



Pre-operative Patient Instructions – COLORECTAL

Please read these instructions at least **2weeks** prior to your surgery

Patient: _____

Planned Procedure: _____

Date & Time: _____

Hospital Location: _____

Does this procedure require preoperative bowel prep: Yes / No

If yes, see separate instructions attached.

Fasting Instructions: Stop eating and drinking six hours prior to surgery (this includes chewing gum). Patients that do not have delayed stomach emptying may continue drinking clear fluids up until two hours prior to surgery. Clear fluids include; weak cordial, water, or BLACK tea in small volumes (1/2 cup).

All sedative and anaesthetic drugs impair our protective reflexes that normally prevent stomach contents from being regurgitated into the lungs (aspiration). Aspiration pneumonia is a life-threatening condition and is largely preventable in elective surgery. For your own safety, it is of utmost importance that guidelines for pre-operative fasting are followed to minimise such risk.

Medications: Take your usual medications on the day of surgery (with a tiny sip of water). Do not take the medications that have specifically been ceased pre-operatively. If you are at all confused, please call Dr Bolshinsky or his secretary. It is recommended to stop all non-essential natural supplements two weeks prior to surgery (as these supplements may increase bleeding risk).

Medications

- **Daily Medications:** Please bring a list of all your medications on the day of your procedure.
- **Blood thinners:** Aspirin does not need to be stopped. If you are taking blood thinning medication like: Warfarin, Plavix (Clopidogrel), Pradaxa, Xarelto, or other, you must contact the doctor who prescribed it to discuss when and how to stop them. Do not stop any medications without consulting your doctor.
- **Diabetic medications:** Please call the doctor who monitors your blood sugar levels to discuss your options before surgery. If you take tablets, do not take them on the day of your procedure. If you require injectable insulin, you will need to have your usual dose adjusted by your treating doctor. If you do not know what to do, ask Dr Bolshinsky and his team will arrange a review for you with a perioperative medical doctor.



Special considerations: The anaesthetist will typically contact you before surgery. Please let them know your medical history, your medications and report any allergies or adverse reactions to previous anaesthetics.

Personal items: Please remove jewellery, makeup, nail polish, contact lenses and hairpins. Leave valuables at home. You will be most comfortable in loose fitting clothes and pyjamas.

Things to bring: If you use inhalers or a CPAP machine, please bring them to the hospital.

Smokers: Smokers have a higher risk of wound and general complications compared to non-smokers. It is advisable to stop smoking as soon as possible before surgery, to reduce this risk. If you require assistance with this, do not hesitate to contact Dr Bolshinsky, or your local doctor.

In the operating room: You are the most important person in the operating room and your care, comfort and safety is our priority. In the operating room you will be asked questions to verify your name, date of birth and planned procedure. There may seem to be a lot of activity in a cool room with bright lights. This is normal, but please let us know if you are uncomfortable.

After surgery: You will be taken to a recovery area. Based on the complexity of the operation you may be safe to be discharged home (as a day case), be admitted to the ward (overnight) or go to a monitored (high dependency or intensive care) unit. Our team will always put your safety first and not hesitate to keep you in hospital if required. Dr Bolshinsky will update your next of kin following the conclusion of your surgery. Once your status has improved, you will be transferred to a ward or prepare for discharge.

Pain: Severe pain after surgery is uncommon and often indicates a problem. Often the site of surgery is not the only area of discomfort (particularly in “keyhole” surgery).

- Muscle pain: Neck, shoulders, back, pelvis or chest in relation to your position on the operating table
- Throat pain: Your throat may feel “scratchy” or sore. This is typically due to the breathing tube required for the duration of the anaesthetic
- Movement pain: this may be related to the site of surgery. It is essential to have the pain under sufficient control to be able to breathe deeply, sit up, cough and be able to walk for short distances.

We advocate a “multimodal” pain management plan which is tailored to your needs. This may include: nerve block, non-opioid (paracetamol based), non-steroidal (ibuprofen based) and opioid (morphine) based analgesia.

Bowel function/Laxatives: Depending on the type of surgery and use of opioid analgesia (morphine-based pain killers are known to cause constipation) a combination of laxatives and bulking agents (fibre supplements) may be required. The indication, timing and dose of these medications are specific to each patient and will be titrated to fit you.

Exercise and Work: You should avoid strenuous activity and lifting (7kgs max) for six weeks after surgery. If you require a work certificate, or light duties restrictions please let Dr Bolshinsky, or his secretary know. The first week following discharge after abdominal surgery, most people find that



they are able to do most things, however, get tired very quickly. This gradually improves and most people are able to resume work after two weeks. However, patients are highly variable and it depends on your level of activity, extent of surgery and fitness beforehand. Be guided by how you feel.

Review after discharge: Your post-operative check will be scheduled for about 2 weeks following discharge. At this point Dr Bolshinsky will:

- Assess the wound
- Review the pathology
- Discuss any concerns
- Arrange any additional treatment

Driving: You are not allowed to drive (legally) within 24hours of surgery. Strong (opioid) pain killers may impair your balance and response time. It is best to use your common sense with respect to getting behind the wheel. As a minimum you need to be able to turn your head fully, react quickly and be confident that you can hit the brakes without needing to brace your abdomen.

Disclaimer

Please remember that medical information provided here must be considered as an educational service only and should not be relied upon as a medical consultation.