

Instructions After Anorectal Surgery



You are scheduled for ambulatory or same day admission surgery. Your colorectal attending surgeon, resident staff and the anesthesia staff will meet you in the preanesthesia area to answer any questions that you may have before your surgery. Your surgeon will talk with your family members in the waiting area after the procedure by telephone or in person. Any special instructions will be given to you or your family member at that time. If general or regional anesthesia is used, you will be monitored in the recovery room for 1-2 hours after your surgery.

A responsible adult must accompany you home. You should not drive or operate machinery for the remainder of the day. You will be given any prescriptions or dressings needed for discharge.

Wound Care

- You should remove your dressings on the morning after your procedure. If the dressing become soiled or soaked, you may change them on the evening of the procedures.
- Any packing within the anus or wounds should be removed gently from the anus before or during the first bath. It may be easier to remove the gauze after you get into the water once it is wet.
- Warm tub or sitz baths should be taken 3-4 times per day initially, especially after each bowel movement. After the first week you may decrease this to 2 times per day.
- You do not need to add anything to the water (no Epson salts, etc).
- You may notice slight ooze or bleeding for several days, usually with bowel movements.
- You do not need to apply or insert any packing after your first bath but you must place gauze pads to absorb any drainage and protect your undergarments.

Pain

- You will receive local anesthetic during your procedure which will last for 3-6 hours. You or a family member should pick up your prescribed pain medication early so that you have it when the local anesthetic wears off.
- You may have some pain for several days, especially with bowel movements.
- Your best pain relief may be from the warm baths.
- Use the pain medications listed below, as needed. Start with Tylenol or Advil. Add the narcotic medication for stronger pain relief, if needed.

Medications

- **Stool softeners** – Take docusate 100 mg tablets (Colace or generic stool softeners) by mouth orally, one twice a day. You may increase this to two tablets twice a day if needed.
- **Fiber supplements** – Take 1 tablespoon of a powdered fiber supplement mixed in a glass of water or juice 1-2 x per day. Examples include Metamucil, Benefiber, Konsyl, and Citrucel.
- These supplements are available at all pharmacies and grocery stores without a prescription.
- **Over the counter pain medications** – Start with Tylenol 1000 mg every 4-6 hours and/or Advil 400-600 mg every 4-6 hours.
- **Narcotic pain medications** – For stronger pain relief, you will also be given a prescription for a narcotic pain medication (Norco or oxycodone). Use this every 4-6 hours, if needed.
- *Note: Narcotic medications can cause constipation. Keep your stools soft and passing easily.*

Diet

- Eat as much fiber as possible including fruits including prunes, vegetables, salads, and whole grain breads and cereals.
- Drink at least 6-8 glasses of water and juice each day.
- Avoid spicy food until the wounds are healed.

Bowel movements

- You may not move your bowels for several days after surgery. This is usually normal.
- Avoid constipation by eating a high fiber diet and taking stool softeners and a fiber supplement, as listed above.
- If you have not had a bowel movement within 3 days or feel rectal pressure, you may use a laxative. Start with Milk of Magnesia, 2 tablespoons. If not effective within 6-8 hours, you may try magnesium citrate, 6 oz. Both are available at all pharmacies and grocery stores without a prescription. If you are still having difficulty please call your surgeon.
- Do not use enemas or suppositories unless directed by your doctor.

Activity

- You should walk several times each day.
- Prolonged sitting may be uncomfortable.
- You may resume normal activities as soon as you wish.
- You may return to work whenever you feel able, however most people will take off 1-3 weeks.

Things to Watch For

- Slight oozing or spotting when you have bowel movements or on the gauze dressing is normal. If you notice heavy bleeding that is continuous, apply pressure and call your surgeon.
- It is not uncommon to have difficulty urinating after surgery. If you have not urinated at all by the first evening after surgery, please call your surgeon or go to your nearest emergency room.
- Some redness and discharge around and from the wound is normal. If you notice increasing redness, swelling, foul smelling drainage, or fevers, please call your surgeon.

Follow up

- Please call for a follow up appointment in 2-4 weeks. Your discharge instructions will provide you with exact details.
- If you have any questions or concerns, please do not hesitate to call your colorectal surgeon. A surgeon may be reached 24 hours a day 7 days a week.
- If you cannot reach your surgeon or you need immediate attention, please go to your nearest emergency room.

Patient information materials developed in the Section of Colon and Rectal Surgery at Rush University Medical Center. The information contained in this brochure is believed to be accurate; however, questions about your individual health should be referred to your physician.

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