

Going home after **General Surgery**

This booklet offers information for your continued recovery. It also includes answers to many questions asked by people who have had this type of surgery.

After you go home, you may find it helpful to refer to this booklet. If you have any questions about any of the information in this booklet, please contact your surgeon and/or the nurse on the unit.

Physical Activity

Although recovery usually takes 3 to 6 weeks, each person gets better at his/her own rate. Many things affect the time it takes to feel fit again. Some of these are: how active people are before their surgery, the type and extent of surgery they had, their previous medical history and their age.

When you get home you may be surprised by how tired you feel. This is a normal feeling. Your energy level will improve over the next few weeks.

Why Exercise?

For the first 3 to 6 weeks after your surgery your body is in the process of healing.

A gradual increase of your activity will help you feel better. It will also help you heal faster and regain your confidence more quickly.



Guidelines to Help You Gradually Increase Your Activity

- Plan your day to allow time for both activity and rest.
- For the first few days at home, do the same amount of activity that you were doing in the hospital. This includes the deep breathing and coughing exercises.
- Then begin walking daily. Start slowly with a comfortable distance (for example 1 block). As you are able, gradually increase how far you walk. Remember not to over extend your walk; the distance you walk is the distance you will need to walk back. Pace yourself.

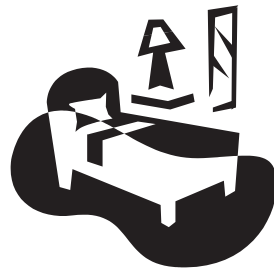
- For the next 3 to 6 weeks, **avoid heavy lifting**, pushing or pulling objects that weigh **more than 10 pounds**. You should **not** vacuum, garden, carry groceries and even pick up children. Such activities can cause you to delay wound healing and possibly develop a hernia. Use your legs when you lift.
- Listen to your body. It will tell you when to stop what you are doing and when you are ready to do more. If you notice that you have increased pain, feel short of breath, or feel very tired during activity, stop and rest. You may have increased your activity level too fast. When you feel better, you can try again more slowly. If you do not feel better or if you cannot increase your activity, please call your family doctor.

Rest and Relaxation

Rest is an important part of your recovery.

Guidelines to Help You Rest and Relax

- Alternate rest with exercise.
- Get at least eight hours of sleep every night (if possible).
- Plan two 30 to 60 minute rest periods each day during the first week at home. These can be naps or just relaxing times.



Guidelines for your Activity

You may:

- Be driven in a car anytime.
- Drive your own car when you are able to shoulder check and you stop taking pain medications, which can make you drowsy. It is okay to drive if you are taking plain Tylenol or a Non-Steroidal Anti-Inflammatory Drug (NSAID).
- Fly in an airplane anytime.
- Shower anytime.
- Start exercise routine (gym, weights) in 4 to 6 weeks. (**Do not** put undue stress on your abdominal muscles for a minimum of 8 to 12 weeks.)
- Start sports (golf, tennis, running etc.) in 4 to 6 weeks.
- Go back to work: the amount of time it takes for one to recover depends on your health and type of surgery performed. Some people are able to return to work in 3 to 4 weeks and others return in 6 to 8 weeks. If you are unsure, ask your family doctor or ask your surgeon during your follow-up appointment.
- Sexual activity uses the same amount of energy as climbing up two flights of stairs at a normal pace. Ideally, when you can climb 2 flights of stairs without getting tired and short of breath, you can return to your normal sexual activity.

Prior to going home

You may be seen by an **occupational therapist (OT)** before you go home. The OT will assess your level of function and recommend any equipment you may need in order to manage at home. For example: a raised toilet seat, bath stool or walker. The equipment can be borrowed from the Red Cross Society by donation for up to 3 months and can be purchased if need be. The OT may also request a community OT referral to assess you in your own home environment. All this information will be given to you before you go home.

You may be seen by a **Case Management Leader (CML)** before you go home. The CML will help to arrange any home support you may need upon going home. For example: help with personal care (bathing, dressing, laundry) or meals.

Diet

Often people have a change in appetite after surgery. It may take a few weeks to regain your normal appetite but it will improve as you begin to feel better. When you first go home, you may find that small meals (5 to 6 meals a day) are more pleasing to you. If you experience discomfort with chewing or swallowing, try taking the pain medication 30 minutes before your meals. You may want to initially limit tough fibre foods such as tough meat, corn, nuts, popcorn and fruit membranes (skin). Since good nutrition speeds healing and lessens fatigue, try to eat a well balanced diet.



If you are sent home on a particular diet texture, please follow this diet regime as directed or until you follow-up with your surgeon.

Medications



Your surgeon may send you home with some medications. You will be provided with a prescription and be responsible for filling it from a drug store. Remember to take them as ordered and ask your pharmacist if you have any questions.

You will also be told whether you need to continue with your previous medications and when to re-start them. If by chance you are not told by the time you are discharged home, ask your family doctor.

Please **do not stop or change** your medications on your own. Your family doctor may change, re-order or stop them for you.

Avoid aspirin (in any form) as it can increase the chance of bleeding. If you usually take a regular low dose of ASA, ask your family doctor prior to taking it.

Please ask your surgeon or family doctor before taking any **herbal medications** (some of them can also cause a risk of bleeding).

Do not drink alcohol when taking any type of medication.

Pain Medication

People vary in the amount of discomfort and pain they feel. Some experience pain and others have a tingling and/or numbness sensation around the incision. The numbness is usually temporary and resolves within a few weeks. If the numbness lasts longer than that, inform your surgeon during your follow-up appointment. Your surgeon will provide you with a prescription for pain medication to keep you comfortable. Keeping discomfort and pain under control helps people recover.

If you have pain most of the time:

Take the pain medication on a regular basis as prescribed by your surgeon. Most pain medications work best if you can take them before the pain becomes too strong.

If you find that you only have pain when doing certain activities, such as walking, bathing, or during dressing changes:

Take the pain medication about 30 minutes before the activity.

Some pain medications can make people feel drowsy or dizzy. If you notice this, please **do not** drive or use power tools. It is against the law to drive while taking narcotics.

Constipation is a common problem with pain medications. To prevent constipation, eat foods that are high in fibre (bran, fresh fruits, vegetables and whole grains), drink plenty of fluids such as prune juice and water (6 to 8 glasses of water each day unless you have been told otherwise due to heart and kidney problems) and try to keep as active as you can.

If you continue to be constipated, ask your pharmacist to recommend a mild laxative or stool softener. Try to resolve the constipation with natural foods rather than using laxatives (**not** recommended on a regular basis).

Antibiotics

You may be sent home on antibiotics for a specific time period. You will be provided with a prescription and be responsible for filling it from a drug store. Remember to take them as ordered and ask your pharmacist if you have any questions. It is important to complete the entire course of antibiotics despite feeling better.

Avoid alcohol while taking antibiotics.

Incision Care

You can gently wash your incision with soap and water.

Do not rub your incision, pat it dry instead with a clean towel. Unless you are told otherwise, you may shower the day after you go home. **Do not** take a tub bath for the first few weeks.



When you shower for the first few weeks, **do not** let the water spray right on your incision. Soaking your incision in the tub or having water spray onto it may damage the healing skin and increase the risk of infection.

As your incision heals it may become itchy. Avoid any rubbing or scratching as the itchiness is a normal part of the healing process. **Do not** use lotions or powder on your incision until the skin is completely healed (unless discussed with your surgeon).

The staples to your incision may be removed while you are in hospital. When the staples are removed, white paper tapes (steri-strips) will be applied for extra support to your incision. **Do not** remove them yourself.

After 5 to 7 days these tapes will start to become non-sticky and eventually peel and fall off. There is no need to replace them, leave the incision exposed to allowing healing.

Note: When you take a shower with steri-strips in place, they will become wet, which is fine. All you need to do is pat dry. If the ends of the steri-strips curl up, you can either press them down or you can trim that portion off with scissors. If majority of the steri-strip has peeled off, you can remove that one strip.

If you are sent home with staples, you will be informed who will remove them and when. Normally staples are removed 7 to 10 days after surgery. You can still take a shower with the staples in place.

In some instances, you may have dissolvable sutures to your incision. It takes approximately 3 to 4 weeks to allow sutures to dissolve on their own. Leave the incision exposed as it heals better.

Slight numbness, swelling, tingling, bumpiness, firmness and discoloration around the incision site are normal findings after surgery. They will improve with time.

If they persist with no improvement after 3 weeks, inform your surgeon or family doctor.

Wound Care

If you are sent home with a wound that requires dressing changes and/or packing, the nurse clinician will make arrangements for a home care nurse to either visit you at home or for you to visit their ambulatory clinic. The home care nurse will change your dressing everyday, monitor the wound progress and help you with any other health problems you may come across once you are at home. The nurse will contact your surgeon if concerned about any aspect of your health.



You may continue to have showers with an open wound. A home care nurse will contact you the morning of the visit with a time. Inform the nurse, that you'll be taking a shower 30 minutes prior to that time. In doing so, you will prevent yourself from sitting in a wet dressing (cause for infections).

When you take a shower, leave the current dressing on, wrap a piece of plastic saran wrap on top and tape the edges with waterproof tape. This will allow the plastic saran wrap to be damp and prevent the dressing from being soaked. After your shower, you can remove the plastic wrap and leave the dressing to be changed by the nurse.

Discharge Criteria



Each person recovers differently from the type of surgery they had performed or due to other pre-existing medical conditions. Therefore, the length of hospital stay is different for each patient. Prior to sending you home, your surgeon will make sure your:

- blood work is within the normal range or coming down towards the normal range
- temperature is within the normal range
- incision site is healing
- eating safely, not necessarily as you were eating prior to coming into hospital
- walking safely, not necessarily as you were walking prior to coming into hospital
- able to manage at home (with or without community/family supports)

Follow-up appointment



You should call and make an appointment to see your family doctor within a few days after going home. This will allow your family doctor to review your post-operative baseline and general health status. If you happen to come across any complications, at least your family doctor has a baseline to compare you with.

You should call your surgeon's office to make a follow-up appointment. During this appointment, your surgeon will review your overall recovery progress, inform you of the results of the pathology report and tell you if any further treatment is required.

BC Cancer Agency Referral

If necessary your surgeon may refer you to the Cancer Agency.

All relevant information will be faxed to the Cancer Agency for them to review along with your pathology reports. You may or may not see them prior to going home.

If you do not see them prior to going home, you will be contacted by the Cancer Agency with your appointment.



Please Contact your Surgeon or Family Doctor if you notice:

- Chills, fever, a temperature over 38.5°C (100.5°F) for 2 straight readings, 4 hours apart, when measured by mouth.
- Your prescribed pain medication is not relieving your pain.
- Increased redness, swelling or foul pus drainage from the incision.
- Constant bleeding or drainage from the incision (enough to soak a tissue or handkerchief)
- Difficulties with swallowing resulting in decrease appetite and constant weight loss.
- Nausea and/or vomiting that lasts beyond 24 hours.
- No passing gas bowel movement for 48 hours
- If you experience any pain, aching or redness in your calves or swelling of the legs, go to the nearest emergency room.

Note: If you cannot get a hold of your surgeon or family doctor, you need to contact another doctor (walk-in clinic or emergency department).

If you do come to the emergency department, it would be helpful to inform the nurse and physician that you recently had surgery, and the name of your surgeon.

Questions to Ask Hospital Staff

After reading this booklet, you may have some questions. Feel free to write them down here to ask your surgeon and/or nurse clinician.



Making better
decisions together
with patients
and families

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