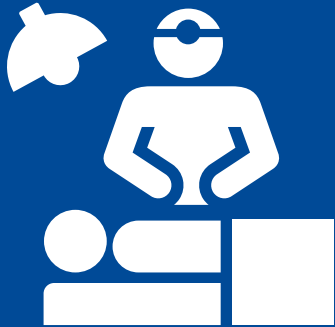


FRANKLIN WOODS COMMUNITY HOSPITAL  
**COLORECTAL SURGERY**



**YOUR JOURNEY THROUGH  
COLORECTAL SURGERY**



**People. Trust. Experience.**



[MountainStatesHealth.com/fwch](http://MountainStatesHealth.com/fwch)



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## OUR NO SMOKING POLICY

To make our community a healthier place, our hospital and campus is smoke-free. Patients will not be permitted to smoke, and will be offered nicotine replacement options to handle any craving they might have while under our care.

Visitors are also asked to refrain from smoking while on our campuses. Smoking is not permitted on sidewalks, parking lots or anywhere on our hospital campuses. This includes e-cigarettes and vaping. Visitors who want to smoke must return to their personal vehicle or leave the campus.

Patients who smoke have a higher risk for infection. Ask your doctor about how you can quit.

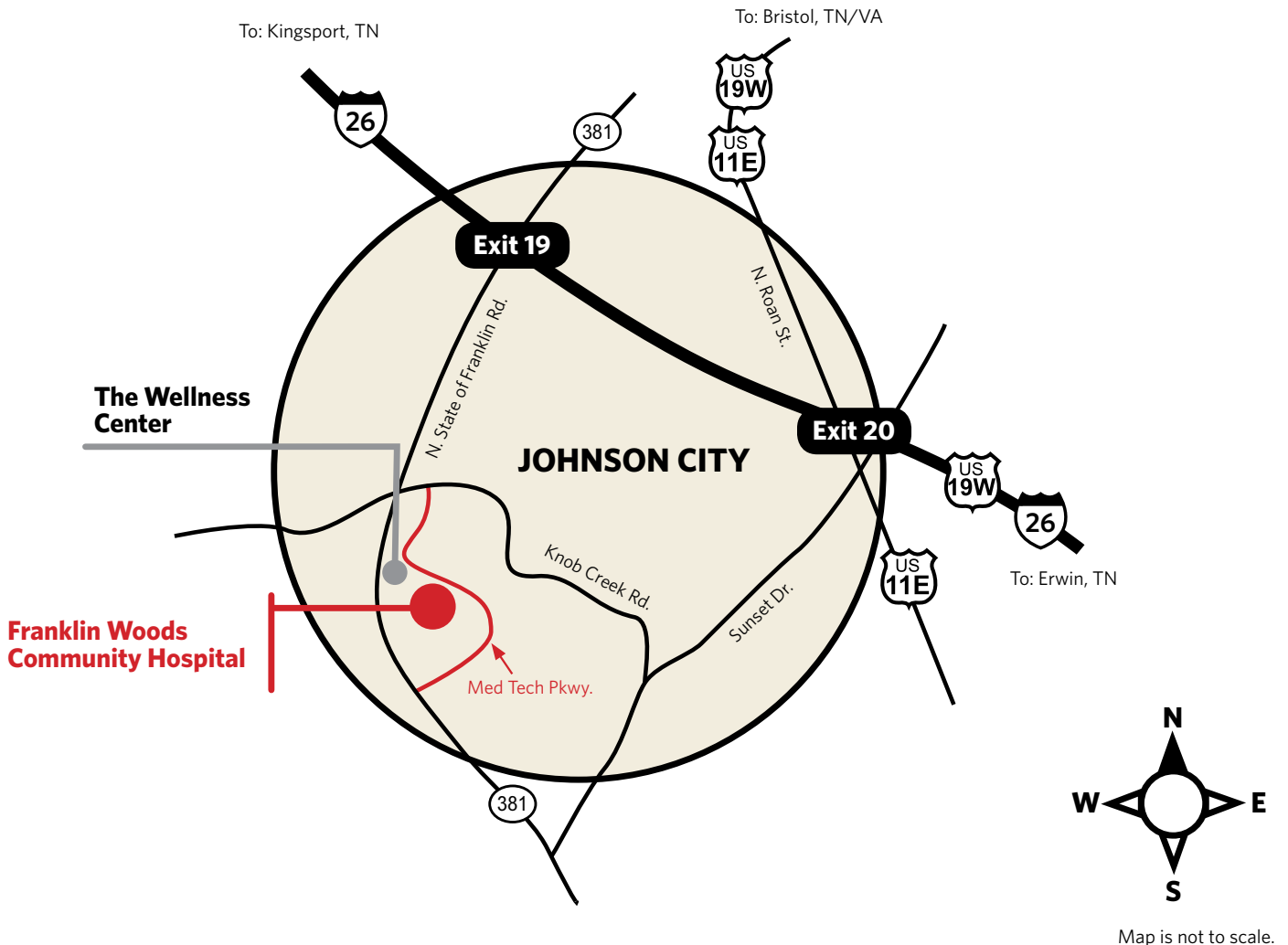


Thank you for choosing Franklin Woods Community Hospital for your surgical needs. Our team members look forward to working with you to achieve the best possible outcomes. Franklin Woods Community Hospital strives to provide exceptional, safe care for every patient. This educational booklet will guide you before and after surgery.

## DRIVING DIRECTIONS

From Knoxville, Tenn.: On I-81 North, take exit 57A onto Interstate 26E to Johnson City. After 10 miles, take exit 19 (State of Franklin Road/TN-381) and turn right onto State of Franklin Road. Go 1 mile and turn left onto Knob Creek Road. Drive 0.1 miles and turn right onto Med Tech Parkway. Go 0.4 miles and the hospital will be on your right.

From Asheville, N.C.: From Interstate 26W, take exit 19 (State of Franklin Road/TN-381). Turn left onto State of Franklin Road. Go 1 mile and turn left onto Knob Creek Road. Drive 0.1 miles and turn right onto Med Tech Parkway. Go 0.4 miles and the hospital will be on your right.





## COLON COACH

At the beginning of your journey, you will be asked to designate a colon coach. Your coach could be a family member or friend who will participate in your care. We encourage them to be with you at your preoperative office visit, preoperative admission education visit, the day of surgery and at the time of discharge for educational instruction. You and your coach will plan your personal care for when you go home. This will help you with daily activities, including meals, shopping, transportation and any other areas you feel you will need assistance. Patients who have a strong support system tend to have a shorter length of stay, higher functional outcomes and better postoperative quality of life.

Choose a colon coach who is:

- Caring and compassionate
- Organized and responsible
- Capable and alert
- Confident and encouraging
- Supportive and empathetic

## CASE MANAGEMENT

Case Management at FWCH will help you as you prepare to go home from the hospital. You will see a case manager during pre-admission testing. The case manager can learn about your current home situation to help identify anything you may need when you go home. After your surgery, a case manager will also be by your side to ensure that everything is ready when it is time for you to go home.

*While you are a patient with us, ask your nurse if you have questions, concerns or do not understand a treatment or a plan of care. If you feel that your concerns are not being addressed by your nurse, there is a Condition H (HELP) card at each patient's bedside that lists a phone number you or your family may call to reach a nursing leader who can help you.*

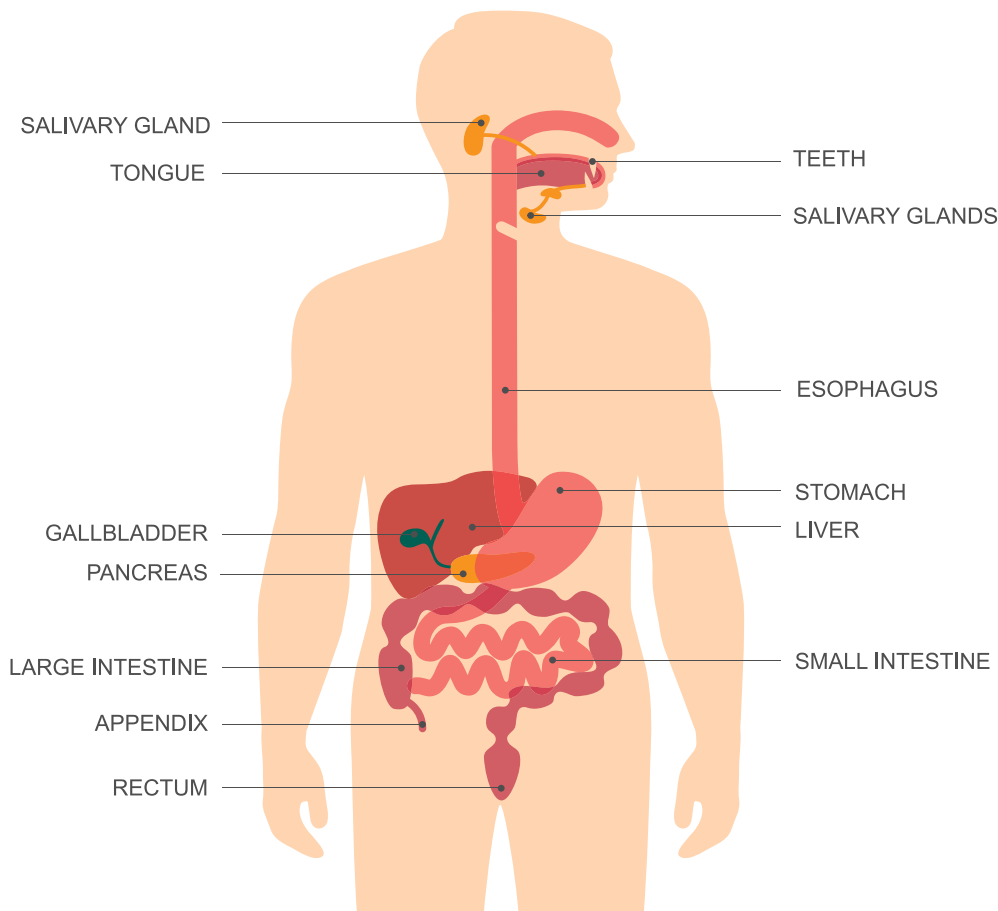


## OSTOMY PREPARATION & PLANNING

If your surgery includes the creation of an ostomy, you will be seen before and after surgery by specially trained nurses called Wound, Ostomy, Continence Nurses (WOCN). Before surgery the ostomy nurse will provide educational materials and perform the stoma marking. Stoma marking is done to select the ideal site for placement of the stoma, which is an external opening on the abdomen to release the stool. This marking is done to select a location that works best for your clothing and body contours. Wear your usual comfortable clothing for the marking. The WOCN can answer many of your questions related to your procedure.

After surgery, you will have a pouch system over the stoma site. On the first day after surgery, you will be seen by the ostomy nurse to assess your stoma and provide a pouch system that is appropriate and meets your individual needs/choices. Education about caring for your stoma will continue throughout your hospital stay to prepare you for transition to home. Involvement of your coach or other family member is strongly encouraged and will be included as needed in teaching sessions.

Education and support will continue after discharge and may include a plan for follow-up care by home health nursing and/or visits with an outpatient ostomy nurse. You are encouraged to check the Resources list for more support and information.



# INSTRUCTIONS FOR DAY OF SURGERY



## WHERE TO GO WHEN YOU ARRIVE

Please enter through the Main Entrance/Admitting or the Emergency Room Main Entrance.

## REMINDERS

1. Do not eat, drink, dip or smoke anything after midnight on \_\_\_\_\_ to get ready for your surgery (unless directed by your anesthesiologist or surgeon). If you do, your surgery may be canceled.
2. Bring a list of all medicines, vitamins and herbal supplements you are taking.
3. You will be told by your surgeon, anesthesiologist or nurse which medicines to take the morning of your surgery. Use a sip of water only with any medicine taken.

List: \_\_\_\_\_  
\_\_\_\_\_

4. During your pre-admission testing visit, you will be given a carbohydrate drink. This should be taken: \_\_\_\_\_
5. Do not take aspirin, Goody powders, Advil, Aleve, ibuprofen, Alka Seltzers (or any other medicine that decrease the clotting ability of your blood) along with vitamins and supplements at least seven days before your surgery unless ordered by your doctor.

List: \_\_\_\_\_  
\_\_\_\_\_

6. Call your doctor if you have any cold symptoms, fever, sore throat, or cough or any other illness between now and the day of surgery.
7. When you come to the hospital, bring any Living Wills or Durable Power of Attorney with you.
8. Shower before your arrival and remove makeup, hair spray, nail polish, lotions, colognes, powders, wigs, false eyelashes, any form of body piercings and contact lenses.
9. Do not shave before surgery. If hair needs to be removed for your surgery, clippers will be used.
10. Leave all valuables at home.
11. The hospital provides basic toiletries, but bring anything “special” you may need from home.
12. Wear loose comfortable clothing. Cotton socks may be worn in the operating room in some cases.
13. If you have sleep apnea and use a CPAP or BiPAP machine, bring it with you the day of surgery and be prepared to spend the night if ordered.



## WHY IS BATHING IMPORTANT?

Microorganisms naturally live on the skin but can cause infection if they multiply or enter certain areas of the body. Daily bathing is important to reduce the amount of microorganisms present on the skin. Microorganisms on the skin can migrate to other areas of the body, causing infection especially in areas of wounds, central lines or catheters.

## WHAT IS CHG?

In addition to regular bath soap, you have been given a special soap to decrease your risk of infection. The special soap is called CHG (chlorhexidine gluconate).

## FACTS ABOUT CHG:

- CHG 4% is an antimicrobial skin cleanser that provides rapid and persistent antimicrobial action.
- CHG should NOT be used on the head or face with special care to keep out of eyes, ears and mouth, genital area, or skin that is not intact (i.e. rash, wound or broken skin).
- CHG should NOT be used if you are allergic to chlorhexidine gluconate or any other ingredients in this preparation.

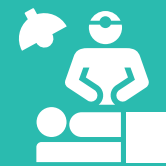
## HOW TO USE CHG: STEP-BY-STEP DIRECTIONS

- If you wash your hair, do so with regular soap/shampoo, then rinse hair and body thoroughly to remove any shampoo residue.
- Wash your face with your regular soap and water only.
- Wash genital area with your regular soap and water only.
- Thoroughly rinse your body with warm water from the neck down before applying chlorhexidine. (This can be done one body part at a time.)
- Apply a small amount (enough to cover area you are washing-this product does not produce a lot of lather) of chlorhexidine to your washcloth.
- Use chlorhexidine as you would any other liquid soap. It can be applied directly to the skin. Wash gently.
- Rinse thoroughly with warm water.
- Do not use your regular soap after applying and rinsing chlorhexidine.
- Use only hospital-provided skin care products. Do not apply any personal lotions, powders or perfumes to the body areas that have been cleaned with chlorhexidine (these items inactivate the CHG product.)

**Please fill out the chart below, indicating you have used chlorhexidine for each day. Bring this checklist with you to the hospital on the day of your surgery.**

Please date the boxes on the date completed	Shower with soap provided and place a check mark in the box.
Day One:	<input type="checkbox"/>
Day Two:	<input type="checkbox"/>
Day Three: (Day of Surgery)	<input type="checkbox"/>





## **BOWEL MANAGEMENT AFTER COLORECTAL SURGERY**

After colorectal surgery, it is not uncommon to have a change in bowel function because of changes of the colon and rectum. Most patients who have had a portion of their colon removed have little or no long term change in their bowel habit. Bowel changes are more common in patients who have had a portion of their rectum (the most down-stream portion of the large intestine) removed. The good news is that for the vast majority of patients, these changes are temporary and are able to be improved with dietary changes, fiber and medicine.

Bowel habit changes vary from patient to patient. The common complaints are too frequent stools, changes in the consistency of the stool and urgency to get to the bathroom. Many patients complain of erratic bowel habit during which they have one or no bowel movement in a day followed by a day with several movements. Occasionally, some patients experience episodes of incontinence (they cannot control their bowel movements). Many patients experience clustering of their bowel movements; that is, they have several calls to stool in a row over a two or three hour period and then no movements the rest of the day.

To improve the bowel habit, do what the surgeon tells you and give your body time to adjust. Most of the bowel problems will improve if the stool is kept firmer. A firmer, formed stool can be sensed in the lower rectum better (decreasing urgency), kept from leaking out and eliminated more completely. The goal of treatment is to improve stool consistency and decrease the number of bowel movements to three or less a day.

## **BOWEL CONTROL**

There are two exercises that may help you gain better control of the muscle in your anus. When you tighten this muscle, it holds in stool and gas. When you relax it, stool and gas can pass. Ask your doctor or nurse if you should do the exercises described below and when you should start.

- Tighten the muscle as you would if you did not want to pass gas. Hold it for 15 seconds, and then relax. Do this 10 to 20 times each day.
- When you feel the urge to have a bowel movement, see if you can hold it for a little while. Gradually increase the amount of time you wait before having a bowel movement.

## **MEDICATIONS**

Your doctor may prescribe medicine to slow your bowels down. This may help decrease the feeling that you need to go right away, and may cut down on your number of bowel movements. If your doctor does prescribe a medicine to help you, please take it before meals. Your doctor will tell you the dose and schedule. If you do not have a bowel movement for three days, contact your doctor or nurse.



## ACTIVITY

After colon surgery, it is common to feel tired. You might be tempted to stay in bed all day, but light, gentle exercise will help you recover. Exercise helps circulation to increase healing and helps reduce muscle spasms typical after colon surgery. Walking, deep breathing and circulation exercises will help you recover without straining your tender abdominal muscles or harm to your wound. Ask your physician before engaging in any rigorous exercise after your surgery. Follow the next three steps to advance your healing.

**Step 1:** Perform deep breathing exercises using your Incentive Spirometer immediately after your surgery and for as long as your physician recommends. This helps prevent mucus from building up in your lungs, which is common after surgery. Keeping your chest clear helps prevent infections such as pneumonia. Use your incentive spirometer five times each hour.

**Step 2:** Improve the blood flow in your legs with circulation exercises. You can do these while sitting or lying down. Pull your foot up toward you and then point your foot away from you. Perform 20 repetitions. While sitting in a chair, straighten your leg out in front of you and hold for five seconds before relaxing and repeating with the other leg. Perform 10 repetitions with each leg. Perform circulation exercises every few hours each day.

**Step 3:** Take short walks. Start with 10 minutes and slowly increase as your strength improves. It's important to keep the blood flowing well after colon surgery.

## DIETARY CHANGES

Changes in your diet can help bulk up your stools and allow for more predictable bowel movements each day.

Helpful suggestions for your diet after surgery:

- Eating foods high in calories and protein will help with healing and fighting infection. High protein foods include meat, fish and eggs.
- Eat small, more frequent meals and try to avoid long gaps between meals.
- It may help to eat a low fiber diet at first. Examples of low fiber foods are white breads, vegetables and fruits peeled and well-cooked.
- Drink plenty of fluids.
- Reduce the amount of caffeine you have in a day. Caffeine can stimulate the bowel and make diarrhea worse.
- Chew your food slowly and completely.
- Drinking peppermint water may help relieve trapped gas and ease discomfort.

It often helps to keep a food journal if you are having difficulty tolerating certain foods. Some foods can cause gas, which will go into your stoma bag if you have an ostomy. You may need to experiment to find out which foods upset your system.

The foods most likely to cause problems are:

- Very high fiber fruits and vegetables
- Onions, brussels sprouts and cabbage
- Beans or lentils
- Fizzy drinks and beer
- Very rich or fatty foods

If you have more questions about your diet, contact outpatient dietitian services at:

- Washington County Health Department dietitian: 423-975-7949
- Outpatient dietitian: 423-431-7029
- Health Resources Center at Johnson City Mall: 423-915-5200



## INFECTION:

Signs and symptoms

- Increasing redness and swelling at incision site
- Increased pain, not tolerated with prescribed pain medication
- Change in color, amount or odor of drainage
- Fever greater than 101.5°F

## PREVENTING INFECTION

- Proper wound care as instructed by physician
- Keep a clean environment
- Accurate nutrition for healing

## BLOOD CLOTS IN LEGS (DVT'S):

Signs and symptoms

- Increasing swelling in the ankle, calf or thigh that does not go down with elevation
- Pain, hot to touch and tenderness

## PREVENTING BLOOD CLOTS

- Rotate ankles in circles and pump up and down
- Walk
- Your physician may prescribe a blood thinner

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## WHEN TO CALL YOUR DOCTOR

Call your physician or surgeon if you develop any of the following:

- Persistent fever over 101°F (39°C)
- Bleeding from the rectum
- Increasing abdominal swelling
- Pain that is not relieved by your medications
- Persistent nausea or vomiting
- Chills
- Persistent cough or shortness of breath
- Pus from any incision
- Redness surrounding any of your incisions that is worsening or getting bigger
- You cannot eat food or drink liquids

## BLOOD CLOT IN THE LUNGS

### (PULMONARY EMBOLUS):

*A pulmonary embolus occurs when a blood clot travels to the lungs. It is an emergency. If you think you are having a pulmonary embolus, please CALL 911.*

Signs and Symptoms

- Sudden chest pain
- Difficulty getting a deep breath
- Rapid breathing
- Shortness of breath
- Coughing up blood
- Confusion

# MY RECOVERY PATHWAY CHECKLIST



ANY TIME BEFORE SURGERY		
CATEGORY	ACTION	CHECK WHEN COMPLETE
Actions	Quit smoking today. Visit <a href="http://Smokefree.gov">Smokefree.gov</a> for ideas and support or the American Cancer Society website, <a href="http://cancer.org">cancer.org</a> , for more reasons why.	
Actions	Cut back on any heavy alcohol consumption.	
Actions	Get in shape! Start exercising or walking every day.	
Actions	Try to plan ahead for life in the first few days after getting home. Identify your social support. Place everyday needed items in areas that don't require much bending or reaching. Cook some extra meals and place them in the freezer.	

DAY BEFORE SURGERY		
CATEGORY	ACTION	CHECK WHEN COMPLETE
Medications	If a bowel prep was ordered, please take as directed. Follow orders given to you about blood pressure, diabetes and blood thinning medicines.	
Diet	Begin clear liquid diet, taking in plenty of fluids to stay hydrated. You may eat until midnight. Do not eat or drink after midnight.	
Actions	Take a shower with the CHG soap provided to you on the evening before surgery.	

DAY OF SURGERY		
CATEGORY	ACTION	CHECK WHEN COMPLETE
Medications	Take any medications you were asked to take by the pre-admission nurse morning of surgery.	
Diet	Nothing to eat or drink before surgery.	
Actions	Meet the team that will be involved in your surgery and have any last minute concerns or questions answered.	



IN THE HOSPITAL		
CATEGORY	ACTION	CHECK WHEN COMPLETE
Actions	Moving around is the key to your progressive healing. Your nurse will help you sit up at the bedside. Although this may cause discomfort, it is very important.	
Medications	We will attempt to control your pain with a number of non-narcotic medications that do not have the unwanted side effects of opioids, such as slowing bowel function.	
Actions	Request a daily checklist, and make sure tasks get completed on time.	
Diet	Recovery starts the night of surgery with our goal being a diet appropriate for you. Your diet selection depends upon how your body recovers. Everyone is different and heals at different speeds.	
Actions	Just about everyone is ready to go home by day 3-4. (Excluding some patients with extensive pelvic disease.) All patients will be evaluated every day by a variety of providers to help you stay on this time schedule.	

AFTER YOU GO HOME		
CATEGORY	ACTION	CHECK WHEN COMPLETE
Actions	Get plenty of rest at night. Try to remain active during the day within guidelines to help prevent complications.	
Actions	Prepare to miss four weeks of work. You should not lifting anything more than a gallon of milk for about six weeks.	

***Take an active part in your care and notice the difference! Help make your surgery a success.***

# NOTES



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*For additional information-visit these sites or call for support, education and questions about supplies.*

## **LOCAL SUPPORT AND EDUCATION**

**Center for Comprehensive Wound Care**  
Outpatient Ostomy Care  
423-431-2650

**Health Resources Center at Johnson City Mall**  
423-915-5200

**Outpatient Dietitian**  
423-431-7029

**Tri-City Regional Ostomy Association**  
423-542-2433  
[www.uoaa.org](http://www.uoaa.org)

**Washington County Health  
Department Dietitian**  
423-975-7949

## **OUTREACH SUPPORT AND EDUCATION**

**Crohn's and Colitis Foundation of America**  
800-932-2423  
[www.ccfa.org](http://www.ccfa.org)

**Friends of Ostomates Worldwide**  
[www.fowusa.org](http://www.fowusa.org)

**National Digestive Diseases  
Information Clearinghouse**  
800-860-8747  
[www.niddk.nih.gov/health/digest/nddic.htm](http://www.niddk.nih.gov/health/digest/nddic.htm)

**United Ostomy Association of America**  
800-826-0826

**Wound, Ostomy, and Continence  
Nurses Society**  
888-224-9626  
[www.wocn.org](http://www.wocn.org)

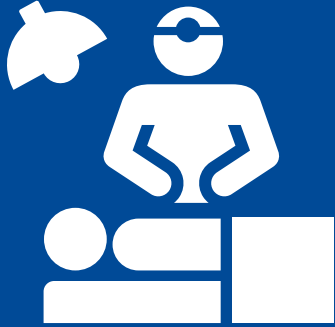
## **MANUFACTURERS' HELPLINES**

**Hollister Incorporated (Secure Start)**  
888-808-7456  
[www.hollister.com](http://www.hollister.com)

**Coloplast Care**  
888-726-7872  
[www.coloplast.com](http://www.coloplast.com)

**ConvaTec**  
800-422-8811  
[www.convatec.com/ostomy](http://www.convatec.com/ostomy)

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