

## **INSTRUCTIONS FOLLOWING ANO-RECTAL SURGERY**

### **GENERAL**

If you had outpatient surgery, you should rest in bed for the remainder of the day. You must have a responsible adult with you for the first 24 hours after surgery. Due to the presence of anesthetic drugs, you should not make any major decisions for the first 48 hours after surgery. You are not allowed to drink alcoholic beverages, drive, or operate dangerous equipment while on any narcotic pain medications. Avoid all unnecessary walking. The pressure dressing on your bottom should be kept in place until the next morning. This is to control any minor bleeding.

You have stitches that will dissolve. Do not be alarmed by soreness, mild bleeding, discharge, or a false urge to defecate. Bleeding with the passage of stool is possible for six to eight weeks after surgery. If bleeding is heavy and continuous, call the office immediately.

Don't be alarmed by swelling around the anus. This is not hemorrhoids, simply a response to the stitches. Keep an absorbent dressing over the anus at all times to keep the area dry. Gauze or maxipad is recommended. Change as needed throughout the day. Do not rub the area with dry toilet paper, but instead rinse in the shower or tub and pat dry or use gentle wet wipes.

Avoid heavy lifting and straining for two weeks. Do not drive while you are taking narcotic pain medications. Your absence from work will vary according to the severity of your condition. You can usually return to work in one to two weeks after surgery.

### **SITZ BATH**

If a portable sitz bath is not provided to you by the hospital, you may purchase a sitz bath apparatus at your local pharmacy, or you may just use your bathtub. Start sitz baths the day after your surgery. After a bowel movement, a sitz bath will relieve the discomfort of the bowel movement as well as clean the anus.

Use the sitz bath or sit in the bathtub with warm water at least three times per day for 10-15 minutes each time. Do not add anything to the water. Some people prefer the comfort of a hand-held shower-head, directed at the anus while standing in the shower. The force of the warm water stream should be gentle. If you are not at home, you can rinse the area with a squirt bottle of warm water over the toilet after bowel movements.

### **DIET**

Try to regulate your diet so you get into a routine of having a bowel movement every morning after breakfast. You are encouraged to drink at least six glasses of fluid per day. Eat plenty of foods that provide roughage. Examples are bran and bran products, salads, fresh fruit and vegetables. Dairy product can be constipating, so monitor your intake of milk and milk products, including cheese and ice cream. Prune juice at bedtime acts as a mild laxative and may help to counteract the constipating effect of narcotic pain medicines. A daily dose of Metamucil or other fiber supplement is recommended for everyone.

### **BOWEL MOVEMENTS**

If you are unable to have a bowel movement by the evening of the second day following surgery, take one dose of Milk of Magnesia before going to bed. If you do not have a bowel movement by the third day, please call the office for instructions.

### **ACTIVITY**

In order to strengthen the muscles in your anal area, do rectal “winking” exercises daily. Contract your rectal muscles for ten seconds as if you were trying to prevent expelling gas. These are to be done 10-20 times, two or three times per day.

## **MEDICATIONS**

When you are discharged from the hospital, you should obtain the following items from the drug store: 1) dietary fiber supplement such as Metamucil or Citrucel, 2) stool softener such as Colace, 3) Advil, Motrin or Ibuprofen 4) narcotic pain medication via prescription (if not provided to you in the hospital).

- **DIETARY FIBER SUPPLEMENTS** work by hydrating and increasing the volume of stool. They only work if you combine them with adequate amounts of water (six to eight glasses per day) and the roughage supplied by a proper diet as described above. Increasing the dietary fiber supplement dose beyond two daily doses is usually ineffective, and will produce a gassy, bloated feeling.
- **Stool Softeners** hydrate the stool by holding water. They have little laxative activity. Obtain the least expensive, once per day formulation (Colace is a common brand). If your bowel movements are very loose, stop the stool softener. If the bowel movement is too hard, you may add an additional dose in the evening.
- **Ibuprofen (Advil or Motrin)** are all the same type of anti-inflammatory medication broken down in your kidneys. They are in the same class of medication as Aspirin. We recommend using 1-2 tablets (200mg each) every six hours for the first three days. After three days, use the medication only as needed. If you have a history of stomach ulcers, gastrointestinal bleeding, a history of kidney problems do not take these medications, instead, take only Tylenol.
- **Tylenol (acetaminophen)** is a pain reliever that is broken down in your liver. The recommended dose for Tylenol is 500 mg three times per day.
- **Ibuprofen and Tylenol** can be taken together safely. We recommend alternating the medications every 3-4 hours for best relief.
- **Narcotic pain medication** is available by prescription only. There may be a tendency to dizziness or nausea. The medication should only be taken as needed and is best tolerated on a full stomach. Do not drive or drink alcohol while on narcotic pain medications.