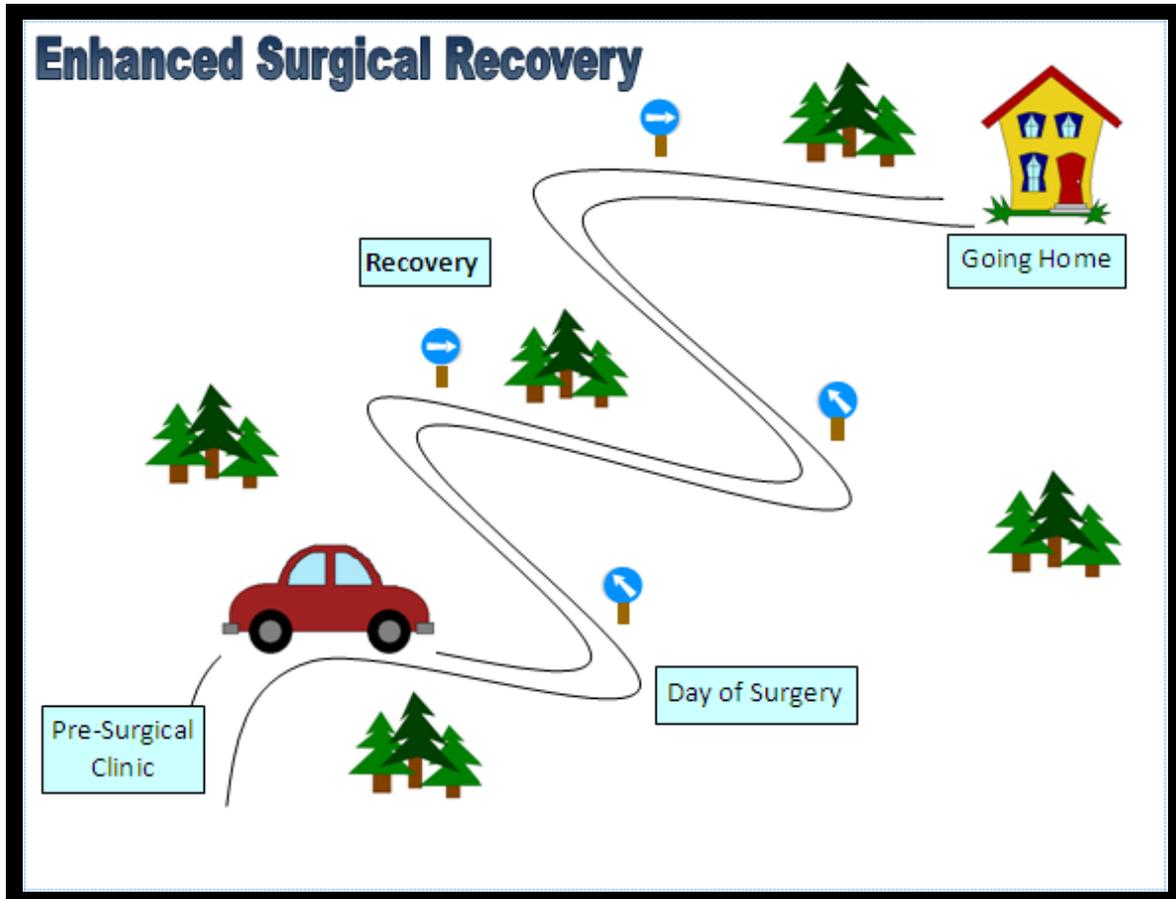


Going Home after your Surgery



This book belongs to: _____

Please bring this book with you to hospital. Your nurse will review it with you before you go home.

This document is adapted from the Fraser Health Authority's *Major General Surgery Rapid Surgical Recovery Patient and Family Information*. Cambridge Memorial Hospital would like to thank Fraser Health and St. Mary's Hospital.

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Going Home



Congratulations! You are now ready to be discharged from the hospital. You have done very well and are ready to continue your recovery in the comfort of your own home. Your body still needs lots of time to heal. Some people heal quicker than other people. The first few weeks at home are usually the hardest. You should notice little improvements every week. This book is going to give you some advice to help you when you go home.

Follow-Up Appointments



On the day you go home:

You will need to see your surgeon after you go home. Please call your surgeon's office and arrange a date and time for this visit:

Please also call your family doctor/nurse practitioner (NP) to make an appointment. This visit should be within the first month you are at home: _____

It's important that you attend all of your follow up appointments.

The family doctor/NP will see how you are doing. They will see if you need any further care. If you are waiting for test results, the family doctor/NP will discuss this with you at the appointment.

What do you need to know when you go home?



We are going to give you some helpful advice. This advice will help you heal and recover when you are at home. If you have any questions, please ask your surgeon.

Please note: Follow your surgeon's advice if it differs from this book.

Warning Signs of an Infection

A wound infection may happen a few days or weeks after surgery. As your incision heals look for these signs of an infection:

- Redness
- Warmth
- Puffiness/swelling/hardness
- Drainage (foul-smelling and yellow or green)
- Increasing pain or tenderness
- Fever 38.0°C (100.4°F) or higher



Taking Medicines

Your surgeon may want you to take medicines when you are at home. You may be given a prescription. You will need to take the prescription to a pharmacy. Take the drug as ordered. Ask the pharmacist if you have any questions.



You will also be told if you need to carry on with your previous medicines. You will be told when to restart them. If by chance you are not told, then call your family doctor/NP to ask.

Some drugs may increase the risk of bleeding. Please talk to your family doctor/NP before taking these drugs:

- **acetylsalicylic acid (Aspirin, ASA)** . There are many conditions that benefit from ASA. If you usually take ASA be sure to ask your surgeon if and when you should restart this drug.
- **Herbal products**



Never adjust or stop taking your prescription drugs before you talk it over with your family doctor/NP/surgeon!

Taking Antibiotics

Antibiotics may be ordered by your surgeon. Even if you are feeling better, you need to take all the antibiotic pills. This is to make sure the infection has been treated.

Pain

You may have pain for about 2 weeks after surgery. You will recover better if this pain is avoided or well-controlled.



Take your pain drugs as prescribed. For some patients, taking regular or extra-strength acetaminophen (which is not addictive) on a routine basis may be enough. This can be a no-name or store-name pill, or it can be a brand name pill, like Tylenol®. Speak with your pharmacist about safe dosages.

If you are taking regular or extra-strength acetaminophen regularly, start to cut back 7 days after the date of your surgery and take it only when you need it.

For example, instead of 4 times a day, try 3 times a day, then 2 times a day and so on. If you start to feel more pain as you take less pain pills, go back to taking the extra doses and try again in a day or so.



Call your surgeon if it does not control your pain.

There are other stronger pain pills that can also be used when the acetaminophen is not enough to control your pain. Examples of these drugs are morphine or oxycodone tablets. If you are taking any of these stronger pain pills, please note:

- It is illegal to drive a vehicle
- **DO NOT** use power tools
- **DO NOT** drink alcohol (See: *Avoiding alcohol*, page 13)

How your Incision Will Heal

It takes a few months for the scar to form on your incision. It is a part of the healing process for the incision to be itchy. Do not rub or scratch your incision at this time. After about 2 weeks you may apply

an unscented lotion. This may help to take away some of the itchiness.

Taking Care of your Incision

It is normal for a small amount of clear or straw-coloured fluid to leak from your incision. This leakage should stop within the first 7 days. Call your family doctor/NP or your surgeon if the leakage does not stop or if it gets worse.

Taking care of your incision includes:

- Leaving it uncovered. If the incision is draining you can cover it with a loose clean gauze dressing. Please change this dressing:
 - After each shower
 - If it gets wet from the drainage.
- Looking closely at your incision every day for signs of infection (See: *Warning signs of an infection*, page 5).

Removing Sutures or Staples (clips)

If you go home with sutures or staples (clips) you will have them removed in the Surgeon's office, see page 3 for follow-up appointment date.



- White paper tapes (steri-strips) may be put on your incision after the staples (clips) are removed by your nurse. These small tapes give support to your incision.
- You may shower even if you have incision tapes, sutures, or staples (clips).

Removing Incision Tapes (Steri-strips)

- If the ends of the incision tapes curl they can be pressed back down onto the skin. Or you can trim this part off with clean scissors.

- Remove all the incision tapes 1 week after they were put on. Do this by gently lifting each end and rolling the ends to the middle of the incision. Then one by one ease them away from the incision and the scab that may have formed.

Taking a Shower

You may take a daily shower with warm water and mild soap unless you have a drain. If you have a drain your nurse will inform you when to shower.



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

Protecting your Incision when you Cough or Sneeze

When you have to cough or sneeze, always **SUPPORT** your incision. To do this wrap your arms across your incision and **HUG** yourself. You may also use a small pillow and hug it close to you.



Giving your Incision a Chance to Heal

The site where you had your surgery will heal in about 6 weeks. During this 6 week slowly increase your activity level.

Try to get back to your “normal” activities by 4 to 6 weeks after your surgery. (Unless your surgeon has told you otherwise).

Avoid: Lifting anything weighing more than 10 pounds until after the time ordered by your surgeon.

Use caution when:

- Lifting heavy objects like groceries or suitcases
- Carrying children or pets
- Doing household chores such as vacuuming, mopping, gardening, raking, or mowing the lawn

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

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

Being Constipated or Having Diarrhea

Constipation or diarrhea can occur for the first 2 weeks after surgery. Constipation is a common problem when taking narcotic pain drugs. Being constipated may make you strain and this can be hard on your incision.



To relieve constipation:

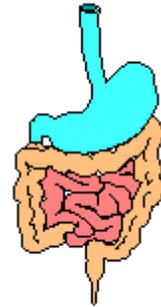
- Be active
- Eat high-fibre foods like:
 - Breakfast cereals with bran/whole wheat
 - 1/3 cup all bran buds in yogurt twice a day
 - Fresh/dried fruits and vegetables
 - Prunes / prune juice
- Drink lots of fluid
- **DO NOT** use suppositories and/or enemas before talking to your surgeon

If the above ideas do not help and you are still constipated speak with a pharmacist about taking a mild laxative or stool softener.

Having an Upset Stomach

Many patients have an upset stomach for the first 2 weeks after surgery. This may in part be due to narcotic pain pills. This can take the form of:

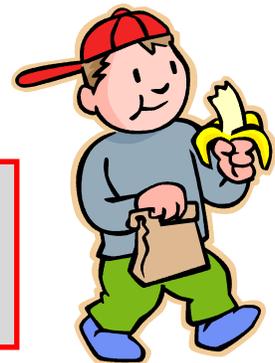
- Nausea
- A lack of appetite
- Food and drink not tasting as it should



As you get better so should your upset stomach. Eating enough calories and protein is important. This will increase your strength and aid in healing. Call your surgeon if eating and drinking does not improve and you are losing weight

Eating a Healthy Diet

**This is intended as general advice ONLY.
Please follow the specific diet instructions you
received while in hospital.**



Good nutrition speeds healing and improves energy. Include a well balanced diet as part of your recovery. Enjoy a wide variety of foods that come from all the food groups. Aim for at least 3 out of the 4 food groups at each meal and 2 out of the 4 food groups for snacks.

If you have discomfort when eating, try taking pain pills 30 minutes before your meals. You may want to limit tough fibre foods such as: tough meats, corn, nuts, popcorn, or the skin of fruit.

Here are some tips:



- **Choose a variety of fruits and vegetables each day. Go for colour!**
- **Choose whole grain breads and cereals as part of your meals and snacks.**
 - Try whole wheat pasta, brown rice, oats, barley, and quinoa.
- **Choose low fat dairy products such as skim or 1% milk and yogurt, low fat cheese.**
- **Choose lean cuts of meat, poultry, fish, or try meat alternatives such as beans and lentils.**



For more information about healthy eating, look at ‘Canada’s Food Guide’ online.

Often people have a change in appetite after surgery. It may take a few weeks to regain your normal appetite. When you first go home, you may find that small meals (5 to 6 meals a day) are easier for you to digest.

If you have lost weight or your appetite is poor, you may want to have higher protein and higher calorie items in your diet. You can also try a drink such as Boost, Ensure, or Resource. These drinks can be taken chilled, over ice, mixed with milk, or enjoyed as a frozen treat.

Drinking enough fluid is important. Try to drink at least 6-8 cups of fluid a day. Signs that you may be dehydrated include: feeling thirsty, dark yellow urine, dry skin, and dizziness or fatigue.

Avoiding Alcohol

Do not drink alcohol when you are taking narcotic pain pills.



- Alcohol and narcotics have an effect on your brain, reflexes and ability to make decisions.
- Combining alcohol and narcotics can make you dizzy and cause breathing problems. It can be fatal.

Living a Smoke-Free Life

We know that this is not an easy thing to do. Most people make 5 to 7 attempts at quitting before they finally quit for good. Every quit attempt is a step closer towards living smoke-free.



Did you know that the use of nicotine replacement therapy (NRT) doubles your chances of being successful in your quit attempt? NRT is offered in gum, patches, inhalers, and lozenges. Please talk to your family doctor/NP about helping you quit.

You are not alone. Here are some resources to help:

Smokers Helpline 1-877-513-5333
www.smokershelpline.ca

Canadian Cancer Society 1-888-939-3333
www.cancer.ca

Ontario Lung Association 1-888-344-5864
www.on.lung.ca

Having Problems Sleeping

Sleep problems are common after surgery. You may have the following problems with sleep:



- Trouble getting to sleep
- Waking up a lot
- Not being able to get back to sleep
- Having bad dreams or nightmares

- Sleeping a lot

Sleeping pills are rarely the answer. To help overcome sleep problems try the following:

- Be active during the day (see: *Being active*, page 16)
- Avoid long naps
- Go to bed at the same time each night and get up at the same time each morning

If you cannot sleep, get out of bed and try to:

- Read a book
- Listen to music

Needing Rest

Rest is needed to heal. You should take a daily nap. If you don't nap then sit quietly for about 30 minutes for the first few weeks after your surgery.



Recreation

Recreation will help fight the boredom you may feel. For the first 6 weeks, think about doing light activities such as:

- Walking
- Playing cards
- Reading
- Doing handiwork or crafts



After 6 weeks, you can start to do things that take more energy such as:

- Golfing
- Running
- Skiing



- Swimming
- Boating/Fishing
- Cycling
- Playing tennis

Avoid all contact sports until you talk with your surgeon about this.

Being Active

You recover not only by resting, but also by being active. Mild exercise will help you get your strength back. It will prevent the problems caused by inactivity. You will need to balance rest with activity. As you get stronger you should need less rest. Your activity should progress at a rate that is comfortable for you.



Plan to take a daily walk:

- Start slowly and pace yourself to be sure that you do not overdo it. Gradually increase the pace and distance you walk.

Returning to Work

Talk to your surgeon about when you can return to work. Going back to work depends on:

- The type of surgery you had
- How well your recovery has gone
- The type of job you do



Driving

You may drive when you feel you can safely and comfortably respond to any situation.

DO NOT drive if you are taking narcotics because this puts you at risk of having an accident.



If you are unable to drive consider taking a bus or cab if there is no one to drive you.

Wearing a Seatbelt

After surgery, you must still wear your seatbelt in the car. You might want to use a small pillow as padding between the site of your surgery and the seat belt.



Resuming Sexual Activity

You may find that your desire for sexual activity is not as strong after surgery. As you recover this usually improves. When you feel ready to resume sexual activity:

- Give yourself the time you need
- Make sure you are well rested and relaxed
- Talk to your family doctor/NP if you are unable to resume a satisfying sex life

Dealing with your Feelings and Emotions

You may have trouble controlling your emotions. Without warning you may feel:

- Fearful
- Uncertain
- Angry
- Irritable
- Worried
- Insecure
- Anxious
- 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 doctor/NP about your feelings and about what kind of emotional help and support is available for you.

Having Spiritual Distress

After surgery some patients have a spiritual journey. It leads to a deeper understanding of themselves and of those around them. For some the process is enjoyable. For others it may result in spiritual distress.

If you find yourself struggling with faith related questions or feelings please speak with a spiritual advisor or faith-base counselor.

Healing as a Team

Your spouse and other loved ones may also find the recovery period stressful. To cope they may be “*overprotective*” trying to:



- Control your life
- Protect you from unpleasant information
- Watch you constantly for signs that something is wrong

Being “overprotective” is usually driven by fear, fear that you will suffer a setback if they don’t do their part. You may see their good intentions as nagging. Your spouse and other loved ones need to balance their own fear and distress with being helpful and supportive, so that **all** of you have a healthy recovery.

When to call your Surgeon



Call Your Surgeon if:

- You experience any of the ‘warning signs of infection’

- The prescribed pain medicine does not relieve your pain
- Your incision looks worse than when you were in the hospital
(See: *Warning signs of an infection*, page 5)

If you are unable to contact your surgeon, contact your family doctor/NP or go to the Emergency Department.

When to go to the Emergency Department



Have someone drive you to the Emergency Department if:

- Your incision begins to open up
- You have a low-grade fever over a few days between 37.5°C and 38.0°C (99.5°F and 100.4°F)
- You have a fever 38.5°C (101.3°F) or higher, especially if you also have shakes and chills
- You have severe nausea to the point where you cannot eat or drink
- You vomit more than 3 times in a 12 hour period
- You suddenly become short of breath or have chest pain
- One or both of your calves (bottom back of your leg) start to swell and become painful

If you have any questions about the information in this booklet, please write them down and ask your surgeon or nurse.

If you have a general health question or concern, and have nowhere to turn, call **Telehealth Ontario, 1-866-797-0000**. They can provide experienced health advice 24 hours a day, 7 days a week. It is

confidential and there is no need to provide your health insurance number.