



**Salisbury**  
NHS Foundation Trust

# Discharge advice after colorectal surgery



This is information to help with your recovery at home and advice about some common issues you may experience after bowel surgery.

## **Discharged Home**

After any operation your body will need time to recover from the trauma and adjust to its new state. Some people are surprised at the length of time this can take. When you first get home you may need to rest often throughout the day, this is normal and should improve over time as you become stronger. As a rule, listen to your body, use your common sense and don't push yourself too hard.

Your abdomen will be sore after your operation and needs time to heal. You must not lift anything heavy. If you do, you may cause yourself pain and strain muscles which could lead to a hernia.

## **Pain relief**

Some pain after surgery is expected but you should not be experiencing severe pain, you will be discharged home with analgesia (a copy of the prescription will be sent to your GP). We suggest you take analgesia regularly for the first few days or until you can perform your normal activities without significant discomfort.

## **Wound healing**

If you go home with stitches, they will dissolve over time but this can take a few weeks. If your wound requires dressing, please speak to your practice or district nurse for advice.

All wounds progress through several stages of healing, the following are commonly experienced:

- A hard lumpy feeling as new tissue forms
- Unusual sensations such as numbness, tingling or itching
- Slight pulling around the glue or stitches as the wound heals

Please do not pull off any glue or scabs as they protect the new tissue underneath and will fall off when ready.

If a wound suddenly starts to become painful, red, hot, ooze clear fluid, blood or pus then it needs to be reviewed. Often these may be a sign of a simple wound infection which if treated early may only need a short course of oral antibiotics. If you are at all concerned about your wound please contact the colorectal nurses on the number above.

### **Bathing and showering**

As long as your wound is healing, you may have a bath or shower but use unscented products to prevent the wound from stinging. Avoid soaking in the bath and carefully pat the wound dry with a clean towel.

### **Bowel function after surgery**

In this period immediately after your surgery, your bowels may be erratic. It is important to be aware if you are passing wind as this is a sign that the bowel is working.

Your bowels will take time to settle and adjust to a new bowel habit. This change usually settles with time but can range from several months to 2 years. At this point, this may be your new “normal”.

- **If you have constipation** (2-3 days of no bowel motion). Increase your fluid intake and increase the fibre in your diet
- **If you have diarrhoea** – Increase your fluid intake and reduce the

amount of fibre in your diet. Protect your bottom with a barrier cream

- Try to eat little and often, chew your food slowly.

<b>Foods high in fibre</b>	<b>Foods low in fibre</b>
Cereals – All Bran, Fruit n Fibre, muesli, porridge	Cereals – Cornflakes, Rice Krispies, Ready Brek
Bread – Wholemeal, Granary	Bread – White
Vegetables – greens, salad	Vegetables – Root –well cooked
Fruit – berries, citrus, skins	Fruit – Tinned fruit, stewed apple
Pulses – beans, lentils	Rice pudding, semolina, tapioca
Wholemeal rice, pasta	White rice, pasta

## **Diet**

This information is different for people with a stoma - please follow advice given to you by the Stoma Care Specialist Nurses.

When you first get home, you can start to eat a healthy well balanced diet and resume eating your usual foods. However, if you have persistent problems with your bowels you may need to alter what you eat - we have more detailed information we can give you. Please contact the colorectal nurses on the number above if you would like further information.

You may drink alcohol in moderation, but make sure you read the instructions of any medication that you are taking, such as pain relief.

If you have a poor appetite or seem to be losing weight, please make an appointment with your GP to discuss your options which may

include a nutritional supplement drink.

## **Feelings after surgery**

The time leading up to your surgery will have been an anxious and stressful period. This combined with sleep deprivation whilst in hospital, can sometimes lead to an emotional response when you get home. This is when you experience a lot of emotions all at once and can be completely unexpected. Some people become tearful, withdrawn or angry. Please be assured this is normal and will pass.

## **Exercise and activity**

It is important to mobilise after surgery, keeping active can help you to recover quicker from your surgery and make you feel better. It is not advised to stay in bed all day even if you feel tired as this can increase your risk of complications such as pneumonia. It is important to listen to your body and pace yourself whilst doing exercise. Gentle exercise will help to build up your muscle strength, most people will start with a gentle walk and attempt to increase the distance each day. After 4-6 weeks you will gradually be able to do more strenuous exercise and/or re-introduce any sports you participate in.

## **Resuming Sexual Relations**

Following your surgery, with time, you will be able to lead as full and as active a life as you did before your surgery. Initially, you should abstain from sex for at least 6 weeks.

After certain bowel surgeries the nerves that control your sexual function can become bruised. In men this may lead to being unable to get, or maintain an erection and may experience dry orgasms. Some

women may find that they have changes such a loss of desire and alteration of arousal and orgasm. Feeling anxious or nervous can make the vagina dry; lubricating jelly can help with this.

The anxiety and stress of surgery can often reduce sex drive. This is quite common and in time will generally return to normal. It is important to talk about how you and your partner are feeling as this can often help.

### **If you have had rectal surgery – (such as an Anterior**

**Resection):** Those patients who are on the receiving side of anal intercourse need to be aware that anal penetration may damage the anastomosis (the join in the bowel). It is possible that when the anastomosis is made with staples that these can be sharp and cause injury and discomfort to the penis. Speak with your surgeon if you are concerned about this.

It is important to give yourself enough time to recover after surgery but if problems persist with sexual function please contact your GP or Specialist Nurse who will be able to help.

### **Driving**

Check with your insurance company on their rules of driving after major abdominal surgery. Some may not cover you for a set period of time after your operation. It is not legal to drive without insurance.

Before you attempt to drive you need to check that you are safe to do so and can perform an emergency stop. To do this, sit in your parked car with another registered road user and go through the motions of driving (including turning the wheel and looking over your shoulder). You also need to simulate performing an emergency stop. If you feel

safe and confident, do not experience pain during this exercise and the other registered road user agrees, then it is safe for you to drive.

## **Returning to work**

When you feel ready, you can return to work – this will be different for everyone. If your job involves lifting, pulling, pushing or stretching then it is recommended to wait at least 6 weeks. Many employers are very supportive of helping you return to work and they may be agreeable to lighter duties or reduced hours to begin with.

## **Further information**

For any further information, please speak to your Colorectal Clinical Nurse Specialist on 01722 425 194 (direct line).

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