BOARDWALK PROFESSIONAL CENTRE

Dr. Patrick McCrea
M.D., M.A.Sc., F.R.C.S.C., General Surgeon
Boardwalk Professional Centre
220 Water Street, Charlottetown, PE, C1A 9M5
Email: info@drpatrickmccrea.com | Web: www.drpatrickmccrea.com
Tel : 902.368.7610 | Fax: 902.368.7611

Rectal Surgery: Low Anterior Resection (LAR)

This is an instruction sheet for patients scheduled for a Rectal Low Anterior Resection. Read carefully. The Queen Elizabeth Hospital operating room booking office will contact you about a date for your surgery. Please contact our office if you believe there is an error in the type of surgery that is being arranged.

You will likely meet with surgery clinic nurses at the hospital to learn more about your procedure and what to expect. You may also have investigations such as blood work, cardiogram, and x-rays prior to your surgery. Depending on your health, you may meet with an anesthesiologist or other specialists.

In advance of your surgery, you should notify your employer of anticipated absence and make sure that you have help at home if you should need it. You will be discharged from the hospital when it is medically appropriate. Further recovery is best done at home.

There is a small chance that your surgery will be delayed or moved to another date to accommodate other patients with surgical emergencies. If your own condition worsens prior to surgery and you are unwell you should go to the emergency department for evaluation.

Preparing for Surgery

Lifestyle: Please try to eat a balanced diet, exercise, quit/reduce smoking, and quit/reduce alcohol. Healthy choices better prepare you and your body for surgery and decreases surgical complications.

Making Arrangements: You will have a general anaesthetic and be admitted to hospital. Depending on your surgery, you will be discharged home after 3-5 nights. Please make arrangements for a responsible adult drive you home and stay with you. Your surgery will be cancelled if no arrangements are made.

Medications and Herbals: Please contact Dr. McCrea if you have had any changes to medications. If you take blood thinners (*Ticlid/Ticlopidine, Pradex/Dabigatran, Coumadin/Warfarin, or Plavix/clopidogrel),* Dr. McCrea, an internist, or the Hematology service will be instructing you how to take your medication. The following herbals can cause bleeding and must be stopped 7 days in advance: *Gingko Biloba, Ginseng, Ginger, and Garlic*.

Enterostomal Nurse and Education: Many patients will have a planned temporary diverting loop illeostomy during surgery. Occasionally a planned LAR has to be converted to an APR and the patient will have a permanent end colostomy. Before your operation, you will meet an enterostomal care nurse who will mark the best location(s) for a stoma if you should need one. They will also meet you after your surgery. You should self-educate as well - starting from the links available on our website.

Bowel Preparation and Pre-operative Diet: You will need to have a fleet enema bowel preparation prior to your surgery. Purchase 2 Fleet Enemas from your pharmacy (you do not require a prescription). The day before your surgery have a light breakfast then stay hydrated by drinking only clear fluids (e.g.,

Dr. Patrick McCrea
M.D., M.A.Sc., F.R.C.S.C., General Surgeon
Boardwalk Professional Centre
220 Water Street, Charlottetown, PE, C1A 9M5
Email: info@drpatrickmccrea.com | Web: www.drpatrickmccrea.com
Tel : 902.368.7610 | Fax: 902.368.7611

water, juice without pulp, consommé soups, jello, popsicles, Gatorade, etc.) but nothing like milk or thicker fluids. Use one of the fleet enemas before going to bed (it works like a suppository). Do not eat or drink anything after midnight. Take the second fleet enema on the morning of your surgery.

Day of Surgery: Do not take insulin, diabetic pills or fluid pills the morning of your surgery unless otherwise instructed. Bring your medications, in their original bottles, to the hospital on the day of surgery. You may be offered epidural analgesia by the anaesthesiologist. A LAR will take between 2-4 hours. You will be in the recovery room for 2 hours afterwards.

In-Hospital Instructions

What to Expect: Your throat may be sore from the breathing tube. Cough drops and throat lozenges are soothing. You will have minimal to moderate pain. You will likely have an ostomy as well as a catheter in your bladder and dressings over your wounds. The nurses will be helping you with your mobility, eating, and pain control.

Enhanced Recovery Schedule in Hospital:

Diet: On the night of surgery you will be given ice chips. If this is tolerated, you may have some sips of clear fluids the next morning. Nausea/vomiting/burping, bloating/distension/pain, and a lack of flatus or stool may suggest your bowels are still sleeping. Your diet will be advanced to solid food when there is evidence that your bowels are *moving forward*; it is best to eat several small portions (i.e., grazing) and listen to your body. As your intake progresses, your iv fluid will be stopped.

Mobility: You should be getting up and moving and moving the morning after surgery. By the second day after surgery, you should be getting up and walking the hallway at least 3-5 times/day. If you can, try to spend other day time hours in a chair to eat, read, and socialize rather than sleeping; this will help normalize your sleep patterns. The nerves controlling your bladder are usually stunned early after rectal surgery so your urinary catheter will generally be removed on the third or fourth post operative day.

Pain Control and Breathing: You will have combined pain control of Tylenol and Ibuprofen with either an epidural or narcotics. It is normal to have some pain; your medication will be transitioned to oral route and weaned as tolerated. You will be doing breathing exercises using an incentive spirometer.

Enterostomal care: If you have a stoma, the enterostomal therapy nurses will do teaching as you learn to manage independently.

Wound Care: If you had laparoscopic surgery, you will have steri-strips over your incisions otherwise you will have staples. You may shower after 48 hours after surgery but avoid scrubbing the steri-strips and dry them afterwards. It is not unusual for incisions to get become infected and these signs are fever,

Dr. Patrick McCrea
M.D., M.A.Sc., F.R.C.S.C., General Surgeon
Boardwalk Professional Centre
220 Water Street, Charlottetown, PE, C1A 9M5
Email: info@drpatrickmccrea.com | Web: www.drpatrickmccrea.com
Tel : 902.368.7610 | Fax: 902.368.7611

pain, redness, or drainage; in these cases, we usually open the incision slightly to allow the infection to drain. The skin will heal faster once an infection is drained.

Nurses will be helping you but *your recovery is dependent upon you* and it is important for to be doing breathing exercises, getting up, and walking. Prolonged hospital stay is associated with pneumonia, urinary, and "superbug" infections.

Instructions After Discharge

Diet and Bowels at home: You will be sent home on a soft low residue diet (see website for description of foods). You will notice that your bowel movement are looser and more frequent than before; this will thicken some as your remaining bowel learns to absorb more fluid. You should not be having copious diarrhea or stoma volumes > 1000 cc/day; if this is the case, contact the office. After two weeks, you can start introducing higher fiber foods as tolerated. After two months you should try to introduce a high fiber diet for the best health of your colon.

Wound Care: You may continue to have showers when you go home as long as you dry the incision area. If you have steri-strips they can come off at 1 week from your surgery. If you have staples, they will be removed either in same-day treatment unit or by your family physician two weeks after your surgery. At two weeks you can have baths and swim. Call the office if you have a large swelling or there are any signs of infection such as pain, redness, or persistent drainage.

Pain Control: Once you are ready to go home you will have only mild pain. The use of narcotics causes unnecessary problems with constipation and nausea and should be avoided; if you are constipated, Colace is a stool softener that can help. The best pain medications are Acetaminophen (Tylenol) and Ibuprofen (Advil) and these should be taken as needed. Avoid Advil with if you have kidney disease.

Exercise and Activity: Avoid lifting anything heavier than 10 lbs in the two weeks (including babies). You may progressively increase your activity level and exercise. If an activity is uncomfortable, stop it and retry 3 days later. At 6 weeks time, you should be back to your full level of activities.

Driving and Return to Work/School: You may return to modified or light work duties 14 days after your surgery. Most employers/schools will accommodate modified duties. At 6 weeks time, there are no restrictions but depending on your specific disease and other treatments you are undergoing, you may not have energy for a full work day for 3-6 months. You can drive and operate machinery only if you are not taking narcotics and you feel comfortable reacting to an emergency.

Follow-up and Emergencies: Call the office at 902.368.7610 to make a follow-up appointment for 4 weeks after surgery. If you have any problems or questions, do not hesitate to call the office. If you feel unwell or have fever, vomiting, bleeding wound, or increasing pain then go to the emergency room.