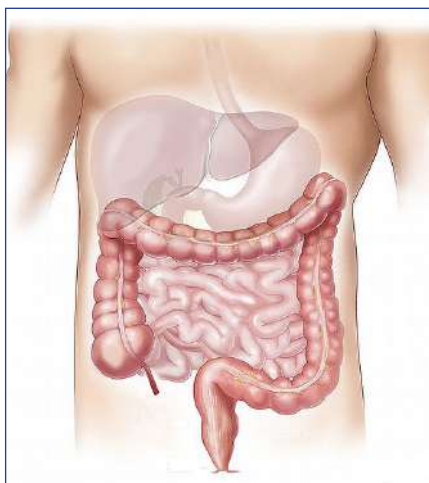


**Droit  
au  
coeur**

Centre intégré de santé  
et de services sociaux  
de la Montérégie-Centre

## **Enhanced recovery after surgery (ERAS)**

### **Preparation guide for colorectal surgery**



This guide will help you understand your surgery better and prepare you for the different stages of surgery.

Please bring this guide with you to your appointments and also on your day of surgery.

The recommendations found in this guide do not in any way replace specific medical guidelines provided by your healthcare team. Those guidelines are particular to your situation.

This guide was created by a team of professionals following recommendations for an enhanced recovery program after surgery supported by medical research.

Compared to traditional care, enhanced recovery after surgery promotes:

- pain reduction;
- reduction in complications;
- a shorter hospital stay;
- a more rapid resumption of your activities;
- improved satisfaction and quality of life



This guide is a reference tool for you to consult at any time throughout your surgery experience. Take the time to read it thoroughly and annotate it to make it your own.

If you have difficulty communicating in French or English, ensure that you are accompanied by someone who can translate for you.

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## Introduction

You will soon be having bowel surgery. Undergoing surgery can be stressful for you and for your family members. Do not hesitate to voice any concerns you have with us.

An entire healthcare team will support you throughout the process and guide you through the various stages. Together, you will find the best way for you to take an active role to ensure a rapid, safe recovery. Your involvement throughout your care pathway is key. Share this guide with your close family and friends; they can also help and support you through the various stages of the surgical process.

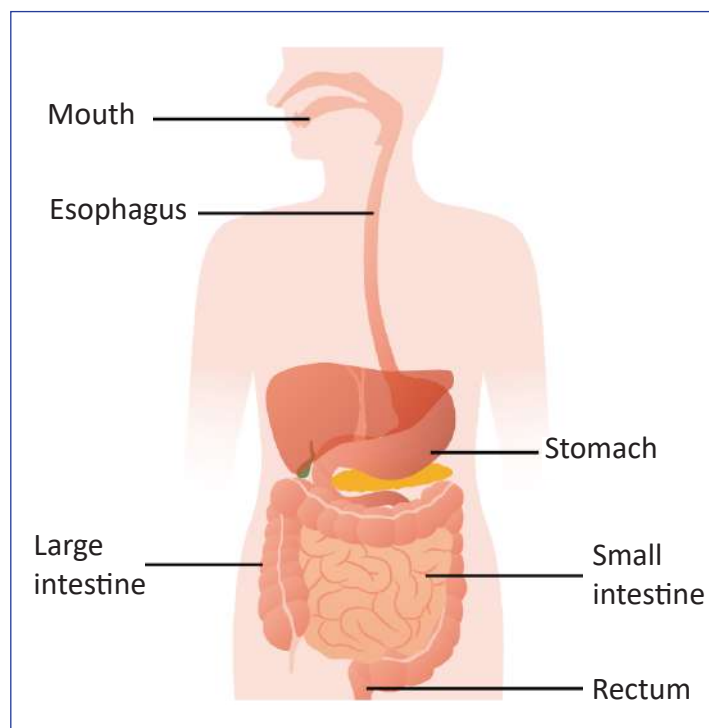
## What is the bowel and its role in digestion?

When you eat, food goes from your mouth down through the esophagus to your stomach.

It is then sent to the small intestine (or small bowel) where digestion continues and the nutritional elements from food are absorbed.

Surplus food then passes through the large intestine where it completes the digestion process by absorbing nutrients and liquids.

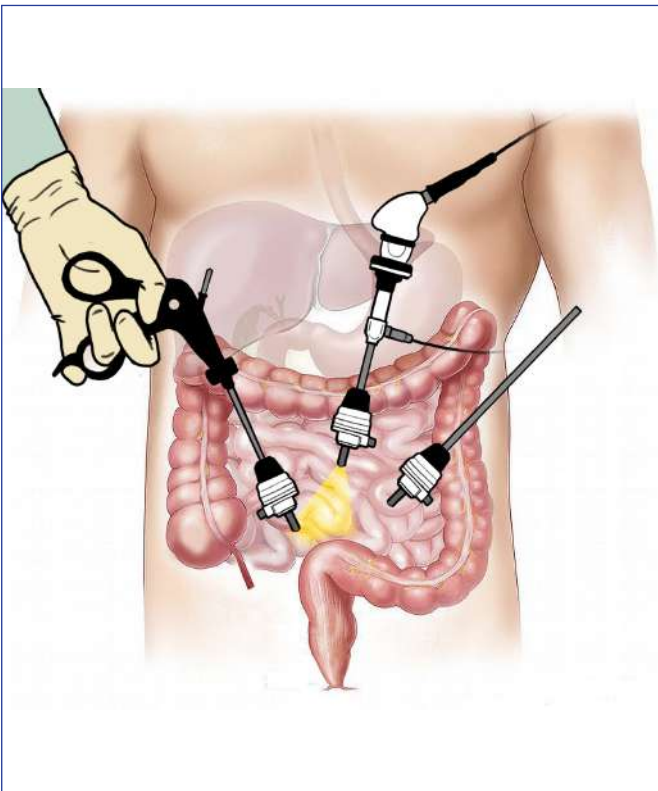
The waste material (fecal matter or stools) is then stored in the rectum waiting leave the body through the anus.



## What is bowel surgery?

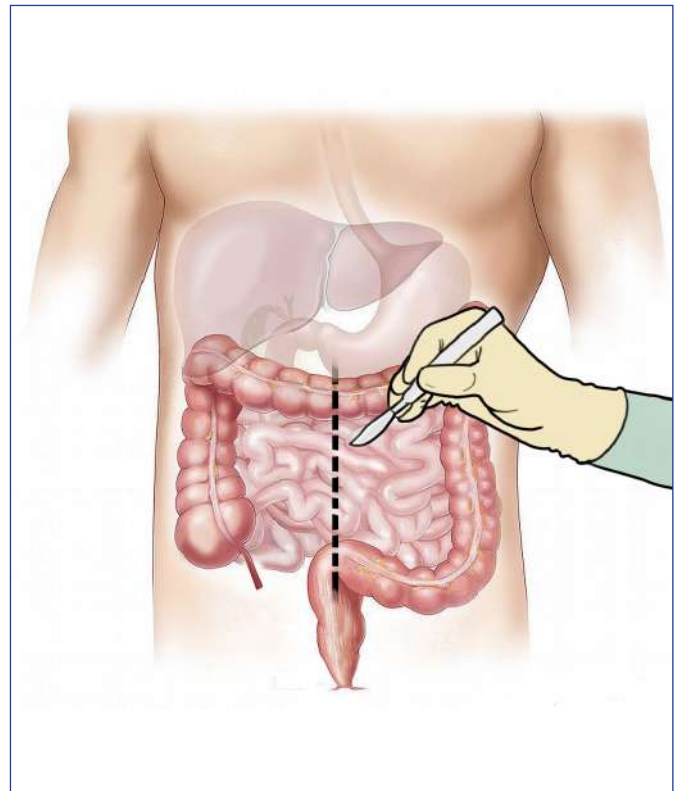
Bowel surgery (colorectal) is intended to remove the diseased section of the bowel. This intervention can be performed in two different ways: by laparoscopy or by laparotomy. Depending on your medical situation, your healthcare team will indicate which technique is more appropriate for you.

Once the diseased section of the bowel is removed, the surgeon must ensure the continuity of the digestive tract. There are two alternatives for this procedure, the first is to join the two extremities of the bowel together (anastomosis) and the second is to create a stoma.



### Laparoscopy

Small incisions to insert a camera and instruments to perform the surgery. Placement of the incisions depends on the diseased section of the bowel.



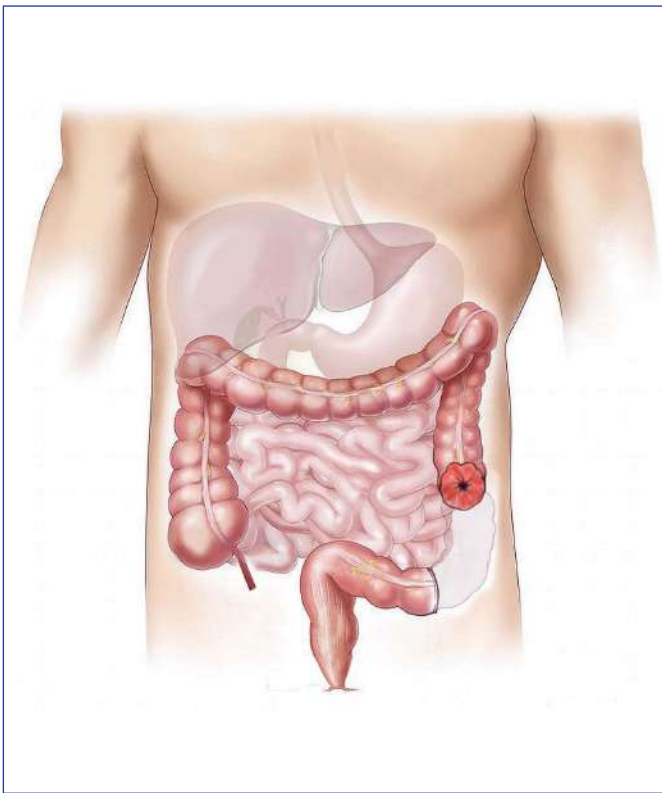
### Laparotomy

Incision in the abdomen to perform the surgery.

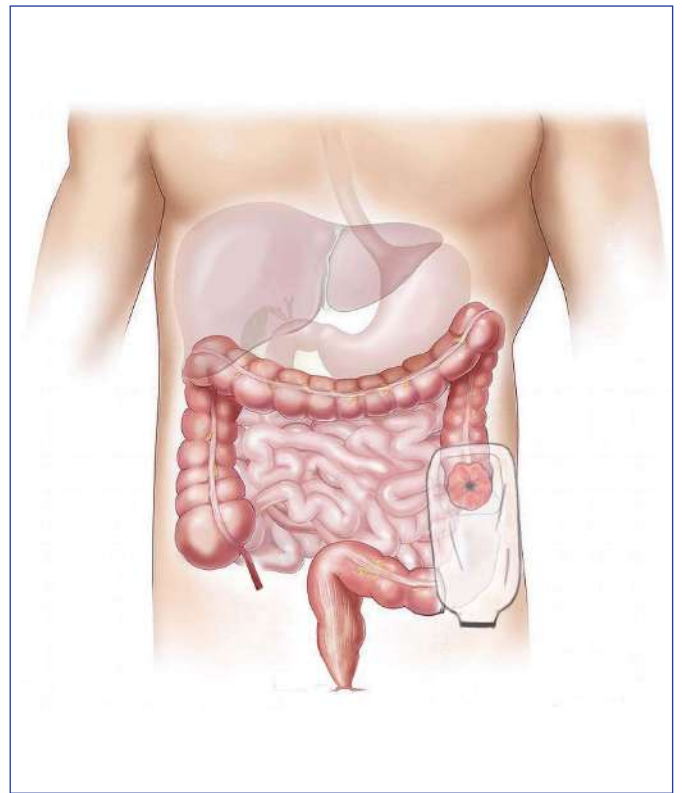
## What is a stoma?

It is possible that some people will need a stoma during surgery. A stoma is an opening in the abdomen through which the intestine is brought out and attached to the skin. It allows stools and gas to collect in a bag that is attached to the skin. A stoma may be temporary or permanent.

If you need to have a stoma, your surgeon will inform you about it prior to surgery. If that is the case, you will meet a nurse from the stoma and wound care program. She will plan the placement for the opening and mark the place on your abdomen. The nurse will also show you how to care for your stoma.



Stoma without a bag



Stoma with a bag



## How to enhance your health before surgery?

Being in better health before surgery will have a direct influence on your recovery. This can be achieved by adopting healthy eating habits, physical exercise as well as by reducing or stopping your consumption of tobacco and alcohol.

### Diet

It is important to eat well before and after surgery to help your body prepare for the intervention and recovery. Good nutrition will also help you with the energy needed to do exercises and quickly regain your strength.

You can eat what you want (unless advised otherwise by your healthcare team) while respecting certain recommendations.

1. Choose foods rich in protein such as:

- red meat;
- fish;
- chicken;
- eggs;
- dairy products (milk, cheese, yogurt, milk based desserts);
- soya beverages and desserts;
- nuts;
- legumes.

A protein-rich diet will help heal your wound and help prevent infection.

2. Have two or three nutritious snacks in addition to your three regular meals:

- muffins or cheese and crackers;
- cheese and fruit;
- ½ a ham, cheese, salad or peanut butter sandwich;
- yogurt;
- milk based dessert;
- protein and energy rich beverages (eggnog, milk shake, smoothie, a commercial supplement like Boost® or Ensure®).

3. Drink plenty of liquids to remain hydrated. However, avoid drinking large quantities before a meal especially if it causes loss of appetite.

Your healthcare team will assess if you need to consult a nutritionist before your surgery.



## Physical exercise

Physical exercise is defined as any bodily movement using muscles that require expending energy. Any every day activity, especially those related to leisure, on the work site or for going places are included.

Physical exercise is very beneficial for the heart, body and mind. Being active before your surgery can make a significant difference to your recovery.

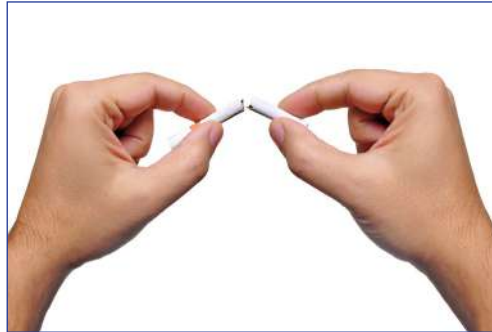
- It increases appetite and helps with digestion.
- It improves the body's immune system.
- It improves the cardiovascular, muscular and skeletal systems.
- It reduces joint pain and maintains muscle strength making it possible to remain autonomous and able to walk.
- It helps reduce anxiety, depression and fosters good self esteem.

It is recommended that adults dedicate **at least 150 minutes per week to a moderate to vigorous activity that provides a cardio workout** (walking, swimming, aqua fitness, cycling etc.). The time can be divided into several sessions of at least 10 minutes to eventually achieve 30 minutes of activity per day. You could also include moderate muscle strengthening activities twice a week or more (carrying grocery bags, lifting weights, climbing stairs, etc.).

If you are already an active person, keep up your good habits. If not, try to replace your sedentary activities with physical activities whatever the intensity (including light). At your own pace, start adding exercises to your routine. You can begin by walking every day which is already a good start. Keep in mind that any physical activity is better than no exercise at all.



## Stop smoking



Smokers are more likely to experience complications following surgery. The toxic substances present in tobacco affect healing and the ability to fight infection.

If you smoke, it is important to quit smoking today. Stopping smoking at least **four weeks** before your surgery will help reduce your risk of complications and help with a more rapid recovery.

Consult your healthcare team. There are various free resources to support you through the process. It is a difficult step but it is never too late to quit no matter how many cigarettes you smoke or the number of times you have tried to stop

## Stop drinking alcohol



Alcohol can affect the way some medications work and make your recovery more difficult. Reduce or stop your consumption of alcohol four weeks before your surgery.

If you have at least three drinks a day, do not hesitate to mention it to your healthcare team, they will direct you to the appropriate services. If you are used to consuming a large amount of alcohol, it can be dangerous to stop suddenly. Pharmacological aid and/or assistance from a healthcare provider may be required.

[Specialized addiction rehabilitation services](#)



[www.santemonteregie.qc.ca/centre/services-de-proximite-en-dependance](http://www.santemonteregie.qc.ca/centre/services-de-proximite-en-dependance)



## Preparing for your surgery

Your hospital stay is estimated to be **two to four days** if your surgery does not involve installing a stoma (an opening in the abdomen through which the intestine is brought and attached to the skin). Your stay could be one day longer if you have a stoma.

### Plan in advance

When you return home, you will need help with:

- moving around;  
Ensure that somebody can **drive you to the hospital and pick you up**. For example, if your surgery is on Monday, you could be discharged on Wednesday or Thursday.
- preparing meals;  
Plan easy meals to prepare in advance and refrigerate or freeze them.
- laundry;
- shopping;
- house cleaning.

If you do not have help at home, check with your CLSC to see what they can offer.

If you are concerned about your return home, talk to your healthcare team

### Visit to the pre-admission clinic

You will meet with a nurse at the pre-admission clinic. The purpose of this meeting is to assess your overall health. For this appointment you should have **a list with you of the medications you are currently taking**. Ask your pharmacy to print you a copy of the list.

At this visit:

- you will complete a health questionnaire which will then be approved by the clinic nurse;
- you will have an electrocardiogram(ECG) to assess the state of your heart;
- your blood pressure will be taken;
- blood tests taken;
- samples from your nose and anus taken (to test for antibiotic-resistant bacteria);
- you will receive information about the surgery, how to prepare and be involved;
- your medications will be assessed

Some medications and natural products could affect your surgery and you may have to stop taking them beforehand. The nurse will inform you about these at the pre-operation appointment. In this case, the memory aid on the following page will help you plan to discontinue the medications in question



### Memory aid for discontinuing medication (to be completed by the nurse)

	Day -7	Day -6	Day -5	Day -4	Day -3	Day -2	Day -1	Day 0 Surgery
	Date	Date	Date	Date	Date	Date	Date	Date
<b>Antiplatelets:</b> _____ Stop: _____ Days before surgery								
<b>Anticoagulants:</b> _____ Stop: _____ Days before surgery								
<b>Hormones:</b> _____ Stop: _____ Days before surgery								
<b>Anti-inflammatories:</b> _____ Stop: _____ Days before surgery								
<b>Others:</b> _____ _____ _____								





Usually before surgery, there is no need to stop pain relief medication. The nurse will assess your situation and specify guidelines based on the medications you are taking.

If you have several health issues, you may have additional appointments with different specialists or other more extensive tests.

### **A call from the *Service de programmation opératoire* and the Admissions department**

You will receive a call from the *Service de programmation opératoire* between one and four weeks before your surgery to establish a date for surgery. About 48 hours before surgery, you will receive a call with instructions for preparing for surgery, to confirm your personal information and verify your history of hospitalizations

### **Cancelling surgery**

If you are ill or unable to come for surgery, please contact your hospital centre as soon as possible.

- Hôpital Charles-Le Moyne  
Call Admissions at 450 466-5600.
- Hôpital du Haut-Richelieu  
Contact the *Service de programmation opératoire* at 450 359-5000, ext. 2085

Your surgery could be postponed or cancelled at any time due to situations beyond the control of personnel at the hospital centre.

If that happens, your surgeon will reschedule as soon as possible.



## The day before surgery

### Body hygiene

The day before or the morning of surgery, wash with a 4% chlorhexidine soap or a mild unscented soap. It is important not to shave the area where you will be operated, as irritation or cuts in that area could compromise your surgery.

### Diet

Eat a normal breakfast the day before your surgery

After breakfast do not eat any solid food. Follow a clear liquid diet for the rest of the day.

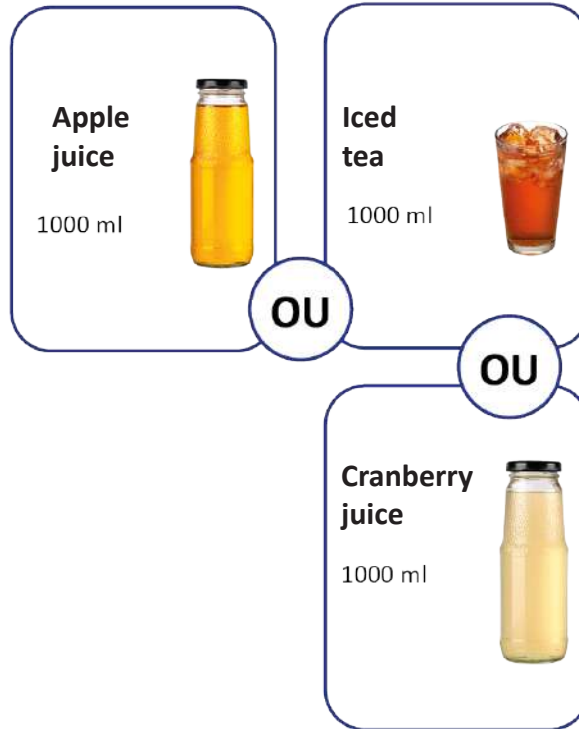
A **liquid diet** consists of **clear liquids** (you can see through them) such as:

- water or ice;
- clear juice without pulp (apple, grape, cranberry, lemonade, etc.) and Gatorade®;
- Jell-O® and Popsicle®;
- consommé, beef or chicken bouillon (without noodles or residue);
- soft drinks (Sprite®, 7 up®, Ginger Ale);
- **no dairy products**, vegetable juice, supplements like Ensure® or Boost® with opaque liquids or fibre.



**After 6 p.m.**

Drink **1000 ml** of apple juice OR cranberry juice OR iced tea.



## Bowel preparation

The purpose of bowel preparation is to cleanse your intestine.

- The day before your surgery, prepare 4 litres of polyethylene glycol with electrolytes and refrigerate. (e.g.: Golytely)
- At the time prescribed by your surgeon, **drink 250 ml of polyethylene glycol with electrolytes (e.g. : Golytely)** every 10-15 minutes until you have consumed the prescribed amount.

You may need to take additional medication including antibiotics (Neomycin and / or Metronidazole) and / or nausea medication (MétoCLOPramide). If so, your surgeon will give you a prescription at your initial appointment. Purchase these medications at your pharmacy. A nurse will confirm everything with you.

- **If you experience nausea** when taking the polyethylene Glycol with electrolytes (e.g.: Golytely), take the MetoCLOPramide if prescribed.
- **At 1, 2 and 11 p.m**  
Take the antibiotics (Neomycin and /or Metronidazole), if prescribed, to help maintain your intestinal flora.





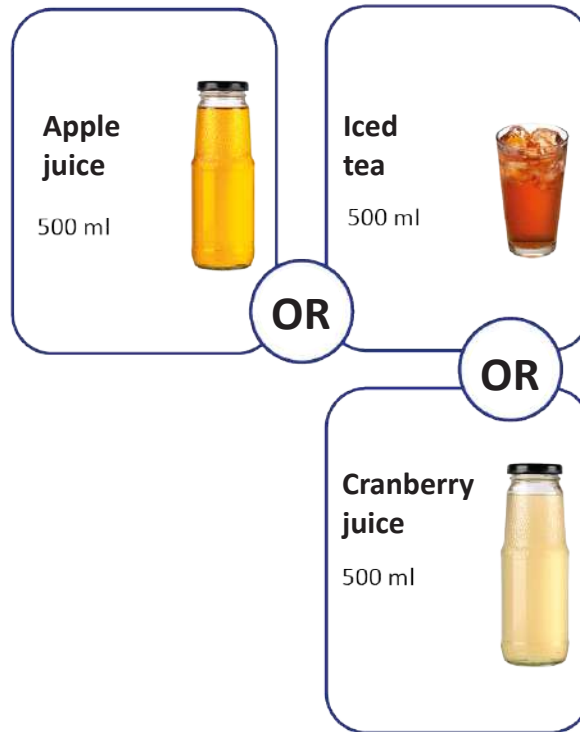
## The day of your surgery

### Diet

Continue your diet of clear liquids that you started the day before **up until one hour** before arriving at the hospital. Drink nothing after that with the exception of 500 ml of juice at 5 a.m.

Consume no solid food the day of your surgery

### At 5 a.m. in the morning before leaving for the hospital



Drink **500 ml** of apple juice OR cranberry juice OR iced tea..

Drinking this liquid before surgery will ensure that you have an adequate amount of sugar in your system. This sugar is your main source of energy ensuring optimal recovery for your cells without impacting loss of muscle mass.

**At 5:30 a.m. on the morning of your surgery**, take the medication for nausea or vomiting (Metoclopramide) if prescribed.



## Bring to the hospital

- this guide;
- Medicare card and hospital card;
- insurance certificate (if you have insurance);
- a current list of your medications, if it has changed since your appointment with the nurse at pre-admissions;
- absentee form from your employer (work cessation);
- glasses and case, contact lenses, dentures and case, hearing aids and case;
- personal items (tissues, soap, toothbrush and toothpaste, deodorant, sanitary napkins, as needed);
- breathing apparatus (CPAP, BiPAP) properly identified with your name;
- pyjamas, house coat, non-skid slippers for walking in the corridors;
- chewing gum (1 or 2 packs);
- If receiving a stoma (opening in the abdomen connecting the intestine to the skin) bring the teaching kit you were given with you.

Remove all your jewelry, body piercings, makeup, nail polish and gel nails.

The hospital is not responsible for lost or stolen personal effects. Do not bring a credit card, money, jewelry or valuables.

## When you arrive

You will be met at the day surgery unit on the second floor. What to expect at the beginning of the day:

- wearing a hospital gown;
- receiving an identity bracelet and one for allergies if applicable;
- blood tests;
- urine test for women aged 55 and under;
- review of the health questionnaire completed at the pre-admission clinic;
- monitoring of vital signs (blood pressure, heart rate, respiration, blood oxygen level and temperature taken orally);
- verification of adequate preparation for surgery (diet, bowel preparation, starting or stopping medication);
- a warm blanket around you to help maintain normal body temperature.

## In the operating room

You will be transferred from the day surgery unit to an operating room on foot or by stretcher.

Once you are in the operating room, you will meet the surgical team: surgeon, anesthetist (doctor who will sedate you for pain free surgery), respiratory therapist, nurses and care attendants. Do not hesitate to share your concerns and anxieties with them.

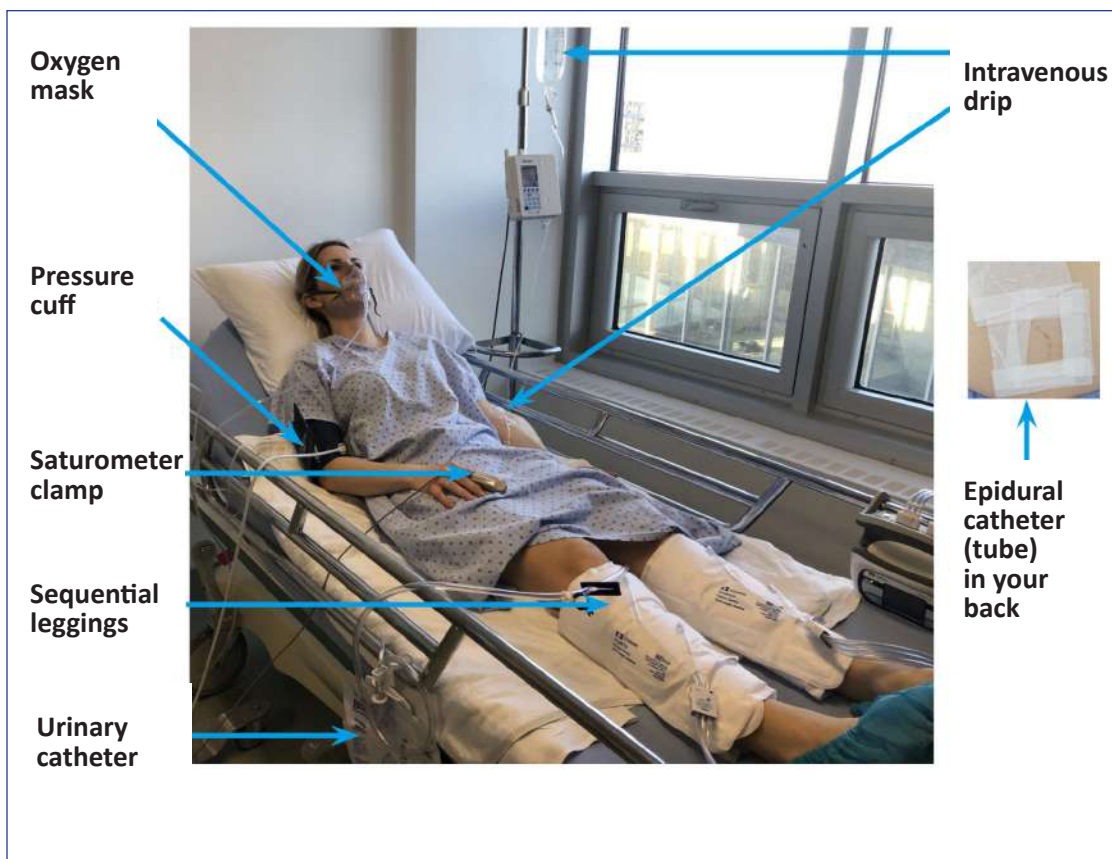
Following the anesthetist's assessment, he or she will explain the type of anesthetic to be used.



## In the recovery room

This is a **list of items** that you may have **on you** when you arrive in the recovery room:

- an oxygen mask;
- an intravenous drip to maintain adequate blood volume;
- a urinary catheter to empty your bladder;
- compression devices; special stockings on your lower legs connected to a pump creating light, intermittent compression to promote blood circulation;
- a small catheter (tube) in your back if you had an epidural;
- an arm band to take your blood pressure;
- a pulse oximeter to monitor your blood oxygen level.



Your **stay** in the recovery room should proceed as follows:

- you will remain in recovery for about 30 minutes;
- your vital signs will be taken every five minutes;
- your incision dressing will be assessed frequently;
- your pain will be managed with medication by intravenous or injection.

## Pain control

Why is it important to have **proper relief** for your pain?

- to breathe better.
- to sleep better.
- to eat better.
- to move more easily.
- to heal more rapidly

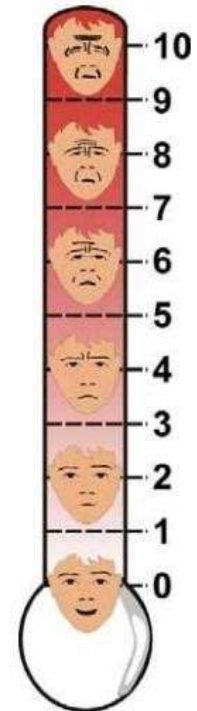
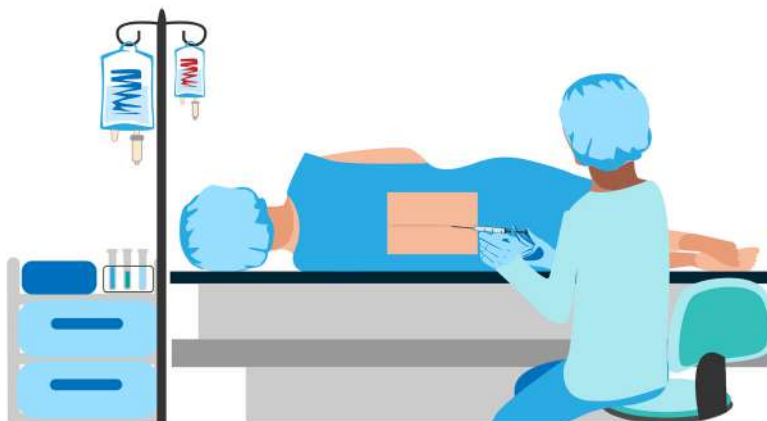
### Pain relief

- A nurse will ask you to **evaluate your pain** using a scale from **0 to 10** (see image). On a number scale, 0 corresponds to no pain and 10 to intolerable pain.
- Only you can judge your pain level.
- There is no right or wrong answer, everyone reacts differently to pain.
- For optimal relief, do not allow your pain go higher than **4/10**.
- You must **inform the nurse** if your pain persists or slowly increases.

**Ways to relieve pain** (you will have one of these types of analgesia.)

There are several ways to control pain. Your healthcare team will help you control your pain for maximum relief.

### Epidural analgesia/epidural



- The anesthetist inserts a small catheter (tube) into your back.
- You will receive a small quantity of pain control medication continuously.
- The dose is calculated by the anesthetist and controlled by a programmed pump.

## Patient-controlled analgesia (PCA)

You will have a handheld device with a pushbutton connected to an intravenous drip for control.



- When you press the pushbutton, you will immediately receive a safe, prescribed dose of pain medication.
- The medication is fast acting.
- Family members or visitors are not authorized to press the button for you.

**Pills** (This method may be combined with one of the methods described above.)

- You will receive acetaminophen (Tylenol) and an anti-inflammatory (Celebrex) at predetermined times.
- It is possible that taking these pills will not relieve your pain. In that case one or more medications will be provided for better relief.

\*\* If, before your surgery, you were taking pain medication, it is possible you have a higher tolerance for painkillers.

If this happens, **notify your healthcare team** so as to receive a combination better adapted to your situation.\*\*



## **After surgery in the care unit**

Rooms are generally available towards the end of the day. Your close family and friends will be able to visit during the care unit visiting hours where you are hospitalized. Admissions personnel can provide the room number assigned to you following your surgery. Your personal effects will be brought to you once you are installed.

Your medical condition will continue to be monitored in the care unit.

## **Your goals following surgery**

Every day, you must fill out a logbook with specific daily goals. Simply check them off as you complete them. For a summary of the goals, see tables below. Your healthcare team will help you reach these goals and do not hesitate to ask your close family and friends for support and encouragement to achieve them.





\*RC9427\*

Facility: \_\_\_\_\_

RECORD: \_\_\_\_\_

NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

D.O.B. (yyyy / mm / dd): \_\_\_\_\_











**YOUR GOALS FOLLOWING COLORECTAL SURGERY  
ENHANCED RECOVERY AFTER SURGERY (ERAS)**

DATE OF SURGERY (yyyy/mm/dd): \_\_\_\_\_

TO COMPLETE DURING YOUR HOSPITAL STAY Check after each activity is accomplished	AFTER SURGERY										
	Day 0		Day 1			Day 2			Day 3		
	Noon	Evening	Morning	Noon	Evening	Morning	Noon	Evening	Morning	Noon	Evening
Get out of bed with assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sit in an armchair Goal: day 0: 1h and days 1-2-3: 3 times daily		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk down corridor 3 times daily			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breathing exercises every hour after waking up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink liquids 2 to 3 times per day (hydrate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink nutritional supplements as needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet: Indicate the amount (%) of the meals ingested	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%
Eat protein rich snacks		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Chew gum for 30 minutes 3 times daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organize your transportation after hospital discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confirmation by a nurse/ Nursing assistant	Initials	Initials	Initials		Initials	Initials		Initials	Initials		Initials

Initials	Name (in capitals)	Signature/Title	Date (yyyy/mm/dd)

# Table of activities after colorectal surgery

	In unit following surgery: day 0	The day after surgery: day 1	Day 2	Days 3 and 4
 <p>Diet and hydration</p>	<ul style="list-style-type: none"> <li>• Eat meals sitting in armchair.</li> <li>• Respect diet for quick recovery based on tolerance.</li> <li>• Good hydration.</li> <li>• Drink protein supplement Ensure®.</li> <li>• Chew gum for 30 minutes 3 times a day.</li> <li>• IV drip in place (intravenous hydration).</li> </ul>	<ul style="list-style-type: none"> <li>• Eat meals sitting in armchair.</li> <li>• Respect diet for quick recovery based on tolerance.</li> <li>• Good hydration.</li> <li>• Drink protein supplement Ensure®.</li> <li>• Chew gum for 30 minutes 3 times a day.</li> <li>• Removal of IV drip.</li> </ul>	<ul style="list-style-type: none"> <li>• Eat meals sitting in armchair.</li> <li>• Respect diet for quick recovery based on tolerance.</li> <li>• Good hydration.</li> <li>• Drink protein supplement Ensure®.</li> <li>• Chew gum for 30 minutes 3 times a day.</li> </ul>	<ul style="list-style-type: none"> <li>• Eat meals sitting in armchair.</li> <li>• Respect diet for quick recovery based on tolerance.</li> <li>• Good hydration.</li> <li>• Drink protein supplement Ensure®.</li> <li>• Chew gum for 30 minutes 3 times a day.</li> </ul>
 <p>Excretion</p>	<ul style="list-style-type: none"> <li>• Urinary catheter.</li> </ul>	<ul style="list-style-type: none"> <li>• Removal of urinary catheter (morning).</li> <li>• Get up to go to the toilet (without using urinal and bedpan).</li> <li>• After urinating, report to nurse.</li> <li>• If you have gas or stools, report to nurse.</li> </ul>	<ul style="list-style-type: none"> <li>• Get up to go to the bathroom (without using urinal and bedpan).</li> <li>• After urinating, report to nurse.</li> <li>• If you have gas or stools, report to nurse.</li> </ul>	<ul style="list-style-type: none"> <li>• Get up to go to the bathroom (without using urinal and bedpan).</li> <li>• After urinating, report to nurse.</li> <li>• If you have gas or stools, report to nurse.</li> </ul>
 <p>Circulation exercises</p>	<ul style="list-style-type: none"> <li>• Exercises for legs and ankles (hourly).</li> </ul>	<ul style="list-style-type: none"> <li>• Exercises for legs and ankles (every hour).</li> </ul>	<ul style="list-style-type: none"> <li>• Exercises for legs and ankles (every hour).</li> </ul>	<ul style="list-style-type: none"> <li>• Exercises for legs and ankles (every hour).</li> </ul>
 <p>Mobilization</p>	<ul style="list-style-type: none"> <li>• Change positions every 2 hours when in bed and awake.</li> <li>• Sit in armchair with assistance on the evening after surgery.</li> </ul>	<ul style="list-style-type: none"> <li>• Sit in the armchair to eat all your meals (the goal is 4 hours a day).</li> <li>• Take walks in the corridor (3 times a day).</li> </ul>	<ul style="list-style-type: none"> <li>• Sit in the armchair to eat all your meals (the goal is 4 hours a day).</li> <li>• Take walks in the corridor (3 times a day).</li> </ul>	<ul style="list-style-type: none"> <li>• Sit in the armchair to eat all your meals (the goal is 4 hours a day).</li> <li>• Take walks in the corridor (3 times a day).</li> </ul>
 <p>Breathing exercises</p>	<ul style="list-style-type: none"> <li>• Breathing and coughing exercises (repeat 10 times hourly).</li> </ul>	<ul style="list-style-type: none"> <li>• Breathing and coughing exercises (repeat 10 times hourly).</li> </ul>	<ul style="list-style-type: none"> <li>• Breathing and coughing exercises (repeat 10 times hourly).</li> </ul>	<ul style="list-style-type: none"> <li>• Breathing and coughing exercises (repeat 10 times hourly).</li> </ul>
 <p>Getting washed and dressed</p>	<ul style="list-style-type: none"> <li>• Wash is the basin (with assistance as needed).</li> </ul>	<ul style="list-style-type: none"> <li>• Wash is the basin (with assistance as needed).</li> </ul>	<ul style="list-style-type: none"> <li>• Wash is the basin (with assistance as needed).</li> </ul>	<ul style="list-style-type: none"> <li>• Wash is the basin (with assistance as needed).</li> </ul>
 <p>Pain relief</p>	<ul style="list-style-type: none"> <li>• If experiencing pain, report to nurse.</li> <li>• Expect to take pain medication before mobilizing.</li> <li>• Following the recommendations for moving will help decrease your pain.</li> </ul>	<ul style="list-style-type: none"> <li>• If experiencing pain, report to nurse.</li> <li>• Expect to take pain medication before mobilizing.</li> <li>• Following the recommendations for moving will help decrease your pain.</li> </ul>	<ul style="list-style-type: none"> <li>• If experiencing pain, report to nurse.</li> <li>• Expect to take pain medication before mobilizing.</li> <li>• Following the recommendations for moving will help decrease your pain.</li> </ul>	<ul style="list-style-type: none"> <li>• If experiencing pain, report to nurse.</li> <li>• Expect to take pain medication before mobilizing.</li> <li>• Following the recommendations for moving will help decrease your pain.</li> </ul>
 <p>Preparing for discharge</p>	<ul style="list-style-type: none"> <li>• Check discharge date with nurse.</li> <li>• Confirm availability with your support person and close family and friends for returning home.</li> </ul>	<ul style="list-style-type: none"> <li>• Confirm with your support person availability for your date of discharge.</li> <li>• Have on hand: prescriptions, follow up appointments, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Inform your support person of your time of discharge.</li> <li>• Have on hand: prescriptions, follow up appointments, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Inform your support person of your time of discharge.</li> <li>• Have on hand: prescriptions, follow up appointments, etc.</li> </ul>
 <p>Wound and dressing</p>	<ul style="list-style-type: none"> <li>• Surgical dressing in place</li> </ul>	<ul style="list-style-type: none"> <li>• Surgical dressing in place</li> </ul>	<ul style="list-style-type: none"> <li>• Removal of surgical dressing.</li> <li>• Incision exposed to the air.</li> </ul>	<ul style="list-style-type: none"> <li>• Incision exposed to the air.</li> </ul>
 <p>If you have a stoma (colostomy or ileostomy)</p>	<ul style="list-style-type: none"> <li>• A nurse will teach you how to drain the ostomy bag.</li> <li>• Handling the stoma pouching system apparatus.</li> <li>• Emptying the ostomy bag with the nurse's help.</li> </ul>	<ul style="list-style-type: none"> <li>• A nurse will change the apparatus.</li> <li>• A nurse will show you the technique for changing the apparatus.</li> <li>• Handling the material in the stoma kit.</li> <li>• Emptying the ostomy bag with the help or supervision of a nurse.</li> </ul>	<ul style="list-style-type: none"> <li>• A nurse will change the apparatus.</li> <li>• Planned follow up with a nurse in wound care when you return home.</li> </ul>	<ul style="list-style-type: none"> <li>• Emptying the ostomy bag on your own.</li> <li>• Planned follow up with a nurse in wound care when you return home.</li> </ul>



When your surgery is over, it is very important to **move around** soon and regularly.

Moving **prevents** a number of postoperative **complications** such as blood clots, pneumonia and muscle weakness. As soon as you wake up, do some **simple** but very effective **exercises**.

In the evening after surgery, a nurse or an orderly will help you get out of bed and sit down **in an armchair**.

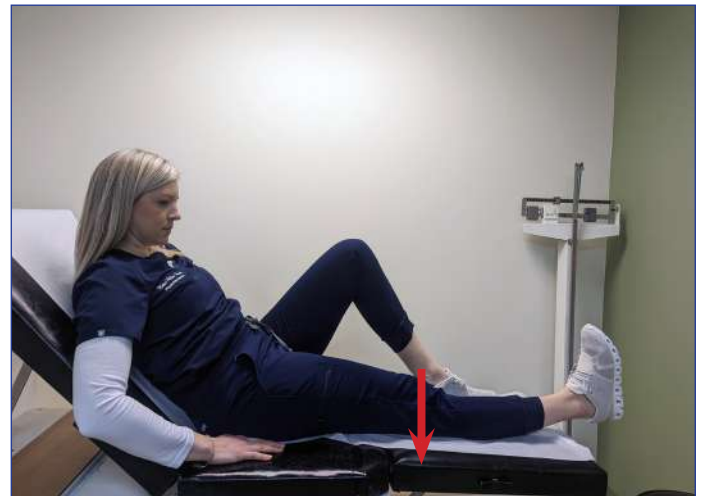
- Have your meals sitting in the armchair.
- Sit in the armchair for a total of at least **four hours throughout the day**, beginning the day after your surgery.
- Take short walks (approximately **three times** daily) in the corridor depending on your **tolerance**. Gradually increase the length of time for these walks.

It is **essential to move**, sit in the armchair and walk in the corridor in order to loosen your secretions and enhance the healing process.

## Exercises

### Exercises for your thighs

- Sit up in bed and stretch out your legs.
- Bend one knee.
- Push the knee of your extended leg as hard as possible into the mattress for three second then release.
- Repeat 10 times for each leg every hour.





### Circulation exercises

- Point your toes and feet towards you and then point them away from you as far as possible.
- Make circles with your feet in one direction and then the other.
- Stretch your legs very straight then relax.
- Repeat each exercise 10 times every hour.

\*\* Important clarification! Perform the above illustrated exercises even if you receive an injection for preventing blood clots. Being active is the best prevention. **Be as active as possible.** \*\*



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## Breathing exercises

Breathing and cough control exercises greatly help to **prevent pulmonary complications** after surgery. They improve **pulmonary extension** and develop **better oxygenation**. They help you to breath better and clear your lungs of mucus.

We recommend that you do these breathing exercises as soon as the surgery is over and you wake up. Many users are afraid their incision will open when they do these breathing exercises but it is only an impression. The incision is securely sutured (stitched) or stapled. Place a pillow or rolled towel over your wound to relieve the tension caused by the exercises. The feeling of discomfort will decrease and allow you to do your exercises without fear.

## Incentive spirometer

- Press your lips around the opening of the device.
- Gently take a deep breath (breathe as you would with a straw) keeping the ball up for three seconds.
- Remove the device from your mouth and breathe gently.
- Rest for a few seconds and repeat.
- This exercise may cause you to cough which is desirable. It will help you clear your lungs of mucus and open your airways.
- Repeat **approximately 10 times every hour**.



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### Exercises for controlled coughing

- Press a pillow or rolled towel against your wound to relieve the tension.
- Then, while continuing to apply pressure, cough and expectorate mucus into a tissue.
- Repeat this exercise **approximately 10 times every hour**.



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## Deep breathing exercises

- Sit on your bed or in the armchair, hands together.
- Breathe deeply through your nose for three seconds while raising up your arms.
- Lower your arms slowly while breathing out through your mouth.
- Repeat **approximately 10 times every hour**.



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## Diet

You may resume eating normally after surgery. Drink plenty of liquids also. Eating well will help to promote optimal recovery. Start eating the evening after surgery. You will be served protein rich food including snacks and beverages.

Chew gum for 30 minutes three times a day throughout your hospital stay to stimulate your bowels.



## Returning home

### Pain

- Pain after surgery is **normal**.
- Pain **relief** remains a significant factor in your recovery.
- The **medication** prescribed for you for home will be **similar** to **what** you will have been receiving during your **hospital** stay.
- Whenever possible, prioritize taking **acetaminophen** (Tylenol®) or the **anti-inflammatories** prescribed for pain relief.
- However, if your **pain is not always controlled** with these, take a prescribed **opioid analgesic** (e.g.: oxycodone, hydromorphone or morphine).
- Take your pain relief medication in **anticipation of a major activity** approximately **30 minutes** beforehand to limit pain.
- Pain often **intensifies by evening** because the day has been tiring.
- **Sleep** is also a significant component to your recovery. Take **medication at bedtime** if it looks like your pain could affect your sleep.
- **Do not drive** your car after taking an opioid painkiller because of drowsiness.
- Pay particular attention to your bowel movements. Taking an opioid painkiller regularly can cause **constipation**.

To prevent constipation, we recommend paying particular attention to:

- Your hydration  
Stay well hydrated. If there is no medical contraindication, drink 1.5 litres of fluid or more per day.
- Diet  
Choose foods rich in fibre if there is no medical contraindication. Fibre-rich foods include fruit, vegetables, cereals and legumes.
- Stay physically active  
Physical activity stimulates the bowel. There are many kinds of effective exercises, for example walking.

### Incision

- When you return home, your incision will still **be red and sensitive** to the touch for **one to two weeks**.
- If you have staples, **a nurse from your CLSC will remove them ten days** after surgery.
- If you have **Steri-strips** (adhesive bandages), they will be applied on dissolvable sutures. You may **remove them carefully yourself ten days** after surgery.
- **Do not rub** your incision.

## Hygiene

- You can take a shower **48 hours** after surgery whether you have had a laparoscopy or a laparotomy.
- **Baths are not permitted for two weeks** following surgery.
- Allow soapy water to flow over your incision (which will clean it) and **rinse gently** (not allow water to spray directly on the incision).
- **Pat** skin gently with a towel to dry.
- **Do not rub** your incision.

\*\* Please note, do not go to a pool or a spa for **two weeks** following surgery. \*\*

Return to your everyday activities gradually depending on your tolerance. Do not hesitate to request help from close family or friends as needed.

## Exercises

- **Continuing walking three times a day.** Increase the duration of your walks progressively until you reach your normal level of activity.
- **Try to do at least 150 minutes per week** of a moderately intense activity that makes your heart work. Divide the sessions into periods of at least 10 minutes each, aiming eventually for 30 minutes of activity per day.
- A short exercise program is provided in this guide. Try to use it on a daily basis.
- You may feel some stiffness or discomfort when you start new activities or new exercises. It should not hurt to do exercise. Start slowly and gradually increase the number of exercises you do.
- If you experience pain, take the pain medication you have been prescribed. Contact your healthcare team as needed.
- **Avoid vigorous physical exertion** for four weeks following surgery.
- **Do not lift over 5 kg (11 lbs)** for four week following surgery.
- **Do not lift more than 15 kg (33 lbs)** for five to six weeks following surgery.
- When you are no longer experiencing pain, resume doing most of your usual activities.

### Remember!

**Not moving enough and remaining sedentary could impair your recovery.**





## Exercise program

Start doing the provided exercise program a few days after surgery. Ensure your pain is under control and gradually increase the number of repetitions for each exercise.

Each exercise should be repeated 8 to 12 times. They are called a series. Do one or two series of each exercise.

### Standing up from sitting

- First, sit down in a chair with your legs at a 90 degrees angle.
- Stand up using your hands as little as possible.
- Sit back down.
- Repeat the exercise 8 to 12 times for one or two series.



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## Standing on tip toe

- Stand to face a wall or behind a chair. Lean on it as needed.
- Rise up onto your toes, both feet at the same time.
- Lower your heels down slowly.
- Repeat 8 to 12 times for one or two series.



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## Go up and down stairs

- Go up and down the stairs.
- Try not to use the railing or the wall for support too much going up.



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## Wall exercises

- Stand at arm's length from a wall, feet parallel.
- Stretch your arms to the wall and press your hands against it.
- Step back slightly so you can feel you are pressing lightly on the wall and stand on your toes.
- Keep your back straight throughout the exercise.
- Bend your elbows so that your nose comes close to the wall (a wall push up.)
- Then press on the wall to straighten your arms again.
- Repeat 8 to 12 times for one or two series.



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## Diet

### A diet you like

It is important to eat well after surgery. It will promote a better recovery.

Choose foods rich in protein such as:

- red meat;
- fish;
- chicken;
- eggs;
- dairy products (milk, cheese, yogurt, milk based desserts);
- soya based beverages and desserts;
- nuts;
- legumes.

Eat two or three nutritious snacks in addition to your three regular meals:

- muffins or crackers and cheese;
- fruit and vegetables;
- ½ a ham,cheese,egg salad or peanut butter sandwich;
- yogurt;
- milk based desserts;
- protein and energy rich beverages (eggnog, milkshake, smoothie, commercial supplements like Boost® or Ensure®).

## When to consult?

If you are concerned about the state of your health, contact 8-1-1. The personnel at Info-Santé can advise you. Please contact the Enhanced Recovery After Surgery nurse if you present one or more signs of infection at your incision site, such as:

- increased redness;
- increased pain;
- onset of warmth around incision;
- appearance of discharge or pus (runny, greenish liquid);
- swelling of incision;
- tightening of skin.



Come to the **emergency** department of the hospital where you had surgery if you experience any of the following symptoms:

Oral temperature increase

- **38° C** or **100.4° F**
- chills or excessive perspiration

Severe **nausea** or **vomiting** that prevents you from drinking or eating. **Pain** that increases in spite of painkillers and, or is **not relieved** by medication.

Appearance of the following symptoms in **one of your legs**:

- redness
- swelling
- heat
- severe pain

**Difficulty breathing**

**Chest pain**

**If it is a serious emergency, call 9-1-1.**

## Reference guide

Appointment	Date
Pre-admission clinic	
Internal medicine	
Cardiology	
Other specialty	
Nutritionist	
Radiology test	
Surgery	
Where to go?	Day surgery on the second floor





## Resources

### Pre-admission clinic

- Hôpital Charles-Le Moyne 450 466-5000, ext. 2939
- Hôpital du Haut-Richelieu 450 359-5000, ext. 2354

### Nurse for Enhanced recovery after surgery (ERAS)

- CISSS de la Montérégie Centre 450-466-5000, ext. 3224

### Admission

- Hôpital Charles-Le Moyne 450 466-5600  
3120, boulevard Taschereau  
Greenfield Park (Québec) J4V 2H1
- Hôpital du Haut-Richelieu 450 359-5000, ext. 5115  
920 boulevard du Séminaire Nord  
Saint-Jean-sur-Richelieu (Québec) J3A 1B7

### Cancellation or postponement of surgery

- Hôpital Charles-Le Moyne 450 466-5600
- Hôpital du Haut-Richelieu 450 359-5000, ext. 2085

### Nutritionist

- Hôpital Charles-Le Moyne 450 466-5000, ext. 4190
- Hôpital du Haut-Richelieu 450 359-5000, ext. 3765

### Physiotherapy

- Hôpital Charles-Le Moyne 450 466-5000, ext. 2630
- Hôpital du Haut-Richelieu 450 359-5000, ext. 5178

### Quit smoking centre

Would you like to speak to someone to help you quit smoking? There are specialists to help you quit smoking without judgement.

- CISSS de la Montérégie-Centre 1 833 611-4903
- I QUIT NOW phone line 1 866 527-7383
- Help online I QUIT [tobaccofreequebec.ca/iquitnow/](http://tobaccofreequebec.ca/iquitnow/)





## Stop consuming alcohol

**\*To ensure prompt care, mention that you are in the ERAS program.**

- Réseau local de services de Champlain 1 833 499-0144, option 1,  
or by email at [service.dependance.cisssmc16@ssss.gouv.qc.ca](mailto:service.dependance.cisssmc16@ssss.gouv.qc.ca)
- Réseau local de services du Haut-Richelieu–Rouville 1 833 499-0144, option 2,  
or by email at [ssgdependance.hrr.csssmc16@ssss.gouv.qc.ca](mailto:ssgdependance.hrr.csssmc16@ssss.gouv.qc.ca)

## Follow-up with your surgeon

- Outpatients at Hôpital Charles-Le Moyne 450 466-5054
- Outpatients at Hôpital du Haut- Richelieu 450 359-5000, ext. 5108
- Centre Médi-Soleil 450 347-7557  
383, boulevard du Séminaire Nord, bureau 120  
Saint-Jean-sur-Richelieu (Québec) J3B 8C5

## CLSC du CISSS de la Montérégie-Centre

- CLSC de Henryville 450 299-2828  
125, rue de l'Église  
Henryville (Québec) J0J 1E0
- CLSC de la rue Champlain 450 358-8922  
185, rue Champlain  
Saint-Jean-sur-Richelieu(Québec) J3B 6V5
- CLSC de la Vallée-des-Forts 450 358-2572  
978, boulevard du Séminaire Nord  
Saint-Jean-sur-Richelieu (Québec) J3A 1E5
- Point de services de Lacolle (Laboratory tests) 450 299-2828  
10, rue Sainte-Marie  
Lacolle (Québec) J0J 1J0
- CLSC de Saint-Césaire 450 469-0269  
1394, rue Notre-Dame  
Saint-Césaire (Québec) J0L 1T0
- CLSC du Richelieu 450 658-7561  
300, chemin de Marieville  
Richelieu (Québec) J3L 3V8
- CLSC Saint-Hubert 450 443-7400  
6800, boulevard Cousineau  
Saint-Hubert (Québec) J3Y 8Z4
- CLSC Samuel-de-Champlain 450 445-4452  
5811, boulevard Taschereau, bureau 100  
Brossard (Québec) J4Z 1A5

## CLSC du CISSS de la Montérégie-Est

- CLSC de la MRC-d'Acton 450 546-2572  
1266, rue Lemay  
Acton Vale (Québec) J0H 1A0
- CLSC de Longueuil-Ouest 450 651-9830  
201, boulevard Curé-Poirier Ouest  
Longueuil (Québec) J4J 2G4
- CLSC des Maskoutains 450 778-2572  
1015, rue Gauthier  
Saint-Hyacinthe (Québec) J2S 8T2
- Point de services Saint-Jude 450 768-1200  
938, rue du Centre  
Saint-Jude (Québec) J0H 1P0
- Point de service Centre-ville 450 778-2572  
1225, rue des Cascades  
Saint-Hyacinthe (Québec) J2S 3H2
- CLSC des Patriotes 450 461-1012  
50, chemin de la Rabastalière Est, bureau 10  
Saint-Bruno-de-Montarville (Québec) J3V 2A5
- CLSC des Seigneuries de Boucherville 450 468-3530  
160, boulevard de Montarville  
Boucherville (Québec) J4B 6S2
- CLSC des Seigneuries de Saint-Amable 450 468-5250  
555, rue Principale  
Saint-Amable (Québec) J0L 1N0
- CLSC des Seigneuries de Sainte-Julie 450 468-3670  
461, boulevard Saint-Joseph, bureau 112  
Sainte-Julie (Québec) J3E1W8
- CLSC des Seigneuries de Varennes 450 677-2917  
2220, boulevard René-Gaultier  
Varennes (Québec) J3X1E3
- CLSC des Seigneuries de Verchères 450 448-3700  
90, Montée Calixa-Lavallée  
Verchères (Québec) J0L2R0
- CLSC Gaston-Bélanger 450 746-4545  
30, rue Ferland  
Sorel-Tracy (Québec) J3P 3C7
- CLSC Simone-Monet-Chartrand 450 463-2850  
1303, boulevard Jacques-Cartier Est  
Longueuil (Québec) J4M 2Y8

## CLSC du CISSS de la Montérégie-Ouest

- CLSC de Châteauguay 450 699-3333  
95, avenue de la Verdure  
Châteauguay (Québec) J6K 0E8
- CLSC de Beauharnois 450 429-6455  
142, rue Saint-Laurent  
Beauharnois (Québec) J6N1V9
- CLSC de Côteau-du-Lac 450 763-5951  
341, chemin du Fleuve  
Côteau-du-Lac (Québec) J0P 1B0
- CLSC de Salaberry-de-Valleyfield 450 371-0143  
71, rue Maden, bureau 200  
Salaberry-de-Valleyfield (Québec) J6S 3V4
- CLSC and ambulatory services centre for Vaudreuil-Dorion 450 455-6171  
3031, boulevard de la Gare  
Vaudreuil-Dorion (Québec) J7V 9R2
- CLSC de Huntingdon 450 829-2321, option 1 of home menu  
10, rue King, bureau 200  
Huntingdon (Québec) J0S 1H0
- CLSC de Saint-Chrysostome 450 829-2321, option 5 of home menu  
21, rang Sainte-Anne  
Saint-Chrysostome (Québec) J0S 1R0
- CLSC de Saint-Rémi 450 454-4671  
2, rue Sainte-Famille  
Saint-Rémi (Québec) J0L 2L0
- CLSC de Napierville 450-245-3336  
509, rue Saint-Jacques  
Napierville (Québec) J0L 1L0
- CLSC Katéri 450 659-7661  
90, boulevard Marie-Victorin  
Candiac (Québec) J5R 1C1
- CLSC de Rigaud 450 451-6609  
59, rue Saint-Viateur  
Rigaud (Québec) J0P 1P0
- CLSC de Saint-Polycarpe 450 265-3771  
11, chemin de la Cité des jeunes  
Saint-Polycarpe (Québec) J0P 1X0

**Centre intégré  
de santé et de  
services sociaux de  
la Montérégie-Centre**

**Québec**

