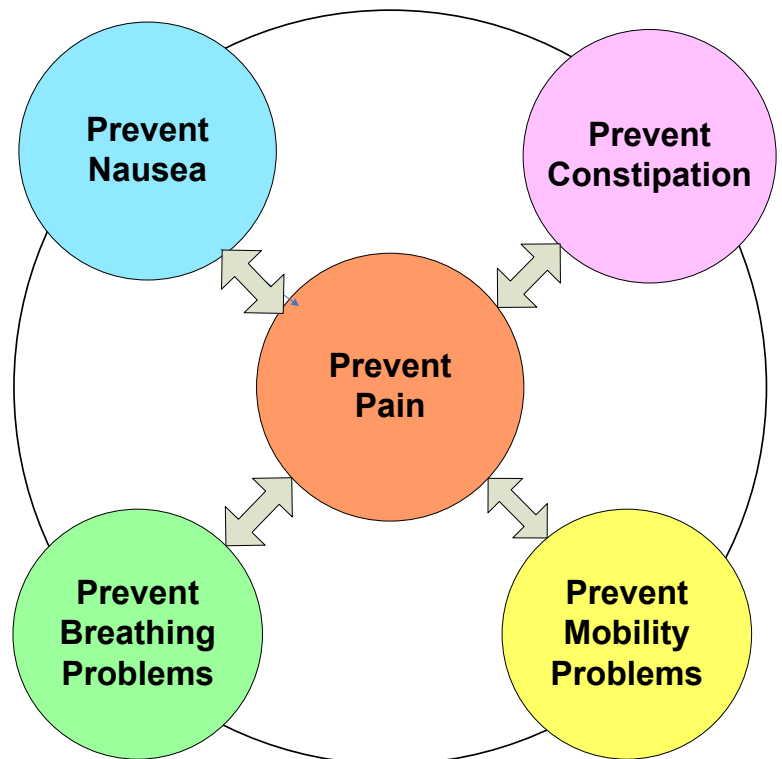


## A Guide for Patients Having Major General Surgery



### Postoperative Wellness Model



This diagram is used  
 with permission from  
 Joyce Reimner-Kent, MN/RN  
 Fraser Health, British Columbia

Great effort will be made to prevent pain, nausea, constipation, mobility and breathing problems. By preventing these problems after surgery patients will recover faster. This book helps explain how this is done.



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## INTRODUCTION

This booklet contains information about what you should do before, during, and after surgery so that your surgery will be successful. Knowing what to expect and being involved in your care will make you better prepared and more comfortable to return home. Every day your progress will be closely followed by a team dedicated to giving you the best possible care. It is important to review this booklet with your support person and to bring it with you on the day of your surgery.

## BEFORE YOUR SURGERY

### Select a Support Person

It is important for you to choose and arrange for a support person to assist you in the following ways:

- help you plan for your admission to hospital,
- help you prepare for your return home,
- be a “second set of ears” to help remember instructions,
- come with you to the hospital on the day of surgery, and
- be available when you return home to help you settle in, and remind you of all your instructions.

### What Can I Eat or Drink before Surgery?

- You should eat a snack before going to bed.
- Do not eat anything after midnight the night before surgery.
- You may drink apple juice or water up to two hours before coming to the hospital. Avoid coffee or tea. Do not have any milk, cream or dairy products.
- If you take medications on a regular basis, take them the morning of surgery with a sip of water unless your physician or nurse has told you otherwise.

### Practice Breathing Before Surgery

Breathing problems such as pneumonia can occur after surgery. It is important to do several deep breathing and coughing exercises every hour when awake the first few days after surgery. Deep breathing provides oxygen to your lungs and keeps your airways clear. Sitting up, getting out of bed as soon as possible and being active also helps prevent breathing problems.



### Deep Breathing

Place your hands on your stomach. Take a deep breath in. You should feel your hands move out. Hold two to three seconds. Breathe out and your hands should move back in. Relax and Repeat 10 times each hour you are awake.

### Coughing

After your deep breathing exercises, practice coughing. Place a pillow or folded blanket over your incision. Hold it snug with your arms.

To cough, take a breath in with your mouth slightly open. Do three short quick breathes out (huffing) or take a deep breath in and then cough. Repeat until you have cleared any secretions.

## Ankle Pumping

This helps to circulate the blood in your legs while you are less active. Pull your toes up towards you bending only at the ankle. Then push your toes away from you. Pump so that you can feel your calf muscle tightening and relaxing.



## Getting In or Out of Bed

### Getting Into Bed

To lie down, back up to the bed until you feel your legs touching the bed. Sit on the side of the bed using your arms as needed for support. Ease down onto your side using your arm for support.

Gently lift your legs up onto the bed. Keep your knees bent and log roll onto your back. To log roll, move your hips and shoulders at the same time.



## Getting Out of Bed

To stand up from a lying position, bend both knees, and log roll to your side. Keep your knees bent and lower your feet to the floor. Let your legs help lift your body as you push with your arm to an upright position. As you stand, push up from the bed with your hands.



## Get Yourself Moving!

Research has shown that the healthier you are before the operation, the better you will do after your surgery. **If you have not been active, speak to your physician before starting to exercise.** Some suggested activities are walking, swimming or a stationary bike.

After your surgery you will be:

- assisted out of bed the day of your surgery,
- an active participant in your care (washing, toileting, dressing), and
- assisted with walking three times a day until you are walking independently.

## Smoking Cessation

### Why Stop Smoking Before Surgery?

- Most smokers don't know that smoking increases the risk from anesthesia, makes incision infections more likely and delays healing after surgery.
- Overall surgical complication rates have been reported as high as 52 per cent in smokers versus 18 per cent in patients that have quit six to eight weeks prior to surgery.
- If you are interested in quitting smoking, please ask about a **Quit Kit**.
- If you are unable to quit smoking before surgery you should at least attempt to decrease the number of cigarettes you smoke per day.

### Illness Before Your Surgery

If you develop a cold, flu, fever, vomiting or diarrhea before your surgery, please call your surgeon's office. If the surgery must be postponed because of illness, we will make every effort to arrange a new surgical date as a priority. If these symptoms occur on the weekend prior to a Monday surgery, please call the hospital and ask for the Admitting Department.

### Preoperative Clinic

Depending on your health history you will either:

- Receive a phone call from a Registered Nurse to prepare you for your surgery and review your health.
- OR**
- Attend the Preoperative Clinic. You may be seen by an anesthesiologist (a physician who puts you to sleep for surgery) who will discuss medication and pain management after surgery. A health-care team member may draw a blood sample or complete certain routine tests.

**It is important that you attend your Preoperative Clinic visit if booked. Bring all your medications in their original packaging, including over-the-counter or herbal medications, and puffers.**

**Please bring a current list of your medications from your Pharmacy.**

**It is important to have all your questions answered. Come prepared to the Preoperative Clinic with any questions you may have.**

## PARTNERSHIP AGREEMENT

The surgical team believes that patients receive the best care when they are active participants in their care. We strongly encourage you to complete the following tasks to the best of your ability.

### **I understand that before my surgery I need to:**

- Read the patient education material.
- Identify one person who will be my support person.
- Practice deep breathing and coughing exercises before surgery.
- Improve my exercise tolerance as able.
- Arrange transportation to and from the hospital.

### **I understand that during my hospital stay I need to:**

- Take an active part in my care to get the best possible results from my surgery. Discuss any questions or concerns with my health-care team.
- Follow the advice of the health-care team members so that the risk of complications is reduced.

### **Arrange the following for your return home:**

- A drive home when you are discharged.
- Equipment to make your home safe. There may be items available for loan, rent or purchase. An occupational therapist may be involved to recommend home health-care equipment to assist with personal care.
- Help at home if needed for:
  - personal care (bathing and dressing),
  - meal preparation and grocery shopping,
  - housekeeping, caring for children/dependants, pets/livestock, and
  - getting to the bathroom, to the kitchen, up and down stairs, or consider setting up on one level.
- Someone to stay with you, if needed.

### **Will there be financial burdens during your admission and recovery period?**

- How long will you be off work; are you able to get health-care equipment, medications and possible home care?
- If you are receiving services from Social Development or private agencies, please bring their contact information to the hospital.
- Bring any medical insurance information or a provincial health card with you.

**If you have concerns with any of the above, please discuss with the nurse during your preoperative consult.  
Social Work and/or Discharge Planning may be asked to be involved to assist with a plan prior to surgery.**



## YOUR HOSPITAL STAY

### What to Bring With You

- New Brunswick Medicare card, Social Development Health card and supplementary insurance information with insurance company policy/certificate group plan.
- Current medications in their original containers including over-the-counter and herbal medications and puffers.
- If you use a CPAP or BIPAP machine, you **must** bring it with you.
- Personal-care items such as toothbrush/toothpaste, razor, slippers with closed heel or shoes and more than one set of comfortable loose-fitting clothing including your under garments.

**The hospital is not responsible for money, valuables or other personal property including eyeglasses, dentures and hearing aids.**

**PLEASE BE SURE TO LABEL YOUR PERSONAL ITEMS.**

### On the Day of Your Surgery

Register at the Admitting Department. You will be directed to the Day Surgery Department where a nurse will meet with you, update your health history and review your medications. Your blood pressure, pulse and temperature will be taken. Your surgeon and anesthesiologist will meet with you. After your surgery, you will be taken to the Post Anesthetic Care Unit (Recovery Room) where you will be monitored until you are ready to go to one of the surgical units. If you are going home after your surgery, you will return to the Day Surgery Department.

### Managing Pain After Your Surgery

Some pain is expected after surgery. Our goal is to make sure you are as comfortable as possible. Good pain control helps you heal faster.

**Please take your regular pain medication at home the morning of surgery.**

### Using a Pain Scale

- To help describe the pain you are experiencing after surgery you will use a pain scale.  
**0 = No Pain and 10 = Worst Possible Pain**

### The Patient's job is to:

- Tell your nurse if you are having pain or soreness using the pain scale.
- Ask for pain medication before you become too uncomfortable.
- Tell your nurse if your pain is not relieved.
- Tell your nurse if you are experiencing dizziness, nausea, itchiness and/or constipation.



## The Nurse's job is to:

- Routinely assess and treat your pain safely and give clear answers to your questions.

You may receive pain medication in different ways:

- An epidural catheter may be inserted into your spine by the anesthesiologist before your surgery.
- A Patient Controlled Analgesia (PCA) pump may be used.
- Injections may be used.
- Pills may be taken by mouth and **will be used as soon as possible** as part of your recovery.

**If you have an epidural catheter or a PCA pump it will be removed on your second or third day after surgery. You will continue to receive pain pills as needed.**

**You will be given more than one type of pain medication on a regular basis.** Each pill works differently in your body and reduces the need for stronger pain medication.

**Other ways of managing pain include repositioning, visiting with family and friends, music or relaxation.**

If you are feeling fearful or stressed about your upcoming surgery and would like to learn some of these ways of dealing with stress and/or pain, ask your family physician or surgeon to refer you to the hospital's health psychologist.

## Rest and Sleep

Rest and sleep are important for your recovery. Consider bringing ear plugs in case you find your room too noisy.

## Preventing Side Effects and Complications

### Blood Clots

It is important to move your ankles up and down several times an hour to promote circulation.

Medication will also be given to prevent blood clots.

Deep breathing, coughing, foot and ankle exercises and early activity will also help prevent this complication.

### Nausea

Nausea is the most common postoperative side effect. Medication may be given to prevent and ease the symptoms. Let your nurse know if you are experiencing nausea.

### Delirium

Delirium is a sudden onset of mental confusion causing changes in behaviour and can sometimes occur after surgery. Many things can contribute to this such as the anesthetic, pain medication, lack of sleep, alcohol withdrawal and infection. It is important to let us know if you have experienced this with previous surgeries. Wearing your glasses and hearing aids can help.

## PREPARING TO GO HOME

### Follow-up Appointment

- An appointment will need to be made for you to follow up with your surgeon. You will be given this information before you leave.
- If you have an ostomy, the Extra Mural Program will follow up with you once you are at home to ensure you are doing well. You will be given the phone number for the ostomy nurse, if you have any questions.

### Before you leave the hospital

- Ask your nurse for:
  - any prescriptions.
  - discharge instructions.
  - any medications you brought with you.

### Questions and concerns after discharge

Contact your surgeon's office from Monday to Friday 8 a.m. to 4 p.m.

Surgeon: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### When to Seek Medical Attention

Go to the nearest Emergency Department if:

- Your incision begins to open up.
- You spike a fever (102°F or 39°C or higher).
- You have severe nausea and vomiting.
- You suddenly become short of breath.
- One or both of your calves (bottom back of your leg) starts to swell and becomes painful.

### Warning Signs of an Infection

As your incision heals watch for the following warning signs of infection:

- Redness and warmth.
- Puffiness/swelling/hardness.
- Drainage (foul smelling and discolored).
- Increasing pain or tenderness.
- Fever (100° F or 38°C or higher).

### Call your Surgeon if:

- You have the warning signs of an infection.
- Your pain is not relieved by your pain medication or your pain gets worse.
- You start to have frequent diarrhea.
- Your stool becomes black.

### Call your family physician if:

- You have burning or pain when you urinate.
- You have questions about your regular medications.

### Taking Medication

Remember to take the medication as ordered and talk to your pharmacist if you have any questions. You will also be told if you need to continue with your previous medications and when to restart them. You are responsible to understand your medication schedule and how to take your medication, for example: help from a care giver. **Never adjust or discontinue your prescription before you talk it over with your physician.**

Some medications may increase the chance of bleeding. Please talk to your family physician before taking the following:

- Aspirin (ASA) – there are many conditions that benefit from ASA, so if you usually take ASA be sure to ask your family physician if and when you should restart this medication.
- Herbal medications.

### Care of the Operative Site

- You will be informed who will remove your sutures or staples (clips) and when this will be done. This is normally done within seven to 14 days after your surgery.
- Inspect your incision daily for any redness or drainage.
- Once your incision is dry, leave it open to the air and you can shower.

### ONCE YOU ARE AT HOME

The speed and success of your recovery following surgery depends on you. Both rest and exercise are needed for a healthy recovery. You will tire easily for the first few weeks after your surgery. Let the way you feel be your guide. Stop what you are doing and rest when you begin to feel tired. You will benefit from short, frequent walks rather than one long walk. Slowly increase the distance you walk. Follow the instructions you were given by your physician.

### How your incision will heal

It takes a few months for a scar to form. It is a normal part of the healing process for the incision to be itchy. During this time it is important not to rub or scratch your incision. After about two weeks you may apply an unscented lotion, which may help to take away some of the itchiness.

### Taking a shower

You may shower even if you have steri-strips, sutures or staples (clips).

- DO NOT let the water from the shower spray directly into your incision.
- DO NOT scrub your incision, rather gently wash and rinse it then pat dry with a freshly laundered towel.
- DO NOT take a tub bath or soak in a hot tub until you have discussed it with your surgeon.

## Activity after surgery

The site where you had your surgery will have healed by six weeks. During this six-week period avoid activities that cause you pain. Try to get back to your “normal” activities by four to six weeks after your surgery, unless your physician has told you otherwise.

Use caution when:

- Lifting heavy objects such as groceries, suitcases, children or pets.
- Doing chores such as vacuuming, gardening, shoveling or mowing.

If you need to lift, remember to use your legs and keep the object you are lifting close to your body.

Remember to **LISTEN TO YOUR BODY** and do what is comfortable for you.

## Constipation and Diarrhea

Constipation and even diarrhea can occur up to two weeks after surgery. Constipation is a common problem when taking opioid (narcotic) pain medications. Being constipated may make you strain and this can be hard on your incision. To help relieve constipation:

- Be active.
- Eat high fibre foods unless you have had bowel surgery and have been advised about diet restrictions after surgery:
  - Breakfast cereals with bran/whole wheat.
  - Fresh/dried fruits and vegetables.
- Drink lots of fluid.
- DO NOT use suppositories and/or enemas, unless directed by your family physician.

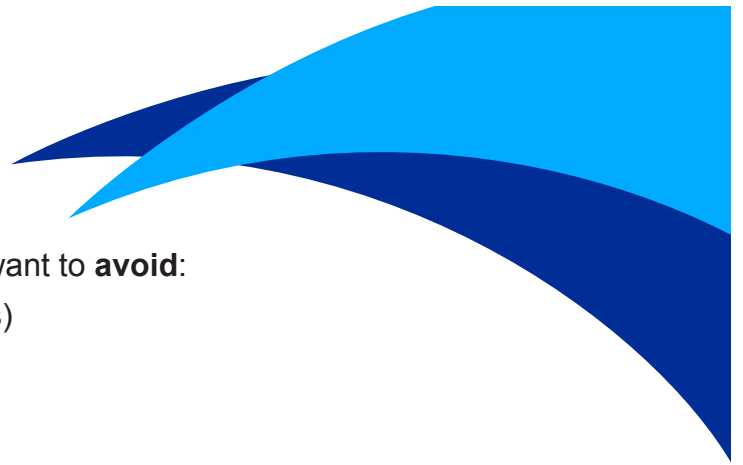
## Eating a healthy diet

Please follow any specific diet instructions you received while in hospital.

Patients with the following procedures must follow the specific diet information they received from the dietitian after surgery:

- Bowel surgery
- Ostomy
- Gastrectomy
- Esophagectomy
- Hiatus hernia repair
- Nissen Fundoplication

Often people have a change in appetite after surgery. It may take a few weeks to regain your normal appetite. You may find that five to six **small** meals a day are easier to digest. Try to include two of the four food guide servings at each meal.



If you experience discomfort when eating you may want to **avoid**:

- raw fruits and vegetables (especially peelings)
- nuts and seeds
- fried or spicy foods
- gassy foods such as:
  - broccoli or turnip
  - brussel sprouts
  - baked beans
  - cabbage, coleslaw
  - cauliflower or corn
- green peppers or onions
- apples
- honey dew melon or watermelon
- cantaloupe

Slowly return to your regular diet over the next three to four weeks.

### **To help manage diarrhea**

Fluids are important. Drink at least six to eight cups of decaffeinated, non-alcoholic fluids each day.

Good choices are:

- Sugar free juices, sports drinks, broth, clear soups, water, jello

### **Foods that may make diarrhea worse**

- Broccoli or brussel sprouts
- Cabbage or cauliflower
- Coffee
- Spicy or fried foods
- High sugar foods
- Prune and prune juice
- Some raw fruits and pure natural juice

### **Foods that may help control diarrhea**

- Applesauce or banana
- Boiled rice, barley
- White pasta
- Potatoes
- Cheese
- Oatmeal
- Soda crackers
- Smooth peanut butter
- Tapioca or yogurt

### **Tips to manage upset stomach and vomiting**

- Eat small meals/snacks every two to three hours and sip small amounts of fluids throughout the day between meals.
- Eat plain dry foods like: arrowroots, social tea cookies, dry cereal, pretzels, soda crackers, toast.

If you have lost weight or your appetite is poor, you may benefit from including high protein high calorie foods in your diet. You can try a supplement drink such as Boost, Ensure or Carnation Instant Breakfast Essentials. These supplements can be taken chilled, over ice or diluted with milk.

### **Avoiding alcohol**

Do not drink alcohol when you are taking pain medication. Both alcohol and pain medications have an effect on your brain, your reflexes and your ability to make decisions. Alcohol will make the pain medication more powerful. You may become dizzy, have breathing problems and it may even be fatal.

### **Having problems sleeping**

To help overcome sleep problems try the following:

- Be active during the day and avoid long naps.
- Go to bed at the same time each night and get up at the same time each morning.

### **Returning to work**

You can expect to be off work for four to six weeks after your surgery. Talk with your family physician or surgeon about when you can return to work.

### **Dealing with your feelings and emotions**

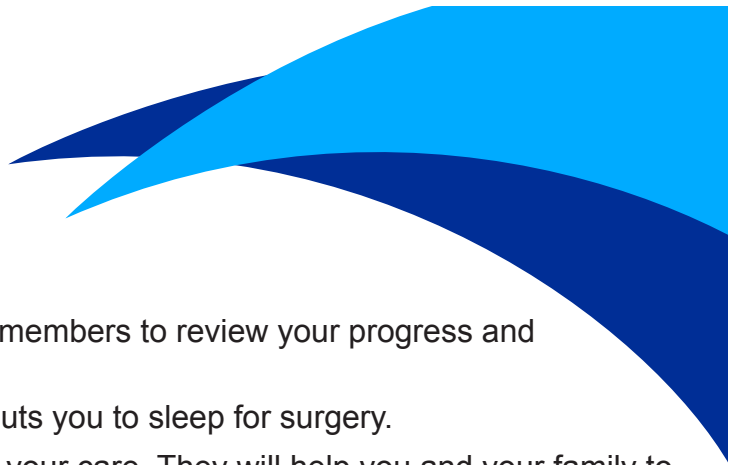
After surgery many patients have trouble controlling their emotions. Without warning you may feel fearful, uncertain, angry, irritable, worried, insecure, anxious and depressed.

The reasons you may have feelings and emotions like these are unclear. It may be due to chemical changes that happen in your body during the operation. It may be because after surgery you start to think about what has just happened to you and wonder if you will ever be the same again. As you recover physically you should also recover emotionally. Talk to your family physician about your feelings and about what kind of emotional help and support is available for you. Your physician can refer you to a health psychologist.

### **Resuming sexual activity**

Some patients find that their desire for sexual activity is not as strong after surgery. As they recover this usually improves. When you feel ready to resume sexual activity remember to give yourself the time you need and make sure you are well rested.

**We hope that you have found the information in this booklet useful.**



## APPENDIX 1

### Your Health-care Team

- **Your Surgeon** will do rounds daily with team members to review your progress and change the treatment plan as required.
- **Your Anesthesiologist** - the physician who puts you to sleep for surgery.
- **Nurses** play an important role in coordinating your care. They will help you and your family to identify your needs, and will encourage you to take part in decisions about your care.
- **Physiotherapists** can provide education, exercises and as you recover. We encourage you to continue with these exercises when you are discharged from the hospital.
- **Occupational Therapists** provide assessment and treatment services related to self-care, leisure, and work. Treatment includes education and techniques to help you return to your life and work as independently as possible. Your occupational therapist may review your home setup and may recommend additional equipment to help you be independent and safe at home.
- **Respiratory Therapists** will wean oxygen if required, and provide smoking cessation medication and counseling.
- **Discharge Coordinator** helps to identify any discharge planning needs. He/she oversees the coordination of plans for discharge, assists in developing patient and family goals, helps with referrals to other health agencies and provides information about community resources.

## APPENDIX 2

### Telephone numbers you may need

Dr. Everett Chalmers Regional Hospital (DECRH)	452-5400
Preoperative Clinic at DECRH	452-5572
Extra Mural Hospital (Fredericton)	452-5800
Upper River Valley Health Hospital	375-5900
Extra Mural Hospital Woodstock	375-2539
Extra Mural Hospital Perth	273-7222

### Additional Resources

Smokers' Helpline <a href="http://www.smokershelpline.ca">www.smokershelpline.ca</a>	1-877-513-5333
Enterostomal Nurse (Ostomy Nurse)	452-5385
Crohn's and Colitis Foundation of Canada, New Brunswick Chapter Fredericton Contact: Caroline Poirier at <a href="mailto:poiriercaro@yahoo.ca">poiriercaro@yahoo.ca</a>	<a href="http://www.cafc.ca">www.cafc.ca</a>
Dietitians of Canada	<a href="http://www.dietitiansofcanada.ca">www.dietitiansofcanada.ca</a>
Fredericton Chapter United Ostomy of Canada	459-6781
Health Canada	<a href="http://www.healthcanada.gc.ca">www.healthcanada.gc.ca</a>
Canadian Cancer Society, Fredericton, NB <a href="http://www.cancer.ca">www.cancer.ca</a>	453-1551



## APPENDIX 3

### Guidelines for Better Sleep

Sleeping well is a habit that you can learn! Small changes can have big effects. Start today by following these rules:

#### Take care of your body

- Limit drinks containing caffeine (tea, coffee, soda, energy drinks, hot chocolate) and do not drink caffeine or alcohol after 4 p.m.
- Do not eat a big or spicy meal late in the evening (less than three hours before bedtime) and do not go to bed hungry.

**Physical exercise**, such as a brisk walk, in the late afternoon can help to make your body tired and help you to sleep. Try to do some exercise every day when you are able. It is best not to exercise in the three to four hours before bedtime.

**Sleep only at night** and do not have daytime naps. Naps make it harder for you to get to sleep the next night.

**Having a regular bedtime routine** teaches your body when it's time to go to sleep. Our bodies need a signal that it's time to wind down. This might include:

- Having a soothing drink like chamomile tea or a milky drink.
- Taking a bath or a shower, or a routine of washing your face and brushing your teeth.
- Reading a comforting book.
- Go to bed at same time each night.
- Do a relaxed breathing exercise (one hand on stomach the other on your chest, deliberately slow your breathing, breathe deeply in your stomach instead of high in your chest).
- Try and wake up the same time every day, even if this is tiring.

**Set aside some 'worry time'** each day to write down any issues that are bothering or concerning you, then deciding to leave those worries behind until tomorrow (make sure to do this *at least* one hour before bedtime).

#### ***Setting the conditions for sleep***

- Reduce noise.
- Make sure the bedroom is completely dark (blackout curtains are cheap and effective).
- Make sure the bedroom is the right temperature (not too hot, or too cold).

#### **Remember**

**Bed is for sleeping**, so if you cannot sleep after 30 minutes, get up and do another activity elsewhere such as reading or listening to music (try and avoid TV as it can wake you up). After 15 minutes return to bed and try to sleep again. If you still can't sleep after 30 minutes get up again. Repeat this routine as many times as necessary.