

# Preoperative Colorectal Course

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# Objectives for today

- “Prehab” or preparing yourself for recovery before surgery through:
  - Nutrition
  - Physical Activity
  - Smoking Cessation
  - Emotional Preparedness
- Knowing what to expect during your hospital stay:
  - Diet
  - Symptom Management
  - Preventing Complications
  - Planning your discharge from the hospital

# Prehab: Preparing for your recovery

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# Nutrition

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# Nutrition Optimization

Your body needs protein, nutrients and calories to heal, build tissue and fight infections during the post-operative stage.

- 2-4 weeks before surgery, try to eat a small meal or snack every 2 to 3 hours during the day to maximize nutrition.
- Hydrate your body with water, 100% juice, milk, or dairy alternative
- Include foods from each food group to build balanced meals and snacks.
- If you think you are unable to meet your extra needs with food alone, we suggest using one of these oral supplements –
  - Ensure Enlive, Ensure Surgery or Pre-Surgery, or Glucerna, for at least 5 days pre-operatively, twice daily. (Other protein supplement brands may be used.)

# What should I stock my fridge, freezer, and pantry with?

- Protein - Greek yogurt, cottage cheese, eggs, beans, lentils, beef, poultry, seafood, pork, nuts or nut butters, hummus
  - Vegetables and Fruits - any leafy greens, steamed or roasted vegetables, raw cut up or whole fruit of your choice. Fresh or frozen -make it colorful!
  - Grains - brown rice, quinoa, pasta, hot or cold cereal, sandwich bread, bagels, pitas, tortillas, crackers
- *\*If you are following a special diet, please continue following your medical professional's advice about specific restrictions.*

# Sample Meal Plans

- Breakfast: oatmeal made with milk/nondairy milk + banana + whole wheat toast + nut butter
  - Snack: pita chips + hummus
  - Lunch: fruit plate + cottage cheese
  - Snack: cucumbers + cheese slices
  - Dinner: sautéed tilapia + baked sweet potato + roasted Brussels sprouts
  - Snack/Dessert: frozen yogurt
- Breakfast: Greek yogurt parfait with honey, mixed berries, and chia seeds + hard boiled egg
  - Snack: edamame
  - Lunch: tuna salad wrap made with avocado + orange
  - Snack: trail mix
  - Dinner: tossed spinach salad with chickpeas/vegetables + grilled chicken + brown rice/quinoa + roasted acorn squash
  - Snack/Dessert: dates and dark chocolate



*\*If you are on a special diet, please continue following your doctor's advice about specific restrictions.*

# Physical Activity



# Getting Active prior to Surgery

- Consult your physician to ensure the exercise program you start is right for you.
- Whatever exercise program you choose, the important thing is to get moving.

Categories (Choose activities from both)	What activities count?	How often should I do them?
 <p><b>Aerobic Activity</b></p> <p><i>You can choose to do Moderate or Vigorous activities</i></p>	<p><b>Moderate Activities</b></p> <p><i>You should be able to talk while doing moderate activities</i></p> <p><u>Examples:</u>            Walking briskly            Biking on level ground            Sports such as baseball or tennis (doubles)            Ballroom dancing            Water aerobics</p>	<p>Aim for <b>30 to 60 minutes each day for 5 days per week</b>, or a total of 150 to 300 minutes per week</p>
	<p><b>Vigorous Activities</b></p> <p><i>You should only be able to say a few words while doing vigorous activities</i></p> <p><u>Examples:</u>            Running or jogging            Biking faster than 10 miles per hour            Sports such as basketball or soccer            Aerobic dance, such as Zumba            Jumping rope</p>	
<p>AND</p>  <p><b>Muscle Strengthening Activity</b></p>	<p>Choose <b>five exercises</b> that target the major muscle groups. These include legs, back, chest, arms, stomach, shoulders, and hips.</p> <p>Do <b>8-12 repetitions</b> of each exercise per session.</p>	<p>Aim for <b>30 minutes each day</b> for at least 2 days per week</p>

# Smoking Cessation

# Smoking Cessation

Smoking is a hard habit to break. Most people who smoke want to quit. There are benefits for those who quit smoking before surgery (includes cigarettes, marijuana and vaping).



# Smoking Cessation

- **Benefits of quitting** after your last cigarette:
  - **After 20 minutes:** Your blood pressure and pulse return to normal.
  - **After 8 hours:** Your oxygen levels return to normal.
  - **After 2 days:** Your ability to smell and taste start to improve as damaged nerves regrow.
  - **After 2 to 3 weeks:** Your circulation and lung function improve.
  - **After 1 to 9 months:** Your coughing, congestion, and shortness of breath decrease. Your tiredness decreases.
  - **After 1 year:** Your risk of heart attack decreases by 50%.
  - **After 5 years:** Your risk of lung cancer decreases by 50%. Your risk of stroke becomes the same as a nonsmoker's.

# Smoking Cessation/Ways to QUIT

## ■ Go cold turkey

- Most former smokers quit cold turkey. This means stopping all at once. Trying to cut back slowly often doesn't work as well. This may be because it continues the habit of smoking. Also, you may inhale more smoke while smoking fewer cigarettes. This leads to the same amount of nicotine in your body.

## ■ Get support

- Support programs can be a big help, especially for heavy smokers. These groups offer lectures, ways to change behavior, and peer support. Here are some ways to find a support program:
  - Free national quit-line 800-QUIT-NOW (800-784-8669)
  - Edward Cancer Center smoking cessation – Kim Rohan APN 630-527-3788
  - American Lung Association 800-586-4872
  - American Cancer Society 800-227-2345
- Support at home is important too. Family and friends can offer praise and reassurance. If the smoker in your life finds it hard to quit, encourage them to keep trying.

# Smoking Cessation/Ways to QUIT

## ▪ Try over-the-counter medicine

- Nicotine replacement therapy may make it easier to quit. Some aids are available without a prescription. These include a nicotine patch, gum, and lozenges. But it's best to use these under the care of your healthcare provider. The skin patch gives a steady supply of nicotine. Nicotine gum and lozenges give short-time doses of low levels of nicotine. Both methods reduce the craving for cigarettes. If you have nausea, vomiting, dizziness, weakness, or a fast heartbeat, stop using these products and see your doctor.

## ▪ Ask about prescription medicine

- Your doctor may offer a prescription medicine. Each has advantages and side effects. Your physician can review these with you.

## ▪ Keep trying

- Most smokers make many attempts at quitting before they succeed. ***It's important not to give up.***

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# Emotional Preparedness

# Emotional Preparedness

- Emotional health and support are important in preparation for your surgery and during recovery.
- Please practice mindfulness, deep breathing techniques, and meditation. These can help with pain control after surgery. Here are some keywords to search if you would like more information:
  - [Music relaxation](#)
  - [Deep breathing](#)
  - [Relaxation movement](#)





# Your Hospital Stay

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# Unit arrival

- After your surgery and time spent in the recovery room, you will be admitted to the surgical unit:
  - Your care partner can accompany you to the unit.
  - While you are getting settled in your room, your family member/care partner will be asked to wait in the family waiting room on the unit. They should expect to wait up to 30 minutes to give the nurse and tech time to assess you and initiate your care.
  - A staff member will notify the family member/care partner once they have finished and escort them to your room.
  - We thank everyone for their patience during this important time.

# Diet

# What can I expect my diet to be like after surgery?



**Clear Liquids** - no straws or carbonated beverages



**Full Liquids** - no straws or carbonated beverages allowed



**Low Fiber/Soft Diet** - no straws or carbonated beverages allowed



**Added Supplements:** Ensure Clear when on clear liquids and Ensure Enlive twice a day when diet advanced to full liquids or soft

In order to promote the return of normal bowel function, your surgeon will typically order the following:

- A clear liquid diet the day of surgery
- Stopping IV fluids once tolerating clear liquids and water
- Advancing to a Low Fiber (Soft) diet the morning after surgery if tolerating clear liquid diet
- Chewing gum three times per day which increases return of bowel function
- No carbonated beverages are used and straws only as needed - this helps decrease gas and bloating

# Incision and Care

- Most often your surgeon will use dressings to keep your incisions clean and intact
- These dressings will be removed two days after surgery and the incisions cleaned with anti-bacterial wipes
- A patient may need a drain placed during surgery to help remove extra fluid from the operation site. Generally, this is removed prior to discharge.
- We will review your specific incisional care and showering at discharge
- Some patients may have a catheter to their bladder for closely monitoring urine. If present, this is most often removed the day after surgery.
- Some patients may have an ostomy, others will not



Aquacel Brand Dressing

# For Patients with a New Ostomy

- Wound care/ostomy nurse will see you
- Initial supplies will be sent home bridging until your home supplies are delivered
- You may choose to be enrolled in Hollister's "secure start" program
  - Includes a designated nurse from Hollister for contact as needed while you have an ostomy
  - Insurance determines which company you may use
  - If you cannot use Hollister supplies, you will be referred to an approved company
  - Hollister ostomy nurse services are available regardless of where you get your supplies



# Pain Management

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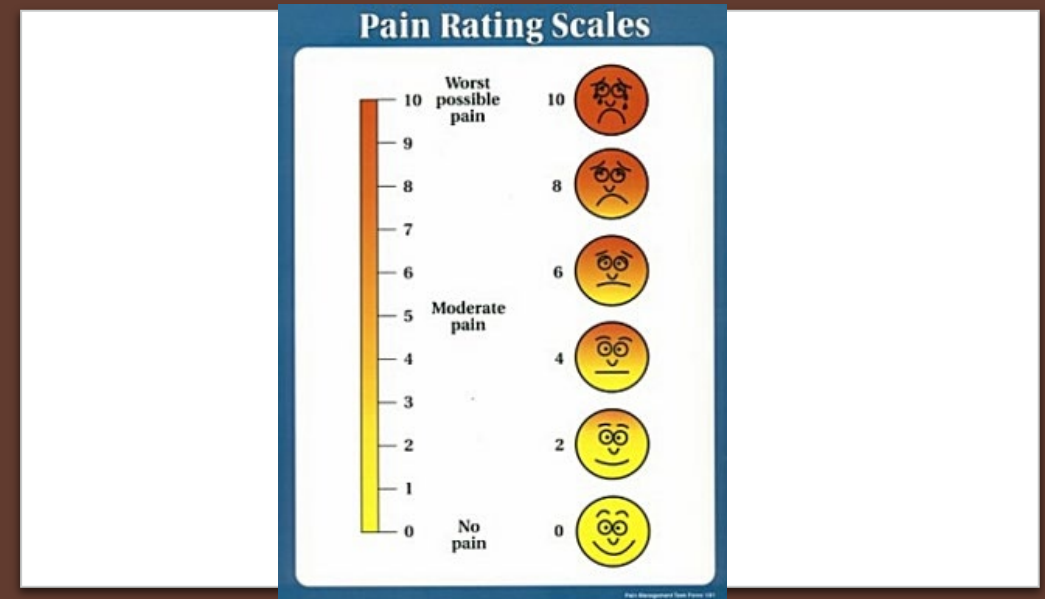
# Assessing your pain

The nurse will assess your pain at least every 4 hours

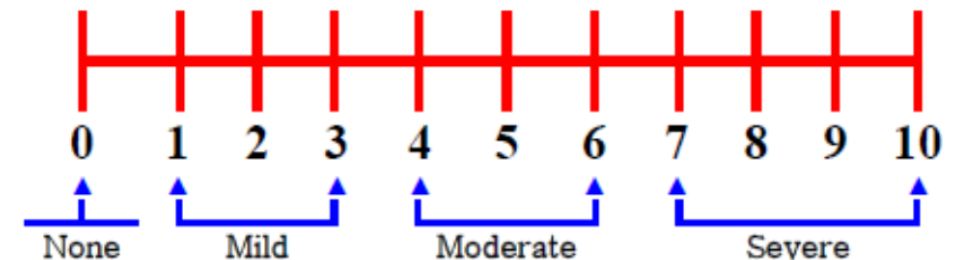
- You will be asked to rate your pain on a 0 – 10 scale (0 = no pain and 10 is the most severe pain)
- You can also describe your pain using words such as mild, moderate, severe
- Your functional abilities are also an important indicator of your pain control. For example:
  - Are you able to sleep, eat, walk, and visit with family?



*We may not be able to make your pain go completely away, We aim to manage the discomfort so you can eat, sleep, and move*



## 0 – 10 Numeric Pain Rating Scale



# Multi-modal Pain Management Plan

- Multiple methods of pain management are used:
  - Non-medication options (distractions, repositioning, cold therapies)
  - Nerve blocks during surgery
  - Tylenol/Ibuprofen
  - Muscle relaxers
  - Narcotics as needed for pain control
  - Some medications are scheduled, and others are only given as needed
- Tapering
  - As your pain improves, you will need less pain medication. We will assess your pain frequently and work with you to select the best plan to manage your pain.

# Stoplight Pain Management

For each color of the stop light:

- **Always** use non-medication options first: distraction, movement and cold therapy
- **Only** take narcotic (opiate) pain medication as needed based on how much pain you are experiencing

## What do the colors mean?

- No pain
- Hardly notice pain
- Notice pain, but it does not interfere with activities
- Pain sometimes distracts me
- Pain distracts me, but can still do usual activities

Tylenol or Ibuprofen

### ● Yellow - Moderate Pain

- Pain interrupts some activities
- Pain is hard to ignore; avoid usual activities

If Tylenol or Ibuprofen is not helping, then Tramadol

### ● Orange - Severe Pain

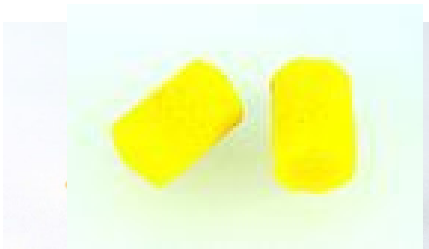
- Pain is focus of attention; it prevents doing daily activities
- Pain is awful, hard to do anything
- Can't bear the pain; unable to do anything
- Pain is as bad as it could be; nothing else matters

If Tylenol, ibuprofen or Tramadol is not helping then Norco or Hydrocodone



# Aromatherapy/Relaxation

Aromatherapy and sleep kits are available on the unit to help your recovery



**You are part  
of the team!**

**Request**

medication when the pain starts to increase  
– do not wait.

**Take**

Scheduled pain medications as prescribed.

**Tell**

the nurse if the medication is not effective.

**Ask**

questions; be sure you understand the pain  
management efforts that are in place.

# Preventing Complications

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# Pneumonia Prevention

- Reduce or quit smoking as far in advance of surgery as possible.
- Brushing teeth twice a day.
- Breathing exercises:
  - Regular breathing exercises will help prevent pneumonia.
  - An incentive spirometer or “I.S.” is a device used to help with deep breathing.
  - We recommend that you use this device 10 times each hour while you are awake.
  - Continue to use at home after discharge for about a week.
- Elevating the head of the bed 30 degrees or more helps with deep breathing.

**Helpful tip:** If you are watching TV, use the incentive spirometer to take 2-3 deep breaths at each commercial break.





# Blood Clot Prevention

Post-operatively you are at higher risk for developing a blood clot. To help prevent them, we use the following interventions:

- SCDs
  - sleeves that wrap around your lower legs, they are attached to a pump that inflates and deflates the sleeves
  - When worn, they increase blood flow which helps prevent clots from forming
  - It is recommended that SCDs are worn as much as possible
  
- Heparin
  - Blood thinning injection that is given in the fatty tissue of the abdomen. This is usually given three times per day.



# Ileus Prevention

Ileus is a slowing of the movement of the bowel and can cause abdominal distention, nausea/vomiting, and increased abdominal pain. Prevention includes:

- Starting a clear liquid diet the day of surgery as ordered
- Stopping IV fluids once tolerating clear liquids – this includes water
- Advancing to a Low Residue (Soft) diet the morning after surgery as ordered by your physician
- Gum chewing three times per day increases intestinal movement
- No Straws or carbonated beverages - this helps decrease gas and bloating

# Early Ambulation

Helps to Prevent All Complications.



Day of your surgery: We will help you get out of bed.



Day 1 after surgery: Aim for 3 short walks.



Day 2 after surgery: Aim for 6 short walks, gradually increasing distance.



Meals should be eaten while sitting upright in a chair.

# Fall Prevention: Call Don't fall



## Your safety is our priority

- Some common reasons that make you at risk for falls:
  - History of falls
  - Use of a walking aid (walker, cane)
  - Hospital equipment (IV pole, furniture, cords)
  - Medications (anesthesia, pain and sleep medications)
- Your risk for injury with a fall increases with:
  - Advanced age
  - Weak or brittle bones
  - Blood thinners
  - Surgery

# Call Don't Fall

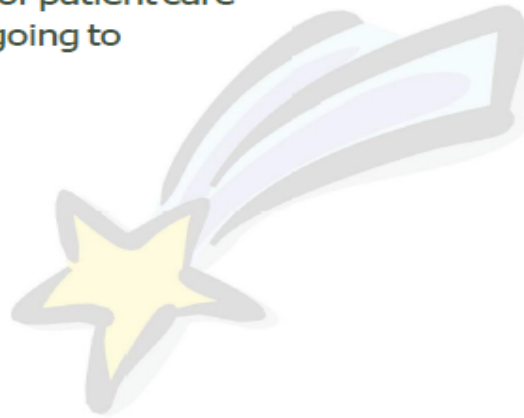
## Fall Prevention at the Hospital

**Your safety is our priority.**

**Please speak up when you need help.**

Your doctor and/or nurse will let you know when you are able to walk without assistance. Before this time, please "Call don't fall!" Even if you feel capable, call your nurse or patient care tech for help when getting out of bed, going to and from the bathroom or walking.

- ▶ Call for help when getting out of bed.
- ▶ Take your time.  
Be sure you are not feeling weak or dizzy.
- ▶ Wear non-skid footwear.
- ▶ Use canes, walkers and assist devices as instructed.



# Preparing for Discharge

# Discharge Process

- You are ready for discharge when you are:
  - Tolerating your diet
  - Passing gas and/or having a bowel movement
  - Managing pain with oral medications
  - Discharged by ALL physicians caring for you in the hospital
- Your nurse will review discharge instructions with you and your care partner day of discharge.
- Your physician's information will be on your After Visit Summary.
- Please call to schedule your follow up appointment as directed by your surgeon if not already scheduled.
- Social Workers and Case Managers are available to help arrange assistance after discharge if needed.

# Meds to Bed Program

- To save a trip, our outpatient pharmacy can conveniently bring your discharge prescriptions to you prior to leaving.
- Please let your nurse know if you are interested in this program.
- Available Monday – Friday





# Medication Disposal

- If you have pain medications left over, it is important to dispose of them properly once you have recovered from your surgery.
- We will provide you with a Deterra pouch at discharge – this can be used to safely dispose of medications in your home.



Thank you for choosing  
Edward Hospital!  
Have a safe recovery!

