

MARC MANDEL, M.D., F.A.C.S.

GENERAL AND ONCOLOGIC SURGERY OF THE BREAST AND ABDOMEN

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Post-Operative Care Instructions for Laparoscopic and Open Colon Surgery

You have just had a portion of your colon removed, whether it was done laparoscopically or via traditional opened fashion, the internal anatomic procedure was exactly the same. Please follow my instructions to help minimize pain and recovery after the~ repair. Call the office as soon as possible for a post-operative appointment.

WOUND CARE:

- If you had an opened operation you probably have clips, which were placed at the time of your procedure. You may shower over these clips. You also may apply Bacitracin or Neosporin ointment over the clips as well.
- If you had a laparoscopic procedure, you have clear dressings over the wounds. Please leave these in place until you see me. You may shower over them.
- You may notice some blood under the clear plastic dressing. This is quite common and unless it is a large amount, it is not a cause for concern. If there is a bubble of blood under the plastic dressing, I would advise making a tiny opening with the tip of a scissor or a pin and gently squeeze the blood out onto a gauze pad or tissue. Then, just continue to allow the dressing to stay intact. If the blood is leaking out from under the dressing, I would recommend getting some sterile gauze and tape and placing it over the dressing for the first twenty-four to forty-eight hours until the leakage of blood stops.
- The most common occurrence after bowel surgery is a wound infection. This will evidence itself by puffiness and redness around the wound. You also may have increasing pain rather than decreasing pain as time goes along. Certainly if puss or bleeding is draining from the wound in significant amounts, this would be another sign. In any of these cases, please call the office immediately as I may need to treat this infection both physically and with antibiotics.

PAIN CONTROL:

- By the time you have been discharged from the hospital your pain should be decreasing. I probably have sent you home on a narcotic, which is Percocet or Vicodin. It is important that you relieve your pain, however remember that these medications will constipate you so do not use them too extensively. It is also permissible to take anti-inflammatory medication along with the narcotic. This may be Advil or Aleve (over-the-counter) or I may have given you Celebrex as a prescription. These medications should be taken with food. If you have stomach upset with them, please discontinue them.
- It is common for wounds to hurt most when you are trying to fall asleep. This is because you have no external stimuli to distract you. Also, as you begin to increase your activity you may notice soreness around the wound. The anti-inflammatory medication is quite helpful for this kind of soreness. You may use a heating pad on the wound, but be careful not to burn yourself as the wound may be slightly numb. Remember you may have pain on and off for three to six months as you heal and resume normal activities. This pain does not necessarily indicate an actual internal problem. It is simply indicative of the normal healing process.

ACTIVITY:

- Initially you may walk or climb stairs only. After the first ten days or so after surgery you may begin light lifting. You may also begin to drive (provided you were able to drive before surgery!). Beginning the first two weeks after both traditional and laparoscopic surgery you may begin to lift light-weight objects. Three to four weeks after laparoscopic surgery you may return to your full activity. If you have had opened surgery, I would recommended waiting a full six weeks prior to beginning full activity and heavy exercise. Remember, being a little patient in the beginning will allow the wound to become more comfortable more quickly.
- You may engage in sexual activity after forty-eight hours. Obviously adjustments may need to be made for comfort.
- You may shower starting on post-operative day two, unless otherwise instructed. Certainly you probably have not been discharged from the hospital until day five or six, so that you may shower by the time you get home. You may not bathe for one week. I do not want the wound to be soaked. You may, however, stand with your back to the shower and let water gently run over the waterproof dressing.

DIET:

- Water is your friend. You should drink approximately eight glasses of water a day. This will make you feel better and keep your bowel movements nice and soft.
- Initially you should stay away from fibrous foods, such as raw fruits or vegetables. Starting about a month or so following surgery, you may begin to eat anything that you would like. I would also recommend staying away from greasy or fatty foods, which may tend to nauseate you, for the first three or four days when you have begun eating.

BOWEL MOVEMENTS:

- Bowel movements can be quite irregular the first three or four weeks after colon surgery. Your initial bowel movements in the hospital may have been loose and begun to have firmed up by the time you have gone home. If they have not, this is not abnormal. Depending on the amount of colon that you had removed and the portion of the colon that you have been removed, your bowel habits may have changed slightly forever, i.e. if you have had one bowel movement per day, now you may have two. It should not be extreme however. If you have noticed increasing diarrhea or increasing abdominal pain, you should call the office right away. This may be related to an antibiotic induced infection that you may have contracted at the hospital and can be easily treated with another antibiotic.
- If you do not move your bowels for a three-day period at any time during the first month after surgery, I would like you to give me a call. This may simply be related to constipation from the pain medication; however, I would like to know about it.
- If you have small amounts of blood in your stool, this also is probably normal. If it continues for several days or increases, please give me a call. It may help you to push against your incision when you go to move you bowels. This may alleviate some ofthe pain which comes along with pushing.
- It is not a bad idea to pick up acidophilus capsules from the pharmacy. I would recommend taking two capsules three times a day.

YOU SHOULD CALL ME IF ANY OF THE FOLLOWING OCCUR:

1. Persistent diarrhea or vomiting.
2. Temperature greater than 101 for more than 24-hours.
3. Excessive bleeding, beyond that which was described in the above.
4. No bowel movement 24-hours after taking Milk of Magnesia.
5. If your pain is increasing steadily over a period of several days rather than slowly decreasing, I would recommend that you give me a call.

IF YOU BELIEVE THAT YOU ARE HAVING A HEART ATTACK OR OTHER EMERGENT PROBLEM, PLEASE CALL 9-1-1 FIRST TO HAVE AN AMBULANCE BRING YOU TO THE HOSPITAL, THEN CONTACT THE OFFICE TO LET ME KNOW WHAT IS GOING ON.

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