



Dr. Patrick McCrea

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Small Bowel Obstruction Post-Operative 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 a catheter in your nose to relieve tension on your stomach and may have a catheter in your bladder. The nurses will be helping you with your mobility, eating, and pain control.

Enhanced Recovery Schedule in Hospital:

Diet: When your bowels are functioning, the nasogastric tube will be removed and your diet will be progressed. It is important to start with liquids before progressing to solid foods; 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: The morning after surgery nurses will help you with your mobility and getting to the bathroom. You should be getting up and walking the hallway at least 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.

Pain Control: 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.

Breathing exercises: 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, 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.



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Post-Operative Instructions at 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 when possible; 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. Advil should be avoided in patients with 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.