parking Lot closed

Before Surgery Overview

Before surgery, you will need to have a preoperative assessment completed by the nurses at Presurgical Services. This assessment can often be done over the telephone. To schedule the assessment, please call the Teleservices Line (**703-970-6565**). The Teleservices staff will schedule an appointment at your convenience from **7 a.m. to 6 p.m.** Monday through Friday or from **8 a.m.** until **3:30 p.m**.on Saturday.

Once the appointment is scheduled, the nurse will call you to complete the paperwork. The appointment usually takes less than an hour. To facilitate the call, we ask that you have a list of your medications, allergies, prior surgeries, names and numbers of your physicians ready for you to refer to during the conversation.

Before surgery, you will need to obtain lab work, possibly an EKG of your heart and a Chest X-Ray. Your age and type of surgery will determine what tests are needed. Your insurance dictates where you can go to have your blood drawn and the Chest X-ray. If your insurance allows, these can all be done at **Presurgical Services** located at **8503 Arlington Blvd, Fairfax**, **VA 22031**. Our hours are **7a.m. - 7 p.m.** Monday – Friday and **8 a.m. - 4 p.m.** on Saturdays. No appointment is necessary.

If your surgeon feels a blood transfusion may be needed during your procedure, a blood sample (**type and cross**) will have to be drawn at Presurgical Services within 7 days of your procedure. If you have received a blood transfusion within the last 3 months, you will need to have your blood sample drawn within 3 days of your surgical procedure.

When the type and cross sample is drawn, a **red BRID band** (bracelet) will be placed on your wrist. This bracelet must be worn to the hospital. If it is not on your wrist, we will have to redraw the sample of blood and the lab will have to repeat the test, which may delay your surgery. Thus, we ask that you wear the bracelet at all times. You may shower with the band on your wrist.

Your anesthesiologist will determine when you must stop eating and drinking prior to surgery. Double check with your surgeon on which medications you should take or stop before your surgery. **Please follow** the instructions given by the nurse so that your surgery will not be delayed or canceled. The time you need to report to the Ambulatory Surgery Center Lobby to register on the

day of surgery will also be discussed during your interview. You may receive an additional call the day before surgery to confirm the time.

Don't forget the night before surgery and the day of surgery follow directions for Chlorhexidine Gluconate(CHG) showers with Hibiclens, which is available most drug stores in the Pharmacy section. The instruction sheet can be found in the Appendix section of your booklet.

Valet Parking is available at the circle of the Ambulatory Surgery Center. The cost is $5.00/day and is the same as the garage fee, so we encourage you to us this service. If you have any questions, please contact **703-970-3114** and we will contact you in a timely manner.

What to do four weeks before surgery

Before surgery, you will need to contact your insurance company to find out if you need preauthorization, a precertification or a referral form. It is very important to make this call to clarify benefit questions because failure to clarify these questions may result in reduction of benefits or a delay of surgery.

After your surgery is scheduled, you will be called for pre-registration information. Please have the following information ready when you are contacted:

- Patient's full legal name and address, including county
- Home phone number
- Marital Status
- Social Security Number
- Name of insurance holder, his or her address, phone number, work address and work phone number
- Name of patient's insurance company, mailing address, policy and group numbers, and insurance card
- Patient's employer, address, phone number and occupation
- Name, address and phone number of nearest relative
- Name, address and phone number of someone to notify in case of emergency (this can be the same as the nearest relative)

Bring your insurance card, driver's license or photo I.D., and any copayment required by the insurance company with you to the hospital.

If your primary care physician require you to have cardiology or pulmonary clearance prior to surgery, make sure you get that done as soon as you can to avoid any delay in surgery.

You will need to register for preoperative class which is held at Inova Fairfax Hospital at Tower 7 East. To register, please call **1-855-My-Inova (694-6682).**

The law requires that everyone being admitted to a medical facility has the opportunity to make advance directives concerning future decisions regarding their medical care. Please refer to the appendix for further information. Although you are not required to do so, you may make the directives you desire. **If you have advance directives: please bring copies to the hospital on the day of surgery.**

It is essential to stop smoking before surgery. Oxygen circulation is vital to the healing process. If you smoke please discuss this with your surgeon for options available to help you quit.

What to do three-two weeks before surgery

Be sure to attend pre-op teaching class and continue to read booklet each day to cover all the content before surgery.

What to do ten-three days before surgery

You should stop taking all anti-inflammatory medications such as aspirin, Motrin, Naproxen, Vitamin E. etc... unless you get specific instructions from your surgeon or primary care physician. These medications may cause increased bleeding. If you are taking a blood thinner, you will need special instructions for stopping the medications from your doctor. Check with your doctor if you have any questions or concerns about medications.

Have your house ready for your arrival back home. Clean, do the laundry and put it away. Put clean linens on the bed. Prepare meals and freeze them in single serving containers. Cut the grass and finish any yard work. Remove electrical cords and other obstructions from walkways. Install night lights in bathrooms, bedrooms, and hallways. Arrange to have someone collect your mail and take care of pets or loved ones, if necessary.

Your surgeon will give you a prescription to have blood drawn within seven days before your surgery in case you should need blood for transfusion. This is to be sure that there will be blood available for you if you need it for transfusion.

What to Do the Day Before Surgery

Find out your arrival time at the hospital

You will be asked to come to the hospital two hours before the scheduled surgery to give the nursing staff sufficient time to start IV's and answer questions. It is important that you arrive on time because sometimes the surgical time is moved up and your surgery could start earlier. Be sure your phone number is accurate in case we need to call you to come in earlier. If you are late, it may create a significant problem with starting your surgery on time. In some cases, lateness could result in moving your surgery to a much later time.

The night before surgery

- Do not eat or drink anything after midnight, EVEN WATER, unless otherwise instructed to do so.
- No chewing gum.
- Remember to go to bed in clean sheets.

What to bring to the hospital

Bring personal hygiene items (toothbrush, powder, deodorant, razor, etc); shorts, tops, well-fitted slippers, and flat shoes or tennis shoes. For safety reasons, DO NOT bring electrical items. You may bring battery operated items. If you have sleep apnea, please bring your sleep apnea machine.

You must bring the following to the hospital:

- Your patient guidebook
- A copy of your advance directives
- Your insurance card, driver's license or photo I.D., and any co-payment required by your insurance company.
- If you have a pacemaker or defibrillator (AICD), remember to bring the identification card with you

Special Instructions

You will be instructed by your physician about medications, skin care, showering, etc. Check with your primary care physician for what medicines you may need to take.

Please leave jewelry, valuables and large amounts of money at home.

Day of Surgery

When you arrive to the surgery center you will be taken to the pre-op holding area. You will see your surgeon one last time before surgery in the pre-op area. Your surgeon will answer any final questions you have prior to surgery.

Before going into the Operating room (OR) an IV (intravenous tube) will be started and you will be in a hospital gown. Your operating room nurse and your anesthesiologist may interview you one last time to double check all the information they have been given. Your OR nurse will then escort you to the operating room. Do not be alarmed that you're not asleep when being taken into the operating room. You will be shortly.

Following surgery, you will be taken to the PACU (recovery room) where you may remain for one to three hours. During this time, pain control will be established using a PCA (Patient controlled Analgesia Pump) or CEI (Continuous Epidural Infusion). Please remember to tell your PACU RN if you are not at tolerable pain level or have any questions or concerns. Our goal is to keep your pain at a manageable level.

You will be connected to a blood pressure monitor and a telemetry monitor, which will monitor your heart rate and oxygen level. An X-ray may be taken of your surgical site. When your anesthesiologist has given the okay for you to leave the recovery room you will be taken to Tower 7 for the remainder of your stay.

Note: Sometimes due to your condition after surgery you may need to spend a night or two in the ICU (Intensive Care Unit) or the IMC (Intermediate Care Unit). Once you are stable enough to leave from the ICU or IMC you will be given a bed on Tower 7.

Day of Surgery: Arrival to Tower 7

Upon your arrival to Tower 7 the nurse and/ or assistant will get you settled in bed. On Tower 7 our goal is to provide you with excellent care. At the foot of the bed you will see a white board with the name and phone number of your nurse and assistants so you will always know exactly who is caring for you. Your attending doctor's name will also be on the board. At this time we will also ask you what excellent care means to you and what we can to do for you to meet that goal.

The RN (registered nurse) will give you a head to toe assessment, take your vital signs, and renew your history, home medications, and the use of the Incentive Spirometry (IS). You will be provided with a care kit and cough pillow.

The RN will also go over the use of your PCA button. In addition you may have a pain ball (on Q-Pump) that has two catheters inserted into your stomach to help with pain control. To make sure you receive your desired level of pain control the RN will ask you to set a desired pain goal on a scale of 0-10. Zero being no pain and 10 being the worst pain possible. Please tell your nurse if you pain is not at a tolerable pain level so we take steps to better manage your pain.

You will have a Foley catheter in place for two-four days depending on the type of colorectal surgery you had. You may have tubes in your stomach called JP (Jackson-Pratt) drains. The JP bulb or bulbs will drain the excess fluid from your surgery and will be emptied and recorded by the RN.

Dependent on your surgery you may have a nasogastric tube (NG tube) inserted in your nose that goes into the stomach to drain excess stomach fluids. If you have a NG tube you will not be able to eat or drink until the tube is removed. Small sips and ice chips can be permitted at your doctor's discretion. If you do not have an NG tube you will be able to have ice chips, hard candy and chewing gum today.

Activity is the main component in preventing pneumonia and blood clots. The Incentive Spirometer is important in preventing pneumonia. This is why we will ask you to use the IS 10x every hour while awake. Make sure

you take the IS home with you and continue to use it until you are back to your baseline activity level.

Our goal is to get you up and moving as soon as possible. For this reason you will be getting out of bed to a chair today or at the very least dangling your legs at the bedside. Be sure to use your pain button 5-10 minutes before getting out of bed. This will help decrease your pain level.

Heparin shots will be given three times a day to help prevent blood clots. Heparin is a type of blood thinner. You will also have a SCD machine on your legs that helps to prevent blood clots by squeezing the blood in your lower legs back toward your heart. It is like a free leg massage!

While on the unit your blood pressure, heart rate, respiratory rate, temperature and oxygen level, which are your vital signs, will be taken every four hours even through the night. Each morning you will also have your blood drawn so the doctors can monitor your lab values.

Day One after Surgery

The resident team will assess you every morning between 5 and 7 a.m. They will check your incision and drains to make sure you are doing well. This is a great time to ask questions. Your surgeon will be in later in morning to see you.

A staff member will assist you to the sink every morning to bathe. Activity is important. Your goal is to get out of bed to a chair three times today. Staff members will help you when you get out of bed.

Remember to ask for help when you need it. We are here to help you in the recovery process. As your stay continues we will encourage you to do more things on your own in preparation of discharge, but if you need assistance we are here to help.

Your surgeon may recommend a physical or occupational therapist see you to evaluate your safety for home. A therapist should see you today if your surgeon made the request. You will also be evaluated by a case manager to see what type of assistance you will need at discharge.

Sometimes people need to go to a Skilled Nursing Facility before they are sent home due to needing more assistance than home health can offer. Whether you need home health or a Skilled Nursing Facility the case manager or social worker will assist you with the process.

If you do not have an NG tube you will be started on non-carbonated clear liquids and toast today. If you have any nausea stop eating and let your nurse know.

If you have an ostomy, you should be visited by the Wound Ostomy Care Nurse (WOCN) today. She will begin to teach you how to take care of your ostomy along with your RN. After today you should be able to open and close the clamp.

Note: Your surgeon may not see you every day but a surgeon from the practice will be seeing you every day.

Day Two after Surgery

After the team sees you in the morning, if you had colon surgery, your foley catheter will be removed. You will want to continue to get out of bed today. Your goal is to get out of bed at least three times today and walk twice. How far do you have to walk? Each time you walk you want to walk farther than you did last time. We encourage you to do as much walking as you can. Remember to use your pain button before getting out of bed.

If you had no nausea or vomiting with the non-carbonated clear liquids today, your diet will be advanced to a soft diet. A major milestone in advancing your diet is if you have passed gas (flatus). Be sure to let your nurse know when this happens. Walking will be a key in this milestone happening.

Once you tolerate your diet you will be changed over to oral pain medications to manage your pain in preparation for discharge. Discuss with pain services and surgeon any intolerances to oral pain medication to assist in choosing the best pain medication for you.

If you have an ostomy, the WOCN or the RN will teach you how to cut out the skin barrier on your ostomy appliance. You should be able to demonstrate how to empty your ostomy bag.

Day Three after Surgery

The team will come early in the day to assess you and your surgeon will visit later in the morning.

After your diet has been advanced and you tolerate one meal, your PCA will be discontinued and oral pain medicine will be started. Once you tolerate a soft diet for at least two meals and have good pain control on oral pain medication, you are ready for discharge.

If you have an ostomy, you will demonstrate how to assemble the appliance over your stoma.

Day Four after Surgery

Your surgeon will see you in the morning after the team rounds on you earlier in the morning. If you have had pelvic and rectal surgery, your foley catheter will be removed today.

If you are tolerating a soft diet, oral pain medicine, and urinating without difficulty, you have met all the goals to be discharged.

Day of Discharge

You have met all the milestones to be discharged! After your surgeon gives the final okay your discharge paper work will be prepared. You can anticipate to be discharged after lunch when you have been given the okay. You will need a responsible person to drive you home or the case manager can help arrange for transportation. If you had any needs after discharge they will already be set up by the case manager.

Your RN will go over the written discharge instructions with you before you leave. The instructions will include information on diet, activity, medications, incision care, and follow-up.

If you have an ostomy, the WOCN will visit you one last time to answer any final questions before you leave. You will also have home health set up for you by the case manager.

Caring for yourself at Home

Home Care

Follow your discharge instructions given to you in the hospital.

Activities

Take it easy when you arrive home. Do not expect to do everything you did before surgery. Full recovery can take up to 2-3 months. Avoid any strenuous exercises. Check with your doctor when to start an exercise program. Walking is the best exercise. Walk a little more each day. Minimally walk three times a day at ten minute intervals. Do not lift anything heavier than a gallon of milk, about 10 lbs. Continue to do breathing and coughing exercises to help clear secretions and prevent lung infections. Be sure to continue the use of your Incentive spirometer and follow instructions given to you in the hospital.

Diet

Drink plenty of fluids. Eat well balanced diet to prevent constipation.

- Do not take any laxatives unless instructed by your doctor. Do not insert anything in rectum e.g. enema, suppositories, or other objects unless instructed by your doctor.

Clothing

Wear loose clothing to prevent skin irritation.

Shower

You may shower. Cleanse your incision with soap and water daily or as needed. Dry the incision with clean towel.

Follow up Visit

You will be seen in the surgeon's office in 7-14 days after your discharge from the hospital. You will need to make a follow up appointment and your doctor will discuss the final pathology report and any further treatment at that time.

Incision care

Be sure to check your incision site daily for any signs of infection.

Report the following symptoms to your doctor immediately

- Fever more than 101.5 F
- Uncontrolled pain not relieved by prescribed pain medications
- Redness, swelling, or drainage at the incision site
- Increased output from your ostomy
- Unable to pass gas for 24 hours
- Prolonged nausea and vomiting

Recognizing and Preventing Potential Complications

Infection

Signs of infection

- Increasing swelling, redness and pain at incision site
- Change in color, amount and odor of drainage
- Increasing pain
- Fever greater than 100.5 F three or more days after surgery

Prevention of infection

- Take proper care of your incision as explained
- Take prophylactic antibiotics when having dental work or other potentially contaminating procedures

In general, your incision is doing well if the pain is decreasing daily.

Blood clots in legs

Surgery may cause the blood to slow and coagulate in the veins of your legs, creating a blood clot. This is why blood thinners are taken after surgery. If a clot occurs despite these measures, you may need to be admitted to the hospital to receive intravenous blood thinners.

Signs of blood clots in legs

- Swelling that is increasing in thigh, calf or ankle that does not go down with elevation
- Pain, heat and tenderness in calf, back of knee or groin area

Prevention of blood clots

- Ankle pump exercises
- Walking
- Compression stockings
- Blood thinners

Pulmonary embolus

An unrecognized blood clot could break away from the vein and travel to the lungs. This is an emergency and you should **call 911**, if suspected.

Signs of pulmonary embolus

- Sudden chest pain
- Chest pain with a deep breath
- Difficult and/or rapid breathing
- Shortness of breath
- Coughing up blood
- Confusion

Prevention of pulmonary embolus

- Prevent blood clots in legs
- Recognize a blood clot in leg and call physician promptly

Post Surgery Soft Diet

This diet serves as a transition from liquids to a regular diet. It is designed for patients recovering from surgery or a long illness or to relieve mild stomach discomfort. This diet is based on individual tolerance.

Important points:

- Choose foods that are soft, moist & easy to chew and swallow
- Cut all food into small pieces, chew food well
- Soften foods by cooking or mashing
- Avoid tough, thick pieces of meat, fried, greasy and highly seasoned or spicy foods
- Avoid gas forming vegetables such as broccoli and cauliflower, beans and legumes
- Replace hard raw fruits and vegetables with canned or soft cooked fruits and vegetables
- Avoid nuts, dried fruits, and popcorn.
- Avoid carbonated beverages
- Eat four to six small meals throughout the day to reduce gas or bloating
- Check with your doctor before resuming a regular diet.

Food Groups	Allow	Avoid
Milk and Milk Products	Milk and low fat milk products Milkshakes Yogurt (custard style) Pudding, custard Carnation Instant Breakfast Liquid nutritional supplements	Yogurt with seeds or nuts
Meat and Meat Substitutes	Finely chopped or ground meats Chicken and fish, moistened with gravy or sauce Plain meatloaf Low fat chicken, egg or tuna salad Low fat cottage cheese, sliced cheese Casserole items made with allowed ingredients Eggs, smooth peanut butter	Fried meats Sausage Fried eggs Cooked dried beans Nuts and seeds
Breads & Cereals & Starches	All cooked cereals such as cream of wheat, cream of rice, oatmeal Dry cereals moistened with milk White bread , pancakes, muffins French toast Crackers Mashed potatoes Rice, pasta	Hard-crusted bread and rolls Any breads, cereals, starches containing nuts,raisins, or dried fruit Bran cereals, whole grain bread, cracked wheat Potato skins French fries, hash browns

Food Group	Allows	Avoid
Vegetables	All cooked, tender vegetables Vegetable juices	Raw, hard, or fibrous vegetables such as broccoli, brussels sprouts, cabbage, cauliflower
Fats	Use fats sparingly Low fat or fat free mayonnaise	Spicy salad dressings Fried foods
Fruits	Very soft fresh fruits without skins or large seeds (i.e. banana) Canned fruits Fruit juice	Hard fresh fruit Fresh fruit with seeds Canned fruit with pits Dried fruit, candied fruit
Soup	Broth based or cream soups (all items in soup must be finely chopped and cooked tender)	Any soups with large pieces of tough meat, beans Highly seasoned soups
Desserts	Ice cream Sherbet Gelatin Moist cakes or cookies Custard style pies	Desserts containing seeds or nuts Dried fruit Candied fruit

Sample Menu

Breakfast

Orange juice (1/2 cup)
Cooked cereal (1/2 cup)
Scrambled egg (1)
Milk (1/2 cup)

Mid-morning snack

Ripe banana (1/2)
Custard style yogurt (6 oz. cup)

Lunch

Cream soup (1/2 cup)
Smooth tuna salad (1/2 cup)
White bread (1 slice)
Cooked carrots (1/2 cup)
Apple juice (1/2 cup)

Mid-afternoon Sack

Cheese (1 oz.)
Saltine crackers (4)

Dinner

Baked chicken (2 oz.)
Rice (1/2 cup cooked)
Cooked green beans (1/2 cup)
Applesauce (1/2 cup)
Milk (1/2 cup)

Evening Snack

Canned fruit (1/2 cup)
Cottage cheese (1/2 cup)

Bowel Management After Colorectal Surgery

Following colorectal surgery it is common to have a change in bowel function due to the change in the anatomical structure of the colon and rectum. Most patients who have had a portion of their colon removed have little or no long term change in their bowel habit. Bowel changes are more common and problematic in patients who have had a portion of their rectum (the most down-stream portion of the large intestine) removed. The good news is that in the vast majority of patients these changes are temporary and able to be improved with dietary changes, fiber and medications.

The alterations in bowel habit are as varied as the patients themselves. The common complaints are too frequent stools, changes in the consistency of the stool, and urgency to get to the bathroom. Many patients complain of erratic bowel habit during which they have one or no bowel movement in a day followed by a day with several movements. Occasionally some patients experience episodes of incontinence. Many patients experience clustering of their bowel movements, that is, they have several calls to stool in a row over a two or three hour period and then no movements the rest of the day.

Improving the bowel habit takes a willingness to stick to the prescribed recommendations, seeking guidance from your surgeon and his/her medical assistant and some time to allow the bowel to adjust to the new anatomy. Most of the bowel problems will improve if the stool is kept firmer. A firmer, formed stool can be sensed in the lower rectum better (decreasing urgency), kept from leaking out easier and eliminated more completely. Therefore the goal of treatment is to improve stool consistency and decrease the number of bowel movements to three or less a day.

- In some cases sever diarrhea may be caused by the bacteria, clostridium difficile. Even one dose of antibiotics can cause this type of sever diarrhea. Eating yogurt may help this condition by replenishing the good bacteria in your digestive tract. Signs and symptoms of clostridium difficile are foul-smelling diarrhea that is very frequent and sometimes can be associated with a fever. Please notify your doctor's office for any signs and symptoms.

Medicinal Fiber

If you are having frequent or loose stools the first goal is to bulk up the stool and slow down the transit time through the gastrointestinal (GI) tract. The first step is introducing psyllium, a medicinal fiber sold under the brand name Metamucil. Most people take fiber for constipation and take it with a large volume of water to soften the stool and generate a bowel movement. To have the reverse affect it is important

for patients post bowel resection to take their fiber supplement with little or no additional water. To do this start the process by taking one teaspoon of Metamucil and mix it into a food substance. Ideal foods are oatmeal, yogurt, pudding, a mashed banana, applesauce, peanut butter, or mashed potatoes. Take this as part of your morning and evening meal. Drink little fluid with your meal and no extra fluid for one hour after the meal. This allows the fiber to act as a sponge in the GI tract, soaking up excess fluid in the digestive system and thus slowing down the system. Continue for 3 to 5 consecutive days at the same dose. If the stools are still too loose or frequent, increase the dose by one teaspoon every three to five days until the desired affect is reached or the dose is at one tablespoon (three teaspoons) twice a day.

Medication

Early in the postoperative period, prior to the fiber and dietary changes having their full effect it may be necessary to use anti-diarrheal medications such as Imodium or Lomotil to decrease the number of bowel movements. The use of these medications should be discussed with your doctor before instituting their use. At times it is necessary for the patient to take up to eight of these tablets a day but more often one or two tablets a day will make life bearable until the other remedies kick in.

Dietary Changes

Changes in diet can help bulk up the stool and train the bowel to empty at a predicable time each day. Eating a large meal or drinking a hot liquid will cause a normal peristaltic push down the GI tract. When frequent bowel movements occur, drink less fluid with your meals, drink more fluids between meals and avoid hot beverages. Increasing the amount of starches and constipating foods in your diet will help thicken stool and slow bowel actions. These foods include:

- Pasta
- Crackers
- Bananas
- Rice
- Bread
- Applesauce
- Potatoes
- Cheese
- Peanut Butter

To start the bowel training process pick a meal around which you'll train your bowel to empty. Bowel training is done around a meal to take advantage of the fact that a large meal causes a normal push down the GI tract. Choose a time when you can consistently follow the program. Then,

- Before that meal drink 1 oz of prune juice
- Eat the big meal

- Drink a hot liquid. If this does not produce results you may try a glycerin suppository after the hot liquid
- Do this for three straight days. If you don't empty as planned, substitute a bisocodyl suppository for the glycerin suppository.
- If this is effective, stay with the program for 2 weeks then stop using the suppositories.

By this time, the stimulus for the bowel to empty will be the prune juice, the big meal and the hot liquid.

- ❖ Be sure to check with your doctor before using an enema or suppository

Adjusting the Bowel Management Program

As the bowel accommodates to the absence of the segment which was removed, further improvements in the bowel habit can be expected and over time the amount of fiber and medications used can be reduced and the changes in diet eliminated. In the long term the vast majority of patients return to a normal, unrestricted diet without the need for medications. Do not be afraid to continue to adjust your program on your own as you learn what works for you. Keep a positive attitude – things do get better.

Source - "Bowel Management after Colorectal Surgery." Fairfax Colon and Rectal Surgery. July 19, 2010. <http://www.fairfaxcolorectal.com/docs/Bowel%20Management%20after%20Colorectal%20Surgery.pdf>

Care of Your Ostomy

If you have an ostomy, carefully follow instructions given to you by the wound ostomy nurse during your hospital stay. Report problems or signs of infection to your physician.

You may call the outpatient ostomy care clinic for any questions or concerns. They will be happy to answer your questions by phone. If they are unable to answer your questions, they will schedule an appointment for you to come see them in the clinic.

While in the hospital the Case Manager will set up some home health visits based on your insurance to assist you with the care of your ostomy at home.

References:

- Inova Fairfax Hospital Outpatient Ostomy Care Program
  www.inova.org/ostomy
  703-776-6080

- Wound, Ostomy and Continence Nurses Society
  www.wocn.org
  1-888-224-WOCN (9626)

- United Ostomy Associations of America, Inc. (UOAA)
  www.uoaa.org
  1-800-826-0826

- Hollister Incorporated
  www.hollister.com

- Friends of Ostomates Worldwide
  www.fowusa.org

- International Ostomy Association
  www.ostomyinternational.org

Diet Following Ostomy Placement

It is important to follow the guidelines provided here for 6-8 weeks after your ostomy placement. Ileostomy patients may need to follow the guidelines longer.

After 6-8 weeks, add new foods one at a time to make certain you can tolerate them. The following suggestions will help you to prevent blockage and limit unpleasant odor and gas.

Hints to Get Started

- Drink 8-10 cups of liquids each day to prevent dehydration and constipation.
- To prevent gas, avoid using straws for beverages and chew slowly with your mouth closed.
- Gas and odors that may occur after you eat some foods can often be controlled with carbon filters and deodorants. Most people with an ostomy do not have to avoid these foods completely. Try eating small amounts to see how well you tolerate them.
    - *Odor-producing foods:* Eggs, cheese, fish, asparagus, onions, garlic, cabbage, coffee, and alcohol.
    - *Odor reducing: Cranberry juice, buttermilk, parsley, and yogurt*
    - *Gas-producing foods:* Broccoli, brussel sprouts, cabbage, cauliflower, cucumber, green pepper, dried beans and peas, melon, milk, beer, carbonated beverages, fatty foods, and highly spiced foods.

Resources for Additional Information

- Crohn's and Colitis Foundation of America **800-932-2423** <www.ccfa.org>
- National Digestive Diseases Information Clearinghouse **301-654-3810** <www.niddk.nih.gov/health/digest/nddic.htm>
- United Ostomy Association **800-826-0826** <www.uoa.org>

Diet Following Ostomy Placement

Food Categories	Foods Recommended	Tips
Breads, Cereals, Rice and Pasta	White bread, rolls, and crackers Refined cereal (cream of wheat, cream of rice, oatmeal) White rice	Limit foods containing insoluble fiber such as whole wheat, bran, corn, and nuts. After 8 weeks, add these foods gradually to see if you can tolerate them.
Fruits	Applesauce, bananas, and canned fruit packed in water or juice (not syrup) Unsweetened citrus juices	Foods that contain soluble fiber such as bananas, applesauce, and oatmeal will help to prevent loose stools. Avoid dried fruit, fruit skins and seeds, and pineapple in the first 8 weeks after surgery.
Vegetables	Soft, cooked green beans, carrots, beets, squash, and stewed tomatoes Mashed boiled, or baked potatoes without the skin Other vegetables, cooked and pureed	Avoid raw celery and carrots, cabbage, peas, corn, lettuce, bean sprouts and spinach as they may cause stoma obstruction. Remove skins and seeds from fruits and vegetables.

Food Categories	Foods Recommended	Tips
Milk, Yogurt, Cheese	Milk and milk products as tolerated All cheeses without seeds	Slowly add milk and milk products to your diet. If these foods cause gas and diarrhea, omit from your diet for several days, then gradually add them back in small amounts.
Meat, Poultry, Fish, Legumes, Eggs, and Nuts	Lean meat, fish, and poultry Eggs	Broil, roast, or grill meats instead of frying. Prepare meats in their natural juices – avoid gravies and sauces. Avoid nuts and seeds
Fats, Snacks, Sweets, Condiments, and Beverages	Fat-free broth, cream soups made with skim milk Low-fat desserts such as angel food cake, vanilla wafers, graham crackers, frozen yogurt, sorbet Tea and coffee	Choose low-fat snacks such as pretzels instead of potato chips Use fat in moderation including that used in food preparation

.

Sample Menu following Ostomy Placement

***At first you may find it easier to eat 4-6 smaller meals per day.**

Breakfast
Orange juice
Oatmeal
White toast with jelly or margarine
Milk
Coffee or tea

Snack
Banana
Graham crackers

Lunch
Pureed vegetable soup with saltine crackers
Lean hamburger or turkey sandwich on white bread
Canned fruit cocktail
Iced tea

Snack
Applesauce
Vanilla Wafers
Milk

Dinner
Tomato juice
Roasted skinless chicken breast
Herbed white rice
Steamed green beans
Dinner roll with margarine
Low-fat yogurt
Coffee or tea

About Our Program

Inova Fairfax Hospital is the only hospital in Northern Virginia offering a dedicated outpatient program for both pediatric and adult ostomy patients.

Our patients receive specialized care from a team of registered nurses with advanced training in wound, ostomy and continence (WOC) disorders.

Our nurses are part of a prestigious group of medical professionals who have graduated from an accredited program to earn their advanced certification in WOC. In keeping with their commitment to patient care and education, they are recertified every five years.

Our Team of Certified Nurses

- Nancy Bluefeld, RN, BSN, CWOCN
- Dorothy Goodman, RN, BSN, CWOCN
- Martha Hammond, RN, BSN, CWOCN
- Sandra Harris, RN, BSN, WOCN (certification pending)
- Mandy McGee, RN, BSN, CWOCN

Outpatient Ostomy Care Program

703-776-6080

Helpful Web Sites

Inova Fairfax Hospital Outpatient Ostomy Care Program
www.inova.org/ostomy
703-776-6080
Monday – Friday, 8 a.m. – 4 p.m.

United Ostomy Associations of America
www.uoaa.org
800-826-0826

United Ostomy Associations of America local chapter (meets at Inova Fairfax Hospital)
www.OstomySupportofNoVa.org
703-802-3457

Wound, Ostomy and Continence Nurses Society
www.wocn.org
888-224-WOCN (9626)

Inova Health System is a not-for-profit healthcare system based in Northern Virginia that consists of hospitals and other health services, including emergency- and urgent-care centers, home care, nursing homes, mental health and blood donor services, and wellness classes. Governed by a voluntary board of community members, Inova's mission is to improve the health of the diverse community it serves through excellence in patient care, education and research. Inova provides a healthy environment for its patients, families, visitors, staff and physicians by prohibiting tobacco use on its campuses.

INOVA® FAIRFAX HOSPITAL

G28525/10-09/4,000

Inova
Fairfax Hospital

Outpatient Ostomy Care Program

A Patient Information Guide

INOVA® FAIRFAX HOSPITAL

Services We Provide

Specific peristomal skin complications assessed and treated include:

- Excoriation – red, weepy, possibly bleeding, sore areas of the skin.
- Rash – (commonly known as candida) itching and redness around stoma.
- Allergic contact dermatitis – itching, burning or stinging, redness and areas of moist, bare skin surrounding the stoma.
- Hyperplasia – thickened, wart-like skin that occurs on the skin immediately surrounding stoma.
- Ulcerations – red, weepy sore areas of the skin (possibly disease process or improper use of barriers).
- Peristomal hernias – hernia that surround the stoma. Treatments may include fitting patients with a hernia belt and when surgery is not an option, teaching new pouching techniques.
- Retracted or flushed with the skin – Patient's barrier seal will be improved by changing pouch type or adding a specialized paste or an Eakin seal.
- Body contour changes – patients are re-evaluated and pouching system used is adjusted to increase wearing time.

In addition to clinical assessments and treatments, our ostomy care team also provides:

- **Presurgical ostomy site marking:** for patients having surgery at an Inova hospital.
- **Presurgical education:** patients will be given a pouching system to take home, informational brochures on the type of ostomy they will have (ileostomy, urostomy or colostomy) and how to care for their ostomy. Nurses will discuss clothing, lifestyle, exercise and dietary needs, as well as potential benefits and complications, both short- and long-term.
- **Postsurgical care:** patients will receive written home instructions, videos, pamphlets, information on how to obtain supplies, and a description of the various pouching systems currently available.
- **Appliance fitting and adjustments:** we offer problem-solving assistance for stomas that are poorly placed or constructed, flushed or retracted, as well as help with irregular abdominal contours. The goal is to obtain a minimal three-day wearing time.

For More Information or to Schedule an Appointment

The Outpatient Ostomy Care Program is located in the Outpatient Rehabilitation Department on the first floor of Inova Fairfax Hospital. For more information or to schedule an appointment, call **703-776-6080,** Monday – Friday, 8 a.m. – 4 p.m.

Appointments are currently offered on Wednesdays from 8 a.m. to noon.

To Help Make the Most of Your Visit:

- Bring your doctor's referral, a picture ID and your insurance card
- Bring the pouching system you are currently using
- Allow ample time to park (use the Blue Garage) and complete paperwork prior to your scheduled appointment time
- Check with your insurance company regarding co-pay or referral from your primary care physician
- Call at least one day prior to your scheduled appointment if you need to cancel

Anesthesia

Who are the anesthesiologists?

The operating room and the Post Anesthesia Care Unit (PACU) at the hospital are staffed by board-certified and board-eligible physician anesthesiologists. Each member of this service is an individual practitioner with privileges to practice at this hospital.

What types of anesthesia are available?

Decisions regarding your anesthesia are tailored to your personal needs. The types of anesthesia are:

- **General anesthesia:** provides loss of consciousness. This is the type of anesthesia you will have for your surgery.

- **Regional anesthesia (used for pain control):** involves the injection of a local anesthetic to provide numbness, loss of pain or loss of sensation to a large region of the body.

Will I have any side effects?

Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options as well as any complications or side effects that can occur with each type of anesthesia.

Nausea or vomiting may be related to anesthesia or the type of surgical procedure. Although less of a problem today because of improved anesthetic agents and techniques, these side effects continue to occur for some patients. Medications to treat nausea and vomiting will be given, if needed.

Your doctors and nurses can relieve pain with medications. Your discomfort should be minimal, but do not expect to be totally pain-free. The staff will teach you the pain scale (0-10) to assess your pain level.

What will happen before my surgery?

You will meet with your anesthesiologist immediately before your surgery. Your anesthesiologist will review all information needed to evaluate your general health. This will include your medical history, laboratory test results, allergies and current medications. With this information, the anesthesiologist will determine the type of anesthesia best suited for you. He or she will also answer any questions you may have.

You will also meet your surgical nurses. Intravenous (IV) fluids will be started and preoperative medications may be given, if needed. Once in the operating room, monitoring devices such as blood pressure cuff, cardiac monitor and other devices will be placed for your safety. At this point, you will be ready for anesthesia.

During surgery, what does my anesthesiologist do?

Your anesthesiologist is responsible for your comfort and well-being before, during and immediately after your surgical procedure. In the operating room, the anesthesiologist and the CRNA (Certified Registered Nurse Anesthetist) will manager vital functions including heart rate and rhythm, blood pressure, body temperature and breathing. The anesthesiologist is also responsible for fluid and blood replacement when necessary.

What can I expect after the operation?

After surgery, you will be taken to the Post Anesthesia Care Unit (PACU) where specially trained nurse will watch you closely. During this period, you will be given extra oxygen, and your breathing and heart functions will be observed closely.

May I choose an anesthesiologist?

Although most patients are assigned an anesthesiologist, you may choose one based on personal preference or insurance considerations. If you have questions about your insurance coverage or medical plan participation by the anesthesiologist, please contact your insurance company for guidance. Requests for a specific anesthesiologist should be submitted in advance through your surgeon's office for coordination with the physician's availability.

Managing your own pain with a PCA (Patient controlled analgesia)

Patient Controlled Analgesia

You, the patient, know best when you are hurting and when you need pain medicine. Patient controlled analgesia (PCA) is one pain management method that allows patients to treat their own pain by delivering pain medicine as needed through a PCA pump.

The goals of PCA are:

- To keep your pain form becoming severe and out of control
- To keep you comfortable so you can sleep, breath deeply, walk, and visit with others
- To decrease the length of time you spend in the hospital

How does PCA work?

A small pump will give you pain medications. You, the patient, will have a PCA button that is attached to the pump. You can press the button to give yourself a dose of pain medication when you hurt.

It is difficult to treat pain when it is severe, so it is important to "stay on top" of your pain. When you begin to feel some discomfort, press the PCA button, then wait a few minutes to see if the dose helped relieve the pain. If the pain has not been relieved, press the PCA button again.

Is PCA safe?

The PCA pump is set to limit the amount of doses you can receive each hour. This is for your safety, allowing you to get the pain medicine you need without getting too much pain medicine.

You, the patient, are the only person who should press the PCA button. Your family, visitors, physicians and hospital personnel are not to press the PCA button. This is also for your safety.

When should I press the PCA button?

You should press the PCA button when you have pain that is not acceptable to you. Five to 10 minutes prior to any activity or treatment that causes you to hurt, such as coughing, taking a deep breath, dressing change, turning and getting out of bed.

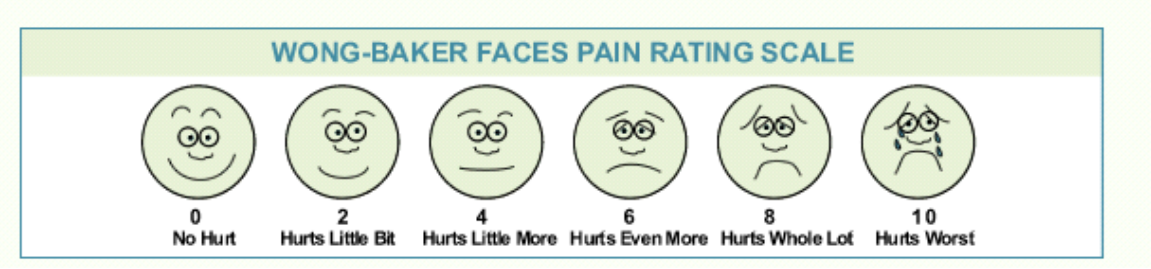
How long does it take to work?

PCA takes approximately 5 to 10 minutes to work.

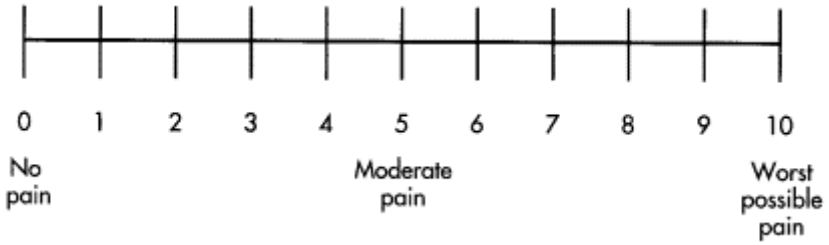
How will others know how much pain you have?

Your nurse will check on you often while you are receiving PCA. The nurse will ask you to rate your pain on a scale of zero to 10. A rating of zero you feel no pain at all. Five means you feel a moderate amount of pain, and 10 means you feel the worst pain you can imagine.

Choose The Face That Best Describes How You Feel



Numeric Pain Rating Scale: Choose A Number From 0 to 10 That Best Describes Your Pain



You should also give the nurse descriptions of your pain:

- Where do you feel the pain?
- What does your pain feel like? i.e. such as dull, sharp, stabbing, throbbing, burning, aching, shooting, tingling, etc..
- When do you feel your pain? i.e. constantly, with activity, at night, in the morning upon waking etc.

What should I report to the nurse?

- Pain not relieved
- Itchiness
- Dizziness
- Nausea (feeling sick to your stomach)
- Vomiting
- Constipation
- Inability to urinate
- Inability to stay awake

Blood Thinners

If you are on Coumadin as your blood thinner, you will need to monitor your dosage after discharge from the hospital.

Home: If you are discharged to home with home health services, the home health nurse will come out twice a week to draw the prothrombin time. These results are called to your surgeon or primary care physician who will call you that evening or the next day to adjust your dose.

If you DO NOT utilize home health nursing, you will have to go to an outpatient medical lab and have the prothrombin time drawn there. These arrangements are coordinated by your surgeon. Your surgeon or primary care physician will obtain the results and call you to adjust your blood thinner dose.

Rehab facility: If you are transferred to a rehab facility after discharge, the monitoring is usually done two times a week. The physician caring for you at the rehab facility will adjust the blood thinner dose as necessary. When you are discharged from the rehab facility, home health or outpatient blood monitoring will be arranged by the rehab staff, if necessary.

If you are on Lovenox, Fragmin, Arixtra, or Aspirin, blood tests are not needed.

Blood Transfusions

We believe that the safest procedure is not to donate your own blood. Blood from our blood bank is highly screened to prevent communicable diseases such as HIV and hepatitis. If you have concerns about a possible transfusion, speak with your surgeon.

Possible risks

Your blood iron level will decrease after surgery. For this reason, your doctor may prescribe iron supplements.

Exercise Your Right

Put your healthcare decisions in writing

It is our policy to place patients' wishes and individual considerations at the forefront of their care, and to respect and uphold those wishes.

What are Advance Medical Directives?

Advance Medical Directives are a means of communicating to all caregivers the patient's wishes regarding healthcare. If a patient has a Living Will or has appointed a Healthcare Agent and is no longer able to express his or her wishes to the physician, family or hospital staff, the medical center is committed to honoring the wishes of the patient as they are documented at the time the patient was able to make the determination.

These are different types of Advance Directives, and you may wish to consult your attorney concerning the legal implications of each.

- **Living Wills** are written instructions that explain your wishes for healthcare if you have a terminal condition or irreversible coma and are unable to communicate.

- **Appointment of a Healthcare Agent** (sometimes called a Medical Power of Attorney) is a document that lets you name a person (your agent) to make decisions for you, if you become unable to do so.

- **Healthcare Instructions** are specific choices regarding use of life sustaining equipment, hydration and nutrition, and use of pain medications.

On admission to the hospital you will be asked if you have an Advance Directive. If you do, please bring copies of the documents to the hospital with you so they can become part of your medical record. Advance Directives are not a requirement for hospital admission.

Resources

National Organizations and Websites: Sources of patient information and support

American Cancer Society (ACS)
www.cancer.org
1-800-ACS-2345 (1-800-227-2345)

National Cancer Institute (NCI)
www.cancer.gov
1-800-4-CANCER (1-800-422-6237)

National Cancer Institute Publications:
By telephone: by calling the NCI's Cancer information line: 1-800-4-CANCER
On the Internet: http://www.cancer.gov/publications
By Mail: education publications can be ordered by mail at free of charge

American Society of Colon and Rectal Surgeons
www.fascrs.org

Colon Cancer Alliance
www.ccalliance.org
1-877-422-2030

Centers for Disease Control and Prevention (CDC)
www.cdc.gov/cancer/colorectal
1-800-CDC-INFO (1-800-232-4636)

Books

Quick Facts: Colon cancer what you need to know ---Now. (Atlanta: American Cancer Society, 2007.)

Pazdur, Richard, MD & Royce E. Melanie. Myths and facts about colorectal cancer. (Houston: PRR Inc., 2001.)

Preoperative Skin Antiseptic Instructions

Cleansing your skin gently before surgery can reduce the risk of infection at your surgery site. You can play an important role in decreasing this risk by showering both the evening before your surgery and the morning of your surgery.

Please buy Hibiclens at your local drug store. It is available in the pharmacy section. Hibiclens is a 4% Chlorhexidine Gluconate (CHG) antiseptic solution that will reduce the bacteria that all of us have on our skin.
Please follow these instructions:

- You should take TWO showers, one the night before and one in the morning before coming to the hospital for your surgery.
- Please **do not** shave or wax body hair at least 48 hours prior to surgery. It is OK to shave facial hair, but do so before showering.
- With each shower, shampoo your hair and wash your skin with your regular shampoo and soap. Rinse thoroughly.
- Then, using the CHG solution and your hand, not a washcloth. Wash your skin surface again starting from the neck down and gently scrub your skin. Pay special attention to the area of your body where your surgery will take place. Your skin should be rinsed and dried with a clean towel.
- After each shower, dress in clean clothes and sleep on fresh sheets.
- Do not apply any creams, lotions, powders, perfumes, or deodorant.

References:
Centers for Disease Control and Prevention. Guideline for prevention of surgical site infections, 1999. *Infection Control Hosp Epidemio*logy. 1999.
AORN, 2010 Edition. Perioperative Standards and Recommended Practices, 351-367.
R.O. Darouiche et al, Chlorhexidine-Alcohol versus Povidone Iodine for Surgical-Site Antisepsis. N ENGL J Med 362; 1. January 7, 2010.