



Your Guide to Improving Your Recovery After Colorectal Surgery

**Please bring this booklet with you
on the day of your surgery.**

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Your Digestive System and Bowels

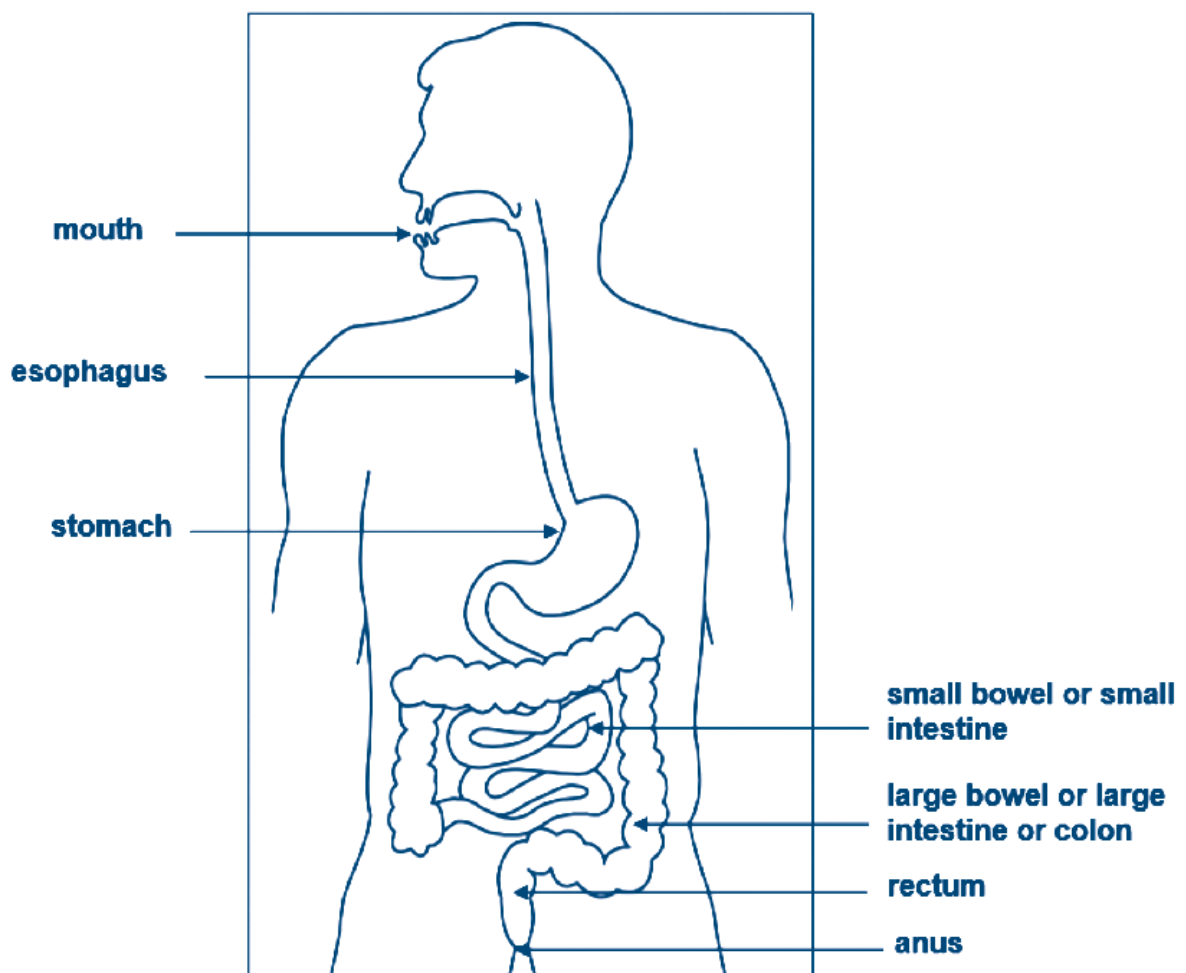
Your Digestive System and Bowels

When you eat, food passes from your mouth through the esophagus into your stomach. From there it passes into the small bowel. The small bowel is also called the **small intestine**. This is where the nutrients from the food you eat and the fluids you drink are absorbed.

The part of what you eat and drink that your body does not need is called waste. This waste goes into your large bowel. The large bowel is also called the **large intestine or colon**.

As the waste moves through the large bowel, fluid is absorbed and feces or stool is formed. The stool is stored in your rectum until it passes out of your body through the anus in the form of a bowel movement (BM).

The picture below shows the digestive system. Knowing what each part does can help you understand how the digestive system works.



About Bowel Surgery

Bowel surgery removes a part of the small or large bowel. It is called a bowel resection when a section of the bowel is taken out and the bowel that is left is reconnected back together.

The type of bowel surgery you are having depends on your condition. Your surgeon will talk to you about the type of bowel surgery you are having.

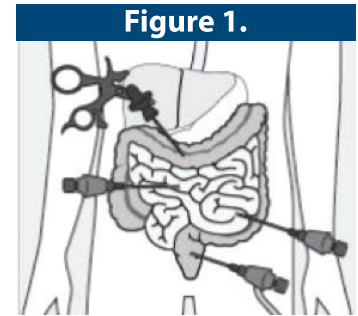
Surgery to remove part of the colon, also called the large intestine, is called a colectomy, bowel resection, or colorectal resection. The surgery may be used to treat:

- Bleeding from the colon
- Bowel obstruction
- Colon cancer or high risk for colon cancer
- Crohn's disease
- Ulcerative colitis
- Complications from diverticular disease
- Dysfunctional bowel conditions like rectal prolapse

Bowel surgery can be done in 3 ways:

1. Minimally invasive surgery - laparoscopic
2. Minimally invasive surgery - robotic (DaVinci)
3. Conventional open surgery (laparotomy)

Laparoscopic Bowel Resection (Figure 1) is a minimally invasive approach to removing



diseased bowel. This means that the surgeon makes 4 to 6 small cuts called incisions in the abdomen.

The surgeon uses miniature instruments, guided by a High Definition (HD) video camera (laparoscope) and an HD monitor to free up the diseased bowel. They then make another small incision to remove the section causing problems. The healthy ends of the bowel are then sewn or stapled back together, or a stoma (see page 9) is made.

Robotic Surgery (Figure 2). Through the WellSpan Robotic Surgery Program, WellSpan uses leading-edge technology with highly skilled surgeons and clinical staff. This program offers patients from central Pennsylvania and northern Maryland a minimally invasive option to major surgery. The program benefits patients in need of treatment of colon and rectal conditions as well as for certain cardiac, gynecologic, thoracic, urologic, urogynecologic, and other general surgical conditions.

A robotic surgical system is a special set of robots arms controlled by a surgeon to help them perform surgery

with steady hands and see inside the body better. The system is highly advanced. It is designed so that complex operations are minimally invasive. Along with quality surgeons and surgical teams, the robotic surgical system has allowed us to create a unique program. The main purpose of this program is to make sure we give the best surgical care with the best possible outcomes for our patients.

Through the Robotic Surgery Program, our experienced and skilled surgeons and surgical teams can provide the type of care our patients desire and deserve right in their own community.

Figure 2.

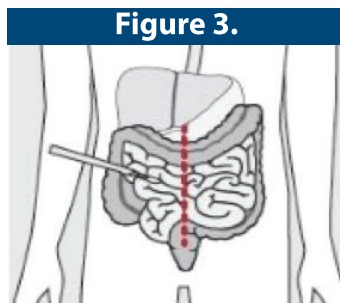


Our colon and rectal surgeries are mostly done using minimally invasive surgery. Here are the benefits our patients can expect:

- Much less pain
- Less blood loss and need for transfusion
- Fewer complications including lower risk of infection
- Shorter hospital stay
- Quicker recovery and return to normal activities
- Smaller incisions and less scars
- Better results and satisfied patients

Laparotomy or Conventional Open Surgery (Figure 3) means the surgeon makes one 10 to 20 centimeters (cm) cut called

an incision in the abdomen to remove the diseased part of the bowel. The dotted line on the picture shows where the incision is. Laparotomy or Open Surgery is rare and may be performed and required in case of emergency or in patients with a lot of scar tissues (adhesions) in the abdomen from other surgeries. It's your surgeon's ultimate goal to perform your operation in the safest and most effective approach that will result in the best outcomes.



What Are the Risks?

All surgeries have some risks of infection, severe bleeding, or complications from general anesthesia.

Possible problems after a bowel resection include:

- Scar tissue (adhesions)
- A leak between the joined sections of the colon
- Injury to the bladder, ureters, or blood vessels

For more information on Bowel Resection

Scan the QR Code below



OR

Visit the website below

<https://www.healthwise.net/wellspan/Content/StdDocument.aspx?DOCHWID=abn1976>

Types of colectomy surgeries

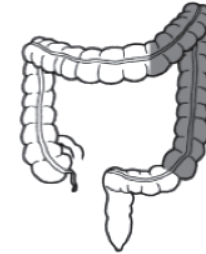
- **Right hemicolectomy**

Part or all of the ascending colon and cecum are removed. The colon is then reconnected to the small intestine.



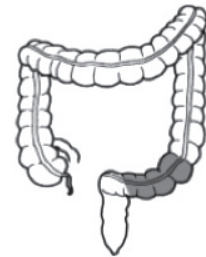
- **Left hemicolectomy**

Part or all of the descending colon is removed. The transverse colon is then reconnected to the rectum.



- **Sigmoid colectomy**

Part or all of the sigmoid colon is removed. The descending colon is then reconnected to the rectum.



- **Lower anterior resection**

The sigmoid colon and part of the rectum are removed. The descending colon is then reconnected to the remaining rectum.



- **Abdominal perineal resection**

Part or all of the sigmoid colon and all of the rectum and the anus are removed. The descending colon is attached to the abdominal wall forming a **colostomy**.

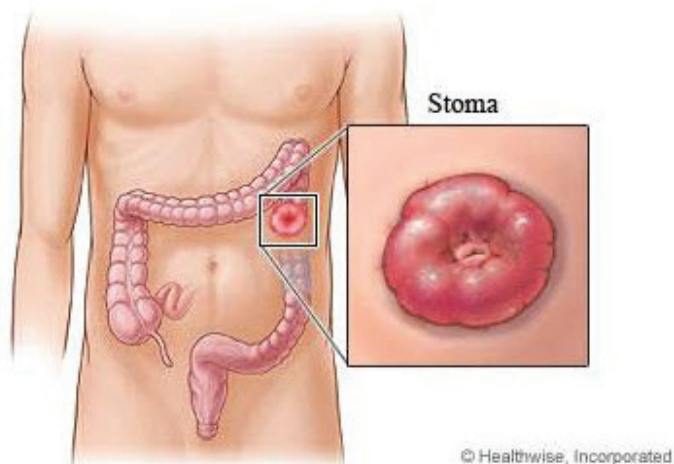


When a part of your intestine doesn't work as it should, a doctor can do surgery to make an opening in your belly and bring a part of your intestine to the surface of your skin. This opening is called an ostomy. There are two types.

- An ileostomy is an ostomy of the small intestine.
- A colostomy is an ostomy of the colon.

With an ostomy, waste no longer leaves your body from your anus. It leaves your body through the part of your intestine at the ostomy opening. This part of the intestine is called the **stoma**.

This picture is one example of a stoma.



For more information on Colostomy

Scan the QR Code below

OR

Visit the website below

<https://www.healthwise.net/wellspan/Content/StdDocument.aspx?DOCHWID=abn1985>



Enhanced Recovery After Surgery

Your surgeon has determined that you are a good candidate for our Enhanced Recovery After Surgery (ERAS) Program. This program uses the best practices in surgical care. It will help you recover and get home as quickly and as safely as possible after your surgery. Please read this information about ERAS to get the most out of the program.

Our approach to recovery after colon and rectal surgery

Your surgical team will:

- Use the most modern anesthesia methods
- Try to get the bowels moving again as soon as possible
- Use best practices for diet, bowel preparation, antibiotics, and hydration
- Encourage you to walk early after surgery

- Give other options instead of narcotic medicines to help with pain
- Help you start drinking and eating soon after surgery with easy-to-digest liquids and foods

Why is this important?

- Simple things matter
- You can prevent complications by:
 - Getting out of bed
 - Sitting in a chair
 - Walking
- You can help avoid:
 - Pneumonia
 - Blood clots
 - Bed sores
 - Prolonged “sleeping bowels” or ileus

Pre-Surgery Checklist

Use this summary checklist as a guide to what you need to do to get ready for your surgery.

Check When Done	Action
<h2>2 to 4 Weeks Before Surgery</h2>	
	<ul style="list-style-type: none"> • A nurse from the hospital will call you 1 to 3 weeks before your surgery to ask your health history, review your questionnaire, and to tell you what medicines to take before surgery.
	<ul style="list-style-type: none"> • If your surgeon feels there is a high possibility of an ostomy, you will get a call from another nurse to set up an appointment to learn more.
	<ul style="list-style-type: none"> • You will be getting pre-recorded call about 1 week before your surgery if you haven't registered for your surgery. <p>Pre-Register Online with MyWellSpan eCheck-in</p> <p>You must be registered before surgery. You can do this in your MyWellSpan app.</p> <ul style="list-style-type: none"> - Go to the Appointments tab. - Click Upcoming Appointments. - Find your surgery appointment and select eCheck-in. <p>Pre-register by Telephone:</p> <ul style="list-style-type: none"> - Call (717) 851-2568 or (800) 664-4695: Monday to Thursday: 7:00 AM to 8:00 PM Friday: 7:00 AM to 6:00 PM and Saturday: 7:00 AM to 3:00 PM

Continued on the next page

7 Days Before Surgery

- **Stop** ALL vitamins, herbal supplements, and green tea 7 days before surgery.
 - These items can make it harder for blood to clot correctly, which might lead to more bleeding during and after surgery. They may also affect how anesthesia works.

5 Days Before Surgery

- **Stop** taking any nonsteroidal anti-inflammatory drugs (NSAIDs) 5 days before surgery.
 - This means NO ibuprofen (Advil, Motrin), naproxen (Aleve), meloxicam (Mobic), diclofenac (Voltaren), celecoxib (Celebrex), nabumetone (Relafen), oxaprozin (Daypro), or ketorolac (Toradol).
 - These medicines can make it harder for blood to clot correctly, which might lead to more bleeding during and after surgery.
- Your surgeon or nurse will talk to you about if you need to stop taking Aspirin before surgery.

A Few Days Before Surgery

- Make sure you have all the supplies needed for your bowel preparation.
- Make sure you have your medicated bath-wipes for your skin preparation.
- Make sure you have your carbohydrate drink for the evening before surgery and the morning of surgery.
- Make sure you have your nutritional shakes. The brand name will be the type your surgeon gave to you. Begin taking these 6 days before your surgery. Follow the instructions on page 21.
- Continue to eat your regular diet in addition to taking the nutritional shakes.
- You may need help with meals, laundry, bathing, or cleaning after your surgery. Plan ahead for help at home after your surgery.

Continued on the next page

A Few Days Before Surgery

- If you get a respiratory infection such as a cold, bronchitis, sinus infection, COVID, or pneumonia before your procedure, surgery, please tell your surgeon performing your procedure.
- Arrange to have someone take you home when you leave the hospital. This may be 2 to 3 days after surgery.

1 Day Before Surgery

- **Stop** smoking, vaping, or chewing tobacco 24 hours before surgery.
- **No** alcohol for at least 24 hours before to your surgery.
- **No** nail polish on your fingers.
 - This would include natural nails, acrylic nails, or dip nails.
 - We watch your blood oxygen levels with a device that gets clipped to you finger. Nail polish can make this hard.
- You will need to prep your bowels. Your surgeon gave you instructions on bowel preparation. Start the preparation in the morning, one day before surgery.
 - More information is on page 23.
- Along with bowel preparation, you may drink clear liquids.
 - More information is on page 25.
- You will need to drink 2 bottles of **Ensure® Pre-Surgery Clear Carbohydrate** drink, or other brand of carbohydrate drink provided by your surgeon, before surgery. One **tonight** and one **tomorrow**.
- In the evening the day before surgery, drink the **first** bottle of Ensure® Pre-Surgery Clear Carbohydrate Drink or other brand of carbohydrate drink provided by your surgeon.
- You can keep drinking other clear liquids as well.
 - More information about clear liquids is on page 25.
 - More information about Ensure® Pre-Surgery Clear Carbohydrate Drink is on page 29.

Continued on the next page

1 Day Before Surgery

- The night before your surgery, use the medicated bath wipes.
 - More instructions are on pages 26 to 28.
- You will get a phone call between 2:00 PM and 7:00 PM the day before your surgery.
 - If your surgery is on a Monday, you will get this call on Friday afternoon.
 - **IMPORTANT:** You must return this phone call in order to have this surgery.
 - The nurse will tell you what time to be at the hospital for your surgery.
 - If you do not get a phone call by 5:00 PM the day before your surgery, you may call the Short Stay Unit using the contact numbers on pages 39 and 40.

The Morning of Surgery

- Take the medicines that the nurse told you were safe to take before surgery.
- The morning of your surgery, use the medicated bath wipes.
 - More instructions are on pages 26 to 28.
- Drink the **second** bottle of Ensure[®] Pre-Surgery Clear Carbohydrate Drink or other brand of carbohydrate drink provided by your surgeon, **2 hours before** you go to the hospital.

Pre-Surgery Planner

Instructions: Mark the date of your surgery in the last row of the calendar on the appropriate day of the week. Use this calendar to mark and track each of your appointments leading up to surgery and **any reminders for the activities (like bowel preparation, nutrition, and bathing)** you will need to do in the days leading up to your surgery.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

2 to 4 Weeks Before Surgery

Before Surgery—At Home Before Surgery

Quitting Smoking Before Surgery

Smoking before you have surgery can:

- raise your chances of having wound complications
- lower blood flow to your tissues
- lead to poor wound healing

Patients should stop smoking for as long as possible both before and after surgery. Quitting smoking before you have surgery results in fewer complications and faster healing. It will also lower the risk of problems with general anesthesia. It will lead to an easier recovery for you as a patient. The amount of time to stop smoking is based on the type of surgery you are having. You should talk about this with your surgeon.

Many patients decide to think about their lives and change their behaviors when they are going to have surgery. This is a good time to decide to quit smoking for good.

Patients who quit smoking heal better.

If you keep smoking after surgery, you have a greater chance of complications. This can include an infection in the incisions. In one study, more than ½ of patients who kept smoking after surgery developed complications compared to less than 20% who quit. Fewer complications mean less time in the hospital for patients that have kicked the habit. Smoking cessation will also lower the risk of complications from general anesthesia.

All WellSpan hospitals are smoke-free.

Patients coming to the hospital for surgery cannot leave for a cigarette. Smoking is not allowed in or around the hospital. Smokers can use that barrier to help them take the first step to quit. The hospital can provide you with help and resources to quit. This includes counselors and medicine.

The body begins to heal within hours of quitting.

It is not a good excuse to say, “There’s no point in quitting now because the damage is already done.” Twelve hours after a person has quit smoking, the heart and lungs already begin to work better. The nicotine and carbon monoxide levels start dropping. It takes less than a day for blood flow to get better. This lowers the chance for complications after surgery. It is recommended that patients do not smoke for as long as possible before and after surgery. Even quitting for a short time will help.

Help is always available.

Whether someone is preparing for surgery or just thinking about quitting, free help is always available. The community resources listed to the right can help smokers connect with trained specialists. They will provide advice and counseling that will help double the chances to be successful in quitting.

People who smoke and try to quit without treatment usually smoke again within the first 8 days.

Community Resources

- WellSpan Health Tobacco Education and Cessation
York: (717) 851-5857
Gettysburg: (717) 338-3259
- PA Quitline:
1-800-QUIT-NOW or 1-800-784-8669
- PA Quitline (Spanish):
1-855-DEJELO-YA or
1-855-335-3569.
- American Lung Association:
1-800-586-4872
- American Cancer Society:
1-800-227-2345



Get Your Lungs Ready

Using a device called an **incentive spirometer** can help prevent serious lung infections like pneumonia, improve your breathing after surgery, and keep your airways open and lungs active when you're in bed.

An incentive spirometer is a handheld device that exercises your lungs and measures how much air you can breathe in. It tells you and your surgeon how well your lungs are working.

Start practicing **BEFORE** your surgery.

The incentive spirometer can help you practice taking deep breaths. Deep breaths can help open your airways and prevent fluid or mucus from building up in your lungs and make it easier for you to breathe.



How do you use an incentive spirometer?

1. Move the slider on the outside of the large column to the level that you want to reach or that your surgeon recommended.
2. Sit or stand up straight and hold the spirometer in front of you. Be sure to keep it level.
3. To start, breathe out normally. Then close your lips tightly around the mouthpiece. Make sure that you don't block the mouthpiece with your tongue.
4. Take a slow, deep breath. Breathe in as deeply as you can. As you breathe in, the piston or ball inside the large column will move up. Try to move the piston or ball as high up as you can or to the level your surgeon recommended. When you can't breathe in anymore, hold your breath for 2 to 5 seconds.
5. Relax, take the mouthpiece out of your mouth, and breathe out normally.
6. Repeat steps 1 through 5 as many times as your surgeon tells you to.
7. After you've taken the recommended number of breaths, try to cough a few times.

This will help loosen any mucus that has built up in your lungs. It will make it easier for you to breathe. If you just had surgery on your belly or chest, hold a pillow over your cut (incision) when you cough.

For more information on how to use an Incentive Spirometer

Scan the QR Code below



OR

Visit the website below

<https://www.healthwise.net/wellspan/Content/StdDocument.aspx?DOCHWID=abn1081>

Physical Activity Before Surgery that Helps Recovery

Find out what kind of physical Activity is best for you. Walking is often a good option. Physical activity improves blood flow, which helps you heal better and faster. If you don't feel well, do what you can. Some people may just walk down the block, while others can do more.

Eat healthy in the weeks before surgery.

This helps you recover faster. Find out what's best for you or ask to talk with a nutritionist. Protein can help your body heal. It's often good to eat things like chicken, eggs, or use protein powder in your smoothie.



Stop alcohol use period

If you drink alcohol, you will need to stop drinking 4 weeks before the surgery to lower your risk of problems after surgery. Do not drink alcohol up to 8 weeks after your surgery to help lower your risk of infection and to help your wound heal more quickly. **Talk to your surgeon if you need help to stop alcohol use.**



Try these easy physical activities:

- Walking:
 - At least 20 minutes, 5 times a week **(This should be in addition to normal activity)**
- Mini squats:
 - Stand at counter, using fingers for balance as needed
 - Place feet hip width apart
 - Sit down and back as if you are sitting in a chair
 - Do not let your hips drop below your knees
 - Repeat 10 times, 2 times a day
- Heel raises:
 - Stand at a counter, use fingers for balance as needed
 - Raise up on your toes, lifting heels off the ground
 - Stay for 1 to 2 seconds and **SLOWLY** lower your heels
 - Repeat 15 times, 2 times a day



6 Days Before Surgery

Pre-operative Nutrition

A nutritional shake is a unique beverage specially formulated to help support the body's unique nutrient needs before and after major surgery.

This formula has been studied in dozens of clinical trials and thousands of patients and have been shown to **help promote better outcomes** in patients undergoing major surgery.

Your surgeon will give you a brand to drink. Follow the directions for the brand you were given.

Directions:

- Ensure® Pre-Surgery Immunonutrition Shake: Drink 3 bottles a day for 5 days.
- IMPACT Advanced Recovery® Drink: Drink 2 bottles a day for 5 days.



If you were given a brand of drink not listed here, your surgeon will give you directions. Make sure to follow their directions about when to start drinking them and how many you will need each day.

- Continue to eat your regular meals in addition to the nutritional shakes.

Your surgeon may tell you to stop eating the foods with the following things one week before surgery:

- seeds
- nuts
- peas
- corn
- beets

Quick Flavoring Tips

Pour nutritional shake into a glass and add one of the following:

- 1 Tablespoon (Tbsp) of regular or sugar-free chocolate, strawberry, or caramel syrup
- 2 teaspoons (tsp) of regular or sugar-free flavoring syrups (Irish cream, hazelnut, raspberry, caramel, mint) or regular or sugar-free liquid coffee creamer
- 1-2 Tbsp malt powder (dissolve in a small amount of hot water before adding to drink)
- 2 tsp instant coffee powder
- 1-2 Tbsp NESQUIK® chocolate or strawberry powder
- 1/8-1/4 tsp of your favorite flavor or blend flavors to make your own combination. Suggestions include: orange, raspberry, pineapple, cherry, maple, black walnut, cinnamon, coconut, banana, almond, or mint.

Beverage recipes may be made into frozen ice pops. Simply prepare a recipe and pour into an ice cube tray or popsicle molds. Cover and freeze until solid.

The Day Before and Morning of Your Surgery

Pre-operative Bowel Preparation

To help prevent surgical wound complications after colon or rectal surgery, you will need do bowel preparation to clear your bowels. You will also take antibiotics. The bowel preparation lowers the amount of stool. The antibiotics kill bacteria that can cause infections.

You will need the following items:

- Bisacodyl Laxative - 10 milligram (mg) tablet (Do not use any other laxatives or suppositories)
- MiraLAX® - one 8.3-ounce bottle (238 grams)
- Gatorade® or Powerade® Sport drink - one 64-ounce (oz) bottle or 2 32-ounce bottles (no purple or red flavors)
- Antibiotics
 - Neomycin: 1,000 mg for 3 doses
 - Metronidazole: 500 mg for 3 doses
 - Your surgeon may prescribe you different antibiotics. Follow their directions on how to take them.
- Zofran: 8 mg orally dissolving tablet for 2 doses for nausea as needed



The Day Before Surgery

- You may eat a light breakfast followed by ONLY clear liquids in addition to your nutrition shake for the rest of the day. **Find more information about clear liquids on page 25.**
- Make sure to drink plenty of liquids (apple juice or sports drinks) in addition to water and tea. This helps to make sure that you stay hydrated during your bowel preparation.
- Try to drink at least 1 (8-ounce) glass every hour while you're awake.
- Prepare your MiraLAX solution
 - In the morning one day before your surgery mix all MiraLAX® powder with 64 oz of Gatorade® or Powerade®. No purple or red flavors. Shake well until the powder dissolves. Put the mixture in the refrigerator.
 - Or you may add Crystal Light® lemonade flavor if you wish.
- In the evening, drink the first Ensure® Pre-Surgery Clear Carbohydrate Drink or carbohydrate drink provided by your surgeon.

Bowel Preparation Schedule

12:00 PM

- Take Dulcolax 10 mg laxative tablet with a full glass of water.

2:00 PM

- Take first dose of antibiotic tablets (neomycin and metronidazole or the antibiotics prescribed by your surgeon).
- You may take the first dose of Zofran (nausea medicine) if you need to. Put the tablet under your tongue and let it dissolve. You can take the other dose in 4 to 6 hours if needed.

3:00 PM

- Take second dose of antibiotic tablets (neomycin and metronidazole or the antibiotics prescribed by your surgeon).

5:00 PM

- Start drinking the chilled MiraLAX[®] mixture. Drink One (1) (8-ounce) glass of the mixture every 15 minutes until the container is empty.

9:00 PM

- Take the last dose of antibiotic tablets (neomycin and metronidazole or the antibiotics prescribed by your surgeon).

Clear Liquid Diet and Staying Hydrated

It's best to keep drinking clear liquids after you're done with your bowel preparation. You can have clear liquids until 2 hours before you come to the hospital for your surgery.



YES → **Clear liquids**

Water

Clear Broth:

Beef, chicken, vegetable

**Gatorade® light or clear colors only,
no red or purple**

**Carbonated drinks
including dark sodas**

Tea and coffee

Gelatin

**Popsicles
(without fruit or cream)**

Italian ice

Hard candy without any fillings

**Clear juice
(apple, grape, cranberry)**



NO → **NOT Clear liquids**

**Milk, cream, milkshakes,
creamer, smoothies**

Cream soups

Pudding

Oatmeal, grits, Cream of Wheat

Ice cream, gelato

Chocolate

Any candy with fillings

Tomato, orange, and grapefruit juice

Pre-operative Bathing

Preparing or “prepping” skin before your surgery can lower the risk of infection at the surgical site.



This hospital, along with your surgeon, recommends disposable wipes moistened with a rinse-free 2% chlorhexidine gluconate (CHG) antiseptic solution. **This will help to lower the risk of infection.** The steps on the next page below go over the prepping process. Please follow them carefully.

Important:

- If you wish to shower, bathe, or shampoo your hair, do so **at least one hour before prepping your skin for the first time** (the night before surgery).

- Once you start prepping your skin, **do not shower, bathe, or apply lotions, deodorant, moisturizers, powder, or makeup to your body.**
- **Do not use the CHG wipes on your face, near your eyes, ears, or mouth.** Do not use on broken skin or open wounds.
- **Do not shave or use hair removal lotions or creams on your body.** Shaving can raise the risk of infection due to nicks and cuts from the razor. Do not use any type of hair removal lotions or creams as it can cause irritation of your skin.
- Throw all cleaning cloths in the trash can. **Do not flush in the toilet.**
- You must prep your skin the night before surgery and again the morning of surgery.

Directions (pictures are on the next page):

STEP 1: The Night Before Your Surgery

- Use 2 packages of CHG wipes to prep your entire body.
- Use one cloth for each area of the body. Wipe each area carefully in a back and forth motion, but do not scrub.
- Let area air dry for one minute. **Do not rinse off.** It is normal for the skin to feel sticky or “tacky” for a few minutes.

Use one cloth to clean each area of the body in this order:

1. Wipe your neck, chest, and stomach.
2. Wipe both arms, starting with the shoulder and ending at fingertips. Be sure to wipe your armpit areas really well.
3. Wipe your right and left hip followed by your groin. Be sure to wipe the folds in your groin area.

4. Wipe both legs, starting at the thigh and ending at the toes. Be sure to wipe behind your knees.
5. Wipe your back starting at the base of your neck to your waist line. Someone may need to help you with this step.
6. Wipe the buttocks.

DO NOT use any powders, deodorants, creams, or lotions. Put on clean clothing. Sleep with clean sheets and bedding.

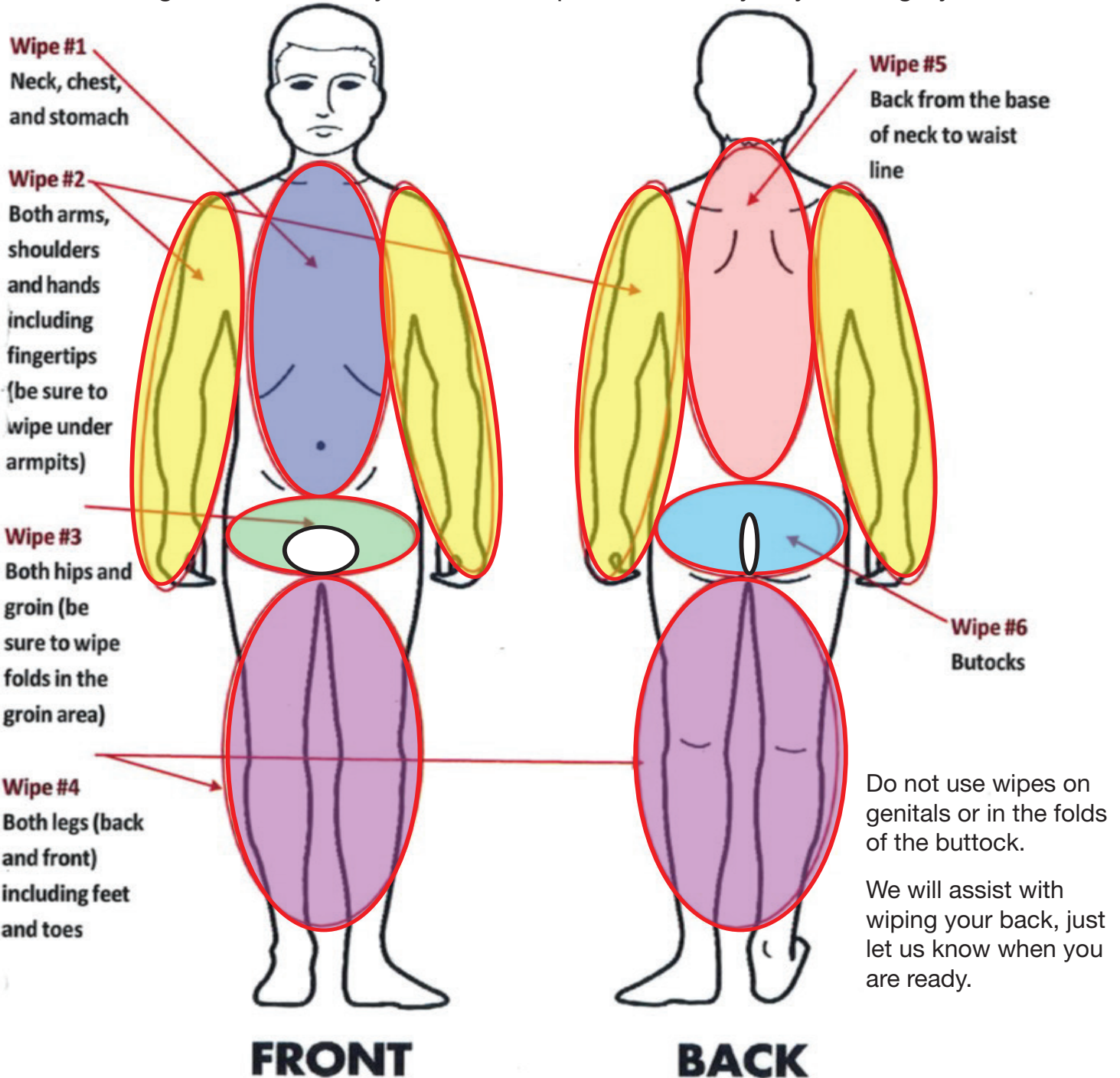
STEP 2: The Morning of Your Surgery

- **Do not shower or bathe before STEP 2. Water and body products can lower the antiseptic effects of the wipes from last night.**
- Repeat STEP 1.
- The nurses at the hospital will do another cleansing of your skin before surgery.

Prep the Skin as Follows:

Avoid contact with your eyes, ears, or mouth.

Place the Prep Check sticker(s) from the package on the bottom of this sheet as shown. Bring this sheet with you to the hospital on the day of your surgery.



Place label from package used **the night before surgery** here.

Place label from package used **the morning of surgery** here.

Pre-operative Carbohydrate Drink

Why Do I Need A Pre-Op Carbohydrate Drink?

Surgery is a big deal. Drinking **Ensure® Pre-Surgery Clear Carbohydrate Drink** or other brand of carbohydrate drink provided by your surgeon can help.

It is important to hydrate and nourish your body with a carbohydrate drink. It can help with surgery and recovery.

Please note that drinking **Ensure® Pre-Surgery Clear Carbohydrate Drink** or other brand provided by your surgeon is recommended for this surgery only. If you have any surgeries in the future, talk to your surgeon before drinking a carbohydrate drink.



Hydrate and Nourish

You wouldn't face any important challenge starved and dehydrated – surgery is no different. Drinking Ensure® Pre-Surgery Clear Carbohydrate Drink or other brand of carbohydrate drink is a safe, delicious way to maintain your pre-op fast.

Reduce Anxiety

Surgery is a stressful time, and extreme hunger only makes that worse. Nourishing your body can ease some of that pre-op stress and help you feel calm.

Decrease Infection

Starving yourself raises your blood sugar levels. High blood sugar plus a surgical incision is the perfect recipe for infection. Complex carb loading stabilizes blood sugars, lowering your chance of infection.

Reduce Nausea and Vomiting

Nourishing your body with complex carbohydrates can ease the nauseating effects of starvation, dehydration, and anesthesia drugs.

Speed Up Recovery

Complex carb loading before surgery decreases muscle breakdown and can shorten your length of stay in the hospital by several days.

Lower Stomach Acids

Drinking clear fluids up to 2 hours before surgery has been shown to flush harmful stomach acids leaving you with an emptier stomach than if you drank nothing at all.

On the Day of Surgery

Bring

Comfortable clothing

Glasses, dentures, and hearing aids

2 packs of chewing gum

- Do not open until after surgery

This education booklet

Remember to drink the second bottle of Ensure® Pre-Surgery Clear Carbohydrate Drink or other brand provided by your surgeon 2 hours before you go to the hospital.

Do NOT Bring

Anything valuable

Any medicines unless told to do so by your surgeon

Any items with fragrance such as lotions, creams, and perfumes

Assistive devices



Parking Services

Parking Services – WellSpan York Hospital

Please allow enough time for travel and parking. Free patient and visitor parking is located on levels one and two of the Front Parking Garage (accessible from Rathton Rd).

Valet parking is a free service for our patients and visitors. York Hospital has limited valet parking spaces at the Main Entrance during the day, Monday through Friday. Valet parking is not available on Saturday or Sunday.

Proceed to the South Elevators. The Short Stay Unit is located on the second floor.

Parking Services – WellSpan Good Samaritan Hospital

Please allow enough time for travel and parking. Free patient and visitor parking is located in the main WellSpan Good Samaritan Hospital parking lot at 4th and Walnut Streets in Lebanon.

Proceed to the patient registration which is located just inside the main entrance to the left. A representative will register you for your surgery, give you an identity wrist band, and direct you to the Short Stay Unit on the first floor.



Parking Services – WellSpan Ephrata Community Hospital

Please allow enough time for travel and parking. Free patient and visitor parking is located in parking lot 4 (accessible from Martin Ave).

Valet Parking is free service for our patients and their visitors. The service is available Mondays through Fridays between 5:15 AM and 7:00 PM. No service on Saturdays and Sundays.

Please proceed to the following Valet Parking drop-off location:

- Ephrata Health Pavilion Main Entrance.

Proceed straight ahead to the elevators. Report to the Day Surgery Center registration desk on the second floor.

[Continued on the next page](#)

**Parking Services – WellSpan
Chambersburg Hospital**

Please allow enough time for travel and parking. Free patient and visitor parking is located on site.

Please proceed to the front entrance and go to the Information Desk for assistance to get directions to the Same Day Surgery Unit.

**Parking Services – WellSpan
Gettysburg Hospital**

Please allow enough time for travel and parking. Free patient and visitor parking is located on site.

Please proceed to the front entrance and go to the Information Desk or Registration Desk for assistance to get directions to the Same Day Surgery Unit.

**Parking Services - WellSpan
Waynesboro Hospital**

Please allow enough time for travel and parking. Free patient and visitor parking is located on site.

Please proceed to the Outpatient entrance to the Information Desk for assistance to get directions to the Same Day Surgery Unit.

What to Expect When You Arrive For Surgery

Short Stay Unit

- You will meet with your surgery team including nurses, an anesthesiologist, and surgeons
- You will have an intravenous (IV) catheter placed on your arm and get IV fluids.
- A warming blanket will keep you warm to help prevent infection after surgery.
- You will sign a consent form for the operation and the possibility of a blood transfusion.
- You may have an epidural placed before the surgery to reduce post-operative pain.
- You may have an anti-nausea patch placed behind your ear.
- You will receive 2 or 3 pain medicines to help with pain control. Note: Tell your surgeon or nurse if you think you might be pregnant.

Operating Room

Many patients do not recall being in the operating room because the medicines you are given during surgery



may temporarily affect your memory. You will be connected to monitors. The anesthesiologist will put you to sleep.

Anesthesia types

• General anesthesia

General anesthesia can be given through a tube in your vein or you can breathe it in. In many cases, people have a combination of both. Your airway will then be managed by the anesthesiologist or nurse anesthetists. When you have general anesthesia, you will usually have a soft tube in your throat. It's used to help you breathe or to keep your airways open. The tube is put in after you're unconscious, so you won't feel it.

Continued on the next page

- **Transversus Abdominis Plan Block (TAP Block)**

This is considered a local anesthetic that is injected directly into the abdominal wall muscles. This is intended to lower post-operative pain for about 18 to 24 hours.

- **Spinal Analgesia**

Can also help to control pain after surgery. After cleaning and numbing the skin, a needle is put into the spinal space below the spinal cord (it does not go into your spinal cord). When the needle is in the right place, you will be given an injection of pain medicine and then the needle is removed.

Rare side effects may include: headaches, numbness or tingling in lower legs, back soreness, bleeding, allergic reaction, or infection.

- **Epidural Analgesia**

Also gives pain relief after surgery. A very thin flexible tube, called an epidural catheter, is placed in the epidural space in your back just before surgery. A small pump is

attached to the catheter to deliver numbing medicine. The catheter is taped to your back. You will be able to move around in bed and walk. This can be left in place for 24 to 48 hours before you leave the hospital.

Rare side effects may include: headaches, bleeding, allergic reaction, or infection.

Once you are asleep, your surgeon will begin your surgery. The first thing the surgical team will do is perform an “intra-op briefing and time-out.” This is a safety measure that ensures the right surgery is being performed on the right patient. A resident surgeon with an average of 3 to 5 years of surgical training may assist your surgeon during the operation. During the surgery, the surgical team will insert a foley catheter which drains your urine. A urologist may assist your surgeon by placing ureteral stents that will protect your ureters, a part of your urinary tract, during surgery. These will come out after your surgery. In general, most operations last from 2 to 3 hours, but do not be alarmed if the surgery takes longer than this.

After Surgery

Recovery Room (Post Anesthesia Care Unit)

After surgery, you will be taken to the recovery room, where you will wake up from the anesthesia. Once awake and stable, you may be given clear liquids to drink or ice chips. The surgeon will talk with your family immediately following surgery and let them know about the operation. Most patients remain in the recovery room for 1 to 2 hours.

Surgical Unit

From the recovery room, you will be sent to one of the surgical units. You may be in a room with another patient recovering from something similar. You will be reunited with your family once you are on the unit. This is a good time for your family to bring your belongings you packed at home. Only close friends or family should visit on this day, as you will still be quite drowsy.

Pain Management

Most people have some pain after surgery. Good pain control helps you feel comfortable, so you can take deep breaths, walk, and sleep. These things help to lower your risk of problems, such as pneumonia and blood clots after surgery.

You will be given medicines by mouth several times a day by your nurse to help control your pain. These are given to



reduce the amount of “as needed” narcotic medicine you will need. The “as needed” medicine is what your nurse will give to you if you are having pain and the regular medicine is not helping. This medicine is not scheduled and instead is given when you ask for pain medicine.

Other pain relief options

If these medicines are not controlling your pain well enough, there are other options to provide relief after surgery. Please talk with your nurse and surgeon.

Non-Drug Pain Control

Many patients find using other treatments helps to lower the need for pain medicines.

Some of these options may include:

Physical activity: Start moving as soon as possible after surgery if your surgeon says it is okay. Moving helps your breathing and digestion, and helps you heal faster. Moving and being active can help lessen pain over time.

Cold and heat: Both cold and heat can help lessen some types of pain. Some pain improves best using cold while other types of pain improve with heat. Talk to your nurse about which is best for your type of pain.

Relaxation techniques: Stress and anxiety can make pain worse and may slow healing. Since it is hard to avoid stress, it can help to learn how to control it.

Distraction: Focus your attention on something other than pain. Playing cards or games and talking and visiting with family may relax you and keep you from thinking about the pain. Watching TV or reading may also be helpful.

Music: Whether you listen to music, sing, hum, or play an instrument, music can help you relax and help you breathe more deeply and slowly. It can also increase your energy and help change your mood.

Deep breathing: Taking slow deep breaths can help you relax and lessen pain.

Some ways to help you relax:

- Use extra pillows and blankets to stay in a comfortable position.
- Make sure the room is the right temperature for you.
- Ask your support person to massage your back, hands, or feet to lessen your pain.
- Try placing a cool cloth on your hands or face.
- Close your eyes and imagine yourself in a place you find relaxing. Think about sounds or sights that you enjoy.

Your Hospital Checklist

Check When Done	Action
After Surgery	
	<ul style="list-style-type: none"> • Get out of bed and to a chair within 6 hours after your surgery. If you feel up for it, go for a walk.
	<ul style="list-style-type: none"> • You may receive juice or water and can drink clear liquids as soon as you feel up to it. • Tell your nurse if you are having pain. Additional pain medicine can be given to you that has been prescribed by your surgeon.
First Day After Surgery	
	<ul style="list-style-type: none"> • Spend at least 6 hours out of bed. Walk at least 3 (but try for 5) times in the hallway. Get help from nurses for the first time you get out of bed.
	<ul style="list-style-type: none"> • Drink clear liquids as you feel up to it. You may be offered soft or solid food if you feel well.
	<ul style="list-style-type: none"> • Your intravenous fluids (IV) will probably be stopped.
	<ul style="list-style-type: none"> • Your urinary catheter may be removed.
	<ul style="list-style-type: none"> • Tell your nurse if you are having pain. More pain medicine can be given to you that has been prescribed by your surgeon.
	<p>If ostomy:</p> <ul style="list-style-type: none"> • Participate in your ostomy care. Describe your plan for care after discharge.
Second Day After Surgery	
	<ul style="list-style-type: none"> • Spend at least 6 hours out of bed. Walk at least 5 times in the hallway.
	<ul style="list-style-type: none"> • You will be placed on a soft diet and will advance to more solid food as you feel up to it.
	<ul style="list-style-type: none"> • Tell your nurse if you are having pain. More pain medicine can be given to you that has been prescribed by your surgeon.
	<ul style="list-style-type: none"> • Your urinary catheter will be removed if not already done. Ask if it has not been addressed by your care team.
	<p>If ostomy:</p> <ul style="list-style-type: none"> • Ask your nurse to demonstrate how to empty ostomy. • Ask your nurse how to record ostomy liquid.

Check When Done	Action
Second Day After Surgery	
	<p>If ostomy:</p> <ul style="list-style-type: none"> • Discuss things you can do to prevent dehydration from your ostomy.
Third Day After Surgery and Beyond	
	<ul style="list-style-type: none"> • Spend much of the day out of bed and walking.
	<ul style="list-style-type: none"> • Start to eat solid food.
	<ul style="list-style-type: none"> • Your pain should be well-controlled with oral pain medicine. Discuss your pain management plan for discharge with your surgical team.
	<ul style="list-style-type: none"> • You are ready to go home if you are drinking and eating well (no nausea), passing gas, and your pain is well-controlled.
	<ul style="list-style-type: none"> • Explain the signs and symptoms of infection, and what to do if you think you have an infection.
	<ul style="list-style-type: none"> • Discuss things you can do to prevent dehydration with your nurse.
	<p>If ostomy:</p> <ul style="list-style-type: none"> • Demonstrate to your nurse how to keep track of your ostomy output. • Explain to your nurse what medicines you can use to make your ostomy output thicker and prevent dehydration. • Demonstrate how to apply a new ostomy bag. • Check that you have ostomy supplies for use at home.
Before you leave the hospital, you should have:	
	<ul style="list-style-type: none"> • Hospital discharge instructions.
	<ul style="list-style-type: none"> • An appointment with your surgeon within 3 to 4 weeks after surgery.
	<ul style="list-style-type: none"> • An appointment with your primary care provider (PCP) within one week after surgery.
	<ul style="list-style-type: none"> • Prescription for pain medicine and any other medicines you need.
	<ul style="list-style-type: none"> • A hospital bag with all ostomy supplies, if needed.

Contact Information

Below is a list of phone numbers that may be needed before, during, and after your stay.

Contact Numbers – WellSpan York Hospital

WellSpan Surgical Specialists York	717-812-7500
WellSpan Pre-Procedure Optimization (PPO)	717-812-2170
WellSpan York Hospital	717-851-2345
WellSpan Short-Stay Unit	717-851-2504

Contact Numbers – WellSpan Good Samaritan (Lebanon)

WellSpan Surgical Specialists Lebanon	717-270-7908
WellSpan Pre-Procedure Optimization (PPO)	717-270-7918
WellSpan Good Samaritan Hospital	717-270-7500
WellSpan Short-Stay Unit	717-270-7919

Contact Numbers – WellSpan Ephrata Community Hospital

WellSpan Surgical Specialists Ephrata	717-466-2500
WellSpan Pre-Procedure Optimization (PPO)	717-738-6435
WellSpan Ephrata Community Hospital	717-733-0311
WellSpan Short-Stay Unit	717-738-6431

Contact Numbers – WellSpan Gettysburg Hospital

WellSpan Surgical Specialists Gettysburg	717-339-3110
WellSpan Pre-Procedure Optimization (PPO)	717-339-3135
WellSpan Gettysburg Hospital	717-334-2121
WellSpan Surgical Center	717-338-4500

Contact Numbers – WellSpan Chambersburg Hospital

WellSpan Surgical Specialists Chambersburg	717-217-6800
WellSpan Pre-Procedure Optimization (PPO)	717-267-7164
WellSpan Chambersburg Hospital	717-267-3000
WellSpan PACU 1 Preparation	717-267-7411

Contact Numbers – WellSpan Waynesboro Hospital

WellSpan Surgical Specialists Waynesboro	717-217-6800
WellSpan Pre-Procedure Optimization (PPO)	717-765-4000, ext. 5192
WellSpan Waynesboro Hospital	717-765-4000
WellSpan Same Day Surgery	717-765-3428



WellSpan.org

