

Instructions after Abdominal Surgery

Drs. Burke, Boyle, McKee, Leung, Morris and Incorvati

On _____ you had abdominal surgery at Heritage Valley Beaver. Please follow the instructions on this sheet for your follow-up care and make an appointment for a follow-up visit in 2-3 weeks (1 week if you have staples in place).

Activity/Sleep/Return to Work

- Unless instructed otherwise, you may walk, climb stairs, ride as a passenger in a car, and engage in other activities of daily living as tolerated.
- It is normal to feel fatigued and require more sleep than usual during your recovery. Also, major surgery and being in the hospital can disrupt sleep patterns. We recommend allowing sleep patterns to return to normal over time and avoid sleep medication unless previously prescribed.
- Avoid heavy lifting (20 pounds or more) for 6 weeks.
- Avoid driving for 2 weeks or as long as you have pain and are taking narcotic pain medication.
- You may resume work as tolerated unless instructed otherwise or if your work involves heavy lifting. Please bring any forms related to work, insurance, or disability to your first postoperative visit.

Bowel Movements

- It is common to have irregular, loose watery stools for several days after abdominal surgery. If watery diarrhea lasts more than a few days or you have more than 8 large volume liquid bowel movements in one day then call the office. You may have altered bacteria in your colon and need a prescription for an antibiotic.
- You may take mineral oil 1 tablespoon twice daily to soften your stool. If you have diarrhea, stop this medication. If you have constipation and feel uncomfortable, then please call the office during office hours.

Urination

- Patients who had a urinary catheter (Foley) placed for surgery often have minor discomfort with urination for several days after the catheter is removed. If discomfort persists or worsens, an infection may have occurred and you should call the office.
- If you are voiding small amounts frequently (every hour or so), please call the office. You may need to have a catheter inserted for a few days to “retrain” your bladder to hold larger amounts of urine.

Diet

- Unless otherwise instructed, you may eat anything in moderation. Small frequent meals are easier to tolerate than large meals.
- You may notice occasional abdominal cramping after eating. These symptoms usually resolve with time. It may help to eat smaller amounts of softer, bland food or to limit your diet to liquids (juice, soup, etc) until these symptoms pass.

- It is important to avoid dehydration. Drink enough to keep your urine looking light yellow.

Bathing/Incision (Wound) Care

- Unless your doctor tells you otherwise, you may shower as usual.
- It is normal for a small amount of clear, yellow, or red-yellow fluid to drain from the incision. However, if the drainage becomes thick or the skin around the incision becomes red and sore, an infection may have occurred. You should then call the office.
- The incision does not need to be covered. You may cover it with a gauze bandage to protect clothing if drainage does occur.
- If you go home with staples in place, they will be removed at your first follow-up office visit.
- If you are discharged home with steri-strips in place, they will fall off after 1-2 weeks or will be removed at your first follow-up office visit.
- If you are discharged home with Dermabond in place, it will peel off after 1-2 weeks or can be removed after 2 weeks.
- The incision will heal approximately 6 weeks from surgery. It will take about 1 year for the scar to soften and take on its final appearance.

Pain and Pain Medication

- Pain from the incision is normal. Pain will vary from day to day and with changes in your activity level, but it should gradually decrease over time.
- You may be given a prescription for pain medication (usually a narcotic such as Norco) when you are discharged from the hospital. DO NOT take the pain medication unless you are having pain. Narcotics may cause constipation and decrease your ability to think or act clearly. DO NOT drive or operate machinery or drink alcohol if you are taking narcotic medications.
- For minor pain, you may take a non-steroidal anti-inflammatory drug (NSAID), such as ibuprofen or naproxen, or you can take acetaminophen (Tylenol). Please note that NSAIDs can cause an upset stomach or bleeding and acetaminophen can cause liver damage if taken in larger or more frequent doses than recommended. Also note that the narcotic pain medication will frequently contain acetaminophen.

Steroid Medications

- If you took steroid medications (such as prednisone) during the 6 months before your surgery, you may need to take steroid medications for a short time after surgery. Please check with your doctor.

Stoma Care (Colostomy or Ileostomy)

- If a stoma was created during your operation, it will take some time to adjust to this change with your body. Please follow the instructions you were given during your hospital stay for care of the stoma. Please call your doctor for questions, but they may refer you to the enterostomal therapist for help.

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- If you have an ileostomy, it is very important to keep yourself well hydrated to compensate for loss of liquid through the stoma. A good rule is to drink enough to keep your urine a light yellow color.
- If your ileostomy bag needs emptied more than 8 times in one day call the office.

Call Our Office

Call our office with questions, to make a follow-up appointment, and if you notice any of the following:

- Fever (temperature over 101F) or chills
- Persistent nausea, vomiting, or bloating
- Severe pain that is not relieved by the prescribed medications
- Swelling or redness around the incisions
- No bowel movement for 2 days and are uncomfortable
- Significant change in urination or no urine output for 8 hours
- Excess bleeding (from the rectum or incision) – more than ½ cup that does not stop

Office Telephone: 724-728-8300
Monday through Friday 8:00 AM – 5:00 PM

This number will also connect you with the answering service during non-business hours.