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**PATIENT INFORMATION:**  
**Post Operative Instructions**  
**(Abdominal Surgery)**

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The following information acts as a guideline for aftercare recommendations that apply to you following your surgery. These precautions will help prevent complications and problems following your surgery. They are basic suggestions to help aid your recovery and minimise post operative discomfort.

Surgery on the bowel is a major physiological insult to your body and as such it is no wonder you will not feel 'yourself' immediately after your surgery. Typically, it takes between 2-6 weeks to fully recover after a bowel operation. The exact time depends on the type of surgery performed, your individual characteristics, any other medical problems that you may have, your 'outlook' on recovery and whether or not you have had any complications after surgery. The following describes what may typically be expected following bowel surgery.

### **1. PAIN**

Upon discharge from hospital following bowel surgery, it is quite normal to experience some abdominal discomfort from either the wound or wind type pain from the bowel itself. This will gradually improve over several weeks. You should continue to take the pain relief as prescribed until you feel comfortable. If you feel that your pain is not adequately controlled or getting worse, then you should contact the hospital, your GP or Mr Bailey's Team.

Simple measures such as supporting your abdomen with a cushion when coughing or when wearing a seatbelt will avoid putting strain on your wound and should help you feel more comfortable.

### **2. WOUND**

You may have had your staples or stitches removed before you were discharged from hospital. If they are still in place, the nursing staff on the ward will refer you to your District Nurse or Practice Nurse who will remove these approximately 7-12 days following your surgery. In some patients the wound will be closed with stitches which will dissolve by themselves. The wound will be covered with a waterproof dressing. This can be removed completely at one week and the wound left to the 'air'.

If your wound is not completely healed and there is a dressing in place, you must keep this clean and dry to reduce the risk of infection. Your District or Practice Nurse will advise you on this.

You will have some bruising from the surgery, this can vary in degree (red and blue turning to yellow), do not be alarmed as this is quite normal and will improve over time.

Should the surgical site develop any of the following signs of infection, which include:

- Redness
- Pain
- Swelling
- Drainage of fluid or pus
- Heat at the incision site
- General fever (body temperature greater than 39 degrees centigrade)

You should not hesitate to contact the hospital, your General Practitioner, or Mr Bailey's team, who will advise you on the appropriate next steps.

### **3. EATING AND DRINKING**

It may take a while for your normal appetite to return. Instead of eating three large meals a day, it may be better to eat 'little and often' (see the Enhanced Recovery Information Sheet). After having an operation on your bowel you should aim to gradually return to a normal balanced diet including fruit, vegetables, whole wheat cereals and bread, in order to maintain a healthy lifestyle, over a two to three week period.

Some patients notice that certain foods upset the normal action of their bowel. Fruit and vegetables may give you loose stools, increased wind and bloating, this is normally temporary and if you are affected it might be sensible to begin with foods which are low in fibre, gradually increasing your fibre intake over the next few weeks. Each patient is different, so there are not set rules on which types of foods to avoid. Spicy foods or those high in fats should be avoided until your bowel has normalises, usually at the 4-6 week point.

#### **4. BOWEL FUNCTION**

After your bowel surgery, your bowel habit may continue to be unpredictable. You may find that your bowel motion is looser, more frequent and/or urgent. It is very important to drink plenty of fluids if you have diarrhoea to prevent dehydration. Occasionally people may become constipated. It is normal to expect a lot of wind, sometimes associated with abdominal discomfort, this should gradually settle down over 2-3 months, although some patients find that their bowel habit never returns to its previous pattern.

Bowel problems can often be improved by simple measures, such as monitoring your diet. You can speak to your Mr Bailey who will be able to advise on diet and medication to control these symptoms if they persist.

Bowel Obstruction – following surgery, adhesions (scar tissue) may form in the abdomen, which can rarely cause a blockage of the bowel. If this occurs you may experience severe windy pain with an inability to pass wind or stool, abdominal bloating and vomiting. You should contact your GP or the emergency doctor for advice if symptoms do not settle within a few hours.

Excessive wind or bloating – you should reduce the amount of fibre you take for a week or so and then gradually reintroduce it to your diet. Fizzy drinks will cause more wind, nausea and bloating, so are best avoided. Alcohol is fine in moderation, but beer and lager can produce wind in the same way as fizzy drinks.

#### **5. ACTIVITY**

It is normal to feel tired and weak for up to three months following major surgery. This will improve gradually and you will become stronger every day. It is important that you listen to your body and rest when needed, but this does not mean that you should confine yourself to bed.

Good nutrition and a well balanced diet is essential. Having sufficient food and fluids will help keep your energy levels up and stop you from feeling weak.

You should avoid heavy lifting, for example only do the equivalent of light housework. Start by taking a gentle walk each day, perhaps around the house or garden and gradually increase this as you feel able to. Remember to rest when you need to. Short, frequent periods of activity will help you to avoid over exertion.

Most people will return to their normal level of fitness three months following their surgery. If you normally take part in sport or exercise, you will probably be able to restart these after your follow up appointment with Mr Bailey, but you can discuss this with him.

#### **6. HYGIENE**

If your wound has healed, you can bathe and shower as normal, but take care to get in and out of the bath safely.

**7. DRIVING**

In general, driving should be avoided for ten days to two weeks after surgery, unless you have been instructed otherwise by Mr Bailey. Before beginning to drive again, ensure that you can sit comfortably and wear the seat belt. You should be able to change gear (if applicable) and use the break properly before driving. Avoid long journeys for two weeks and speak with your insurance firm to make certain you are covered.

**8. SEXUAL ACTIVITY**

Feeling tired and weak after surgery or illness naturally affects your sex drive. As you start to feel well again and your energy levels return to normal, so should your sex drive. It is important for you and your partner to discuss your feelings openly.

Sexual intercourse can be resumed as soon as you feel comfortable, generally 2-4 weeks after surgery. Occasionally, following surgery or radiotherapy to the rectum or lower colon, nerve and blood vessel damage can occur either as a result of pre-operative treatment itself or the subsequent surgery. In men this may cause ejaculatory problems or result in difficulty with maintaining an erection. In women, discomfort or vaginal dryness may occur.

These problems are normally temporary, due to inflammation and swelling after surgery, but in some instances may be permanent. If you do experience problems of this nature and have concerns, please discuss them with Mr Bailey or the Nurse Specialist.

**9. RETURNING TO WORK**

It is advisable to take at least 4-6 weeks off work. The nature of your occupation and the surgery you have performed will determine how soon you can return to work following your operation. It may be wise to go back part time initially until you have fully regained your strength. At your follow up appointment Mr Bailey will discuss with you your return to work.

**10. OVERSEAS TRAVEL**

It is safe to travel when you feel ready, but it is advisable to wait until you have been seen by Mr Bailey for your follow up appointment. Long haul flights (more than 6 hours) should be avoided for six weeks to reduce the risk of clots in the legs or the lungs.

When applying to travel abroad, you should make sure that you are not travelling against medical advice; you may require a letter from your GP. It is sensible to check your travel insurance policy for 'pre-existing medical conditions' which need to be declared for the policy to be valid.

**11. FOLLOW UP**

You will be seen in the Out Patient Clinic by Mr Bailey approximately two weeks after your surgery. Any outstanding results will be discussed with you at this time. If you have had surgery for cancer, you may be referred to an Oncologist and they will then discuss any further treatment that may be required.

**12. WHO CAN HELP?**

Following your discharge home from hospital, if you have any queries or concerns you can contact the hospital, your GP or Mr Bailey's team who will be able to help you.

Please contact KIMS: 01622 237555, Spire Tunbridge Wells Hospital: 01892 740047 or BMI Somerfield Hospital: 01622 208000.

Additional Support:

Cancer Bacup: 0808 800 1234  
[www.cancerbacup.org.uk](http://www.cancerbacup.org.uk)

National Association Crohns & Ulcerative Colitis: 01727 830038  
[www.nacc.org.uk](http://www.nacc.org.uk)

Beating Bowel Cancer: 020 8892 5256  
[www.beatingbowelcancer.org](http://www.beatingbowelcancer.org)

British Colostomy Association: 0800 328 4257  
[www.bcass.org.uk](http://www.bcass.org.uk)

Ileostomy and Internal Pouch Support Group: 0800 018 4724  
[www.ileostomypouch.demon.co.uk](http://www.ileostomypouch.demon.co.uk)

The aforementioned acts as guideline for your post operative care, you may have been given specific instructions. Should you have any questions, queries or concerns, you must not hesitate to contact the hospital, your General Practitioner or Mr Bailey's team, who will answer any queries that you may have.