Bowel Resection: Your Path to Recovery

The following is the day-by-day basic plan of care that is designed to help your recovery from bowel resection surgery. Your specific care plan may vary as your caregivers work to meet your specific needs.

Please discuss any questions or concerns you may have about this plan with your doctor or nurse.

Pre-Admission

What to Expect

Your doctor or nurse will:
- Explain your condition and upcoming surgery
- Discuss any needed tests and treatments
- Instruct you on bowel preparation
- Review materials in your education folder

What to Do

- Keep all your pre-admission appointments.
- Review the materials in your education folder.
- Fill out the Patient Admission Profile and bring it to your pre-admission educational session.
- If you have any questions, call the nurse at your doctor’s office or the patient care coordinator.
- **Attend the Bowel Resection Class.**

If you have not seen the video, *Preparing for Surgery at Northwestern Memorial Hospital*, take a few minutes to view it in Northwestern Memorial’s Health Learning Center on the third floor of the Galter Pavilion. The video provides an overview of the Ambulatory Surgery Center and what to expect on the day of surgery.
M  T  W  TH  F  SA  SU
Date ____________________________  Surgery

What to Expect

- Your nurse checking you regularly
- A catheter to drain your urine
- Daily blood tests for a few days
- Nothing to eat or drink by mouth
- An IV (into the vein) line to receive fluids and antibiotics
- Pain medicine to control any discomfort
- Thigh-high elastic stockings and compression boots to help your circulation

What to Do

- If you have a Patient Controlled Analgesia (PCA) or epidural (PCEA), use it as needed for discomfort.
- Let your nurse know how your pain medicine is working.
- Rate your pain on a scale of 0-10, with 0 meaning no pain and 10, the worst pain you could imagine.

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- Use your incentive spirometer as instructed.
- Take deep breaths and cough 10 times every hour while you are awake.
  Use a pillow to splint your incision.
- Get out of bed with the nurse’s help the night of your surgery.
What to Expect

- Recording of your daily weight
- Your nurse checking you regularly
- A catheter to drain your urine
- Nothing to eat or drink by mouth
- An IV (into the vein) line to receive fluids and antibiotics
- Pain medicine to control any discomfort
- Elastic stockings and compression boots to help your circulation

What to Do

- If you have a PCA or PCEA, use it as needed for discomfort.
- Let your nurse know how your pain medicine is working.
- Rate your pain on a scale of 0-10, with 0 meaning no pain and 10, the worst pain you could imagine.

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- Use your incentive spirometer as instructed.
- Take deep breaths and cough 10 times every hour while you are awake. Use a pillow to splint your incision.
- Sit in the chair 3 times today with help.
- Review the discharge instructions with your nurse.
What to Expect

- Recording of your daily weight
- Nothing to eat or drink by mouth
- Your nurses checking you regularly
- Pain medicines to control any discomfort
- IV line to receive fluids
- The catheter to drain your urine removed on day 2, 3, 4 or 5
- Elastic stockings and compression boots to help your circulation

What to Do

- If you have a PCA or PCEA, use it as needed for discomfort.
- Let your nurse know how your pain medicine is working.
- Rate your pain on a scale of 0-10, with 0 meaning no pain and 10, the worst pain you could imagine.

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- Take deep breaths and cough 10 times every hour while you are awake.
  Use a pillow to splint your incision.
- Sit in the chair 3 times today with help.
- Review the discharge instructions with your nurse.
What to Expect

- Recording of your daily weight
- Your nurses checking you regularly
- Pain medicines to control any discomfort
- IV line to receive fluids
- Elastic stockings and compression boots to help your circulation

What to Do

- If you have a PCA or PCEA, use it as needed for discomfort.
- Let your nurse know how your pain medicine is working.
- Rate your pain on a scale of 0-10, with 0 meaning no pain and 10, the worst pain you could imagine.

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- Use your incentive spirometer as instructed.
- Take deep breaths and cough 10 times every hour while you are awake. Use a pillow to splint your incision.
- Sit in the chair 3 times today with help.
- Review the discharge instructions with your nurse.
What to Expect

- Recording of your daily weight
- Your nurses checking you regularly
- Your IV line continues
- Your PCA or epidural may be removed today. You will receive pain medicine by mouth.
- With your doctor’s okay, you may start drinking clear liquids. This often occurs between the 4th and 6th days after surgery, once your bowel function has returned. As you progress, your diet will be advanced.
- Elastic stockings and compression boots continue to help your circulation.

What to Do

- Let your nurse know how your pain medicine is working.
- Rate your pain on a scale of 0-10, with 0 meaning no pain and 10, the worst pain you could imagine.

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- Take pain medicine at regular times, as needed. Your pain level should be less than 4.
- Walk in the hall at least 3 times.
- Use your incentive spirometer as instructed.
- Take deep breaths and cough 10 times every hour while you are awake.
  Use a pillow to splint your incision.
- Review the discharge instructions. Write down any questions you may have. Discuss any needs or plans for going home with your doctor, nurse or continuity of care nurse.
What to Expect

- Recording of your daily weight
- Your nurses checking you regularly
- Your IV line may be removed today.
- Pain medicine by mouth (if tolerating your diet) will be given to control any discomfort.
- Elastic stockings and compression boots continue to help your circulation.

What to Do

- Let your nurse know how your pain medicine is working.
- Rate your pain on a scale of 0-10, with 0 meaning no pain and 10, the worst pain you could imagine.

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- Take pain medicine at regular times, as needed. Your pain level should be less than 4.
- Use your incentive spirometer as instructed.
- Take deep breaths and cough 10 times every hour while you are awake.
  Use a pillow to splint your incision.
- Increase your activity. You will be walking at least 3 to 5 times in the hall today.
- Ask any questions about instructions for going home.
- Verify your discharge plans and/or needs for going home with your nurse.
What to Expect

- Your nurses checking you regularly
- You will receive pain medicine by mouth to control any discomfort.
- You may be discharged today. Compression boots will be removed at this time.
- Your nurse will review your discharge guidelines and information about follow-up doctor appointments.

What to Do

- Let your nurse know how your pain medicine is working.
- Rate your pain on a scale of 0-10, with 0 meaning no pain and 10, the worst pain you could imagine.

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- Take pain medicine at regular times, as needed. Your pain level should be less than 4.
- Use your incentive spirometer as instructed.
- Take deep breaths and cough 10 times every hour while you are awake.
  Use a pillow to splint your incision.
- Increase your activity. Continue walking in the hall.
- You should understand your instructions and orders for going home. If you have any questions please ask your doctor or nurse.