



Be Confident

Beebe Healthcare
**COLORECTAL
SURGERY/ERAS GUIDE**

*Thank you for choosing
Beebe for your care!*

Your surgery date:

Your surgeon:

Name:

Phone:

Your surgery will be in Lewes at our main campus.

Complimentary Valet Parking Mon.–Fri., 6:30 a.m.–5:30



CREATING THE NEXT
GENERATION
of CARE

BeebeHealthcare.org
(302) 645-3300

Beebe Healthcare is a tobacco-free facility.



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Information About Colon Surgeries

There are different surgeries performed to treat diseases of the bowel and intestines. A **colectomy** is a surgery done to remove a part of the intestine (bowel) that is diseased. The name of the surgery depends on what section of the intestine is removed.

- **Right hemicolectomy** is the removal of the ascending (right) colon
- **Left Hemicolectomy** is the removal of the descending (left) colon.
- **Sigmoidectomy/Sigmoid colectomy** is the removal of the lower part of the colon which is connected to the rectum.
- **Low anterior resection** is the removal of the upper part of the rectum.
- **Segmental resection** is the removal of only a short piece of the colon.
- **Abdominal perineal resection** is the removal of the sigmoid colon, rectum, and anus with the creation of a permanent colostomy.
- **Total colectomy** is when the entire colon is removed and the small intestine is connected to the rectum.
- **Total proctocolectomy** is the removal of the rectum and all or part of the colon.

OPEN VERSUS LAPAROSCOPIC COLON SURGERY

Surgery to remove a portion or all of the colon can be done by open or laparoscopic methods. The method use will depend on the condition, size of the diseased area or tumor, and its location. Your health, age, anesthesia risk, and the surgeon's expertise are also important.

Open Colon Surgery

An incision is made in the abdomen and the diseased section of the colon is removed. The healthy parts of the colon are then stitched or stapled together.

Laparoscopic Colon Surgery

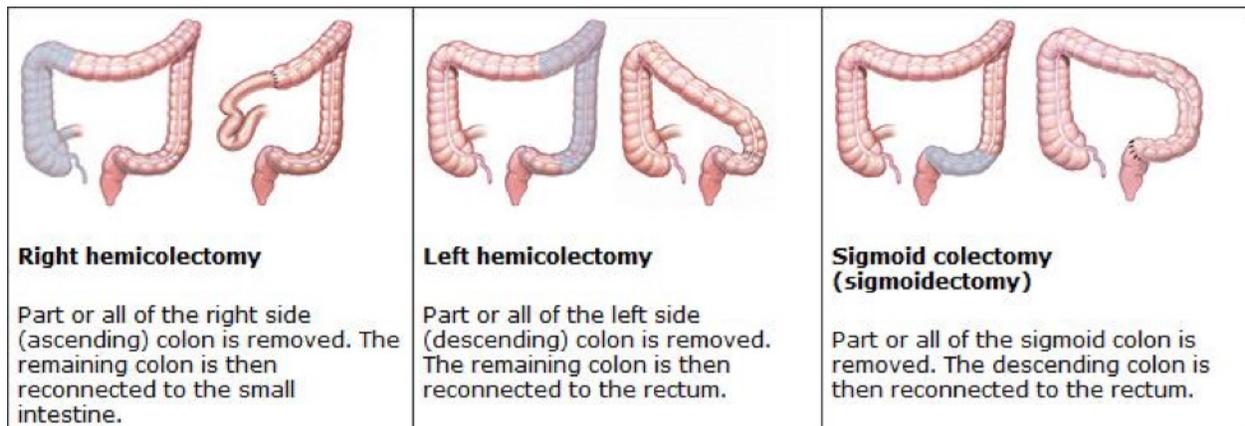
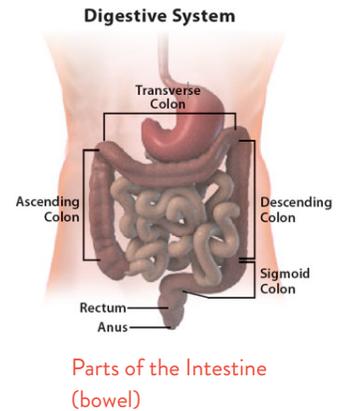
Several small incisions are made in the abdomen. Ports or hollow tubes are inserted into the openings. Surgical tools and a lighted scope are placed through the ports. The abdomen is then inflated with carbon dioxide. This allows the surgeon to see the intestines and organs clearly. Small instruments inserted through the ports are used to remove diseased colon or a tumor.

Your surgeon may need to convert from a laparoscopic colectomy surgery to an open colectomy due to:

- Adhesions from prior surgery
- Bleeding
- Obesity
- Inability to see important structures
- Presence of a large tumor
- Inability to complete the operation

Ostomy

If the colon cannot be sutured or stapled back together, the colon is brought up through an opening (stoma) in the abdominal wall to form an ostomy. Waste will empty through the ostomy into a pouch that is fixed around the stoma on the abdomen.



Reference: American College of Surgeons

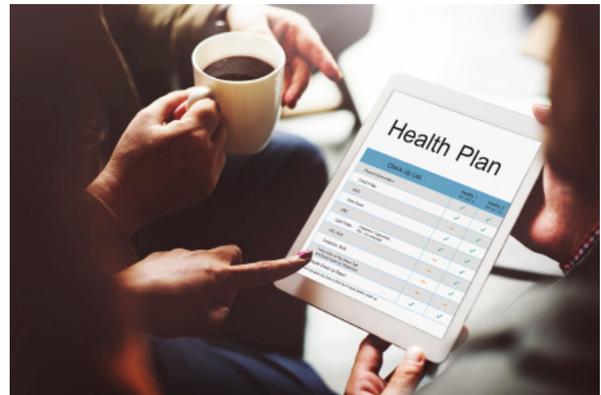
Your Action Checklist

WITHIN ONE MONTH BEFORE SURGERY

- A “bowel prep” cleans out your intestines/bowels. If a bowel prep is ordered, make sure you have all supplies needed for your bowel prep, as well as antibiotics. You will need a prescription for the antibiotics. You can buy MiraLax (238 grams) and Bisacodyl (Ducolax) (four 5mg tablets) over the counter.
- If your surgeon would like you to eat a low-fiber diet after your surgery, make sure you have the needed food items. You may need to be on a low-fiber diet for 7–10 days after you surgery. See pages 16–17 of this booklet for examples.
- Review Beebe Healthcare’s “Surgery Guide: What to Expect” booklet.
- Eat a healthy diet to help your body prepare for surgery.
- Brush your teeth and use mouthwash at least two times each day. Floss daily.
- If you are able to, and your doctor approves, walk for at least 30 minutes, 3 days a week in the days and weeks before your surgery. Walk more if you’re able to participate in other moderate intensity activities.
- Watch the video from Kaiser Permanente titled “ERAS Colorectal–English” presented by SCL Health. Keep in mind that this video may not reflect the exact information your doctor has provided. It is

only an example of the ERAS program. This video gives an overview of what you can expect to happen. **Follow instructions contained in this booklet or as instructed by your surgeon. Link <https://vimeo.com/171002634>**

- Prepare for your return home after surgery. The average length of stay for most planned surgeries like this is 3–4 days.
 - If you are going directly home from the hospital, plan to have someone there to help you.
- If you have been told that you will, or may have to have an ostomy, ask your surgeon for a referral to the Wound Care Nurse before your surgery.



A FEW DAYS BEFORE SURGERY

- Start pre-op bath/shower 4 days before your surgery as instructed on page 5 of Beebe Healthcare’s “Surgery Guide: What to Expect” booklet.
 - Day 4 – M T W T F S S
 - Day 3 – M T W T F S S
 - Day 2 – M T W T F S S
- Put on clean clothes after each bath/shower.
- Do not shave your stomach. If needed our staff will remove hair with a clipper.

CLEAR LIQUIDS

Food and drink taken before anesthesia can cause problems such as choking and vomiting. To decrease the chance of this happening it is very important to follow the instructions you were given by your surgeon, anesthesiologist, and/or the PAT nurse.

TYPE OF LIQUID: Clear Liquids

EXAMPLES OF CLEAR LIQUIDS

- Liquids you can see through:
 - Water
 - Apple juice
 - White grape juice
 - Plain gelatin (without fruit)
 - Tea
 - Black coffee (no cream)
 - Clear broth (Fat Free)
 - Italian ices
- Popsicles (without fruit or cream)
- Gatorade® (purple or white—no protein enhanced)
- Lemonade without pulp
- Boost Breeze clear liquid supplement (pink or orange)



NOT CLEAR LIQUID

- NO Milk or cream
- NO Alcohol
- NO Milkshakes
- NO Tomato juice
- NO Orange juice
- NO Grapefruit juice
- NO Juice with pulp
- NO Cream soups or any other soups other than broth

ONE DAY BEFORE SURGERY

- If your surgeon has told you that you will need a “bowel prep” for your surgery, follow the detailed instructions on page 7 of this booklet. The prep will start at noon.
- Your surgeon will determine when you are to stop solid food. **If you have not been told when to stop solid food, please contact your surgeon.**
 - Only drink clear liquids today. NO solid foods today.
 - Start clear liquids after breakfast.
 - Write down the time you last had solid food _____ a.m./p.m.



BOWEL PREP SCHEDULE

If your surgeon has told you to do a bowel prep at home, start the day before your surgery.

It is important to stay well-hydrated during your bowel preparation, so please drink many of the allowed clear liquids.

12:00 NOON

Take your first dose of two antibiotics below with 8 oz. of water.

- Take TWO Neomycin (500 mg each tablet) tablets AND
- Take ONE of the two medications below (as ordered by your surgeon)
 - Take TWO Erythromycin (500 mg each tablet) tablets
OR substitute Erythromycin for Flagyl
 - Take TWO Metronidazole (Flagyl) (500 mg each tablet) tablets
- Take Zofran (4 mg) (if ordered by your doctor)

1:00 P.M.

- Prepare the “MiraLax mix” by pouring an entire bottle of powder (238 grams) into a 32-ounce bottle of Gatorade® or other sports drink. Shake bottle of liquid and powder well; this will form a slushy mixture. Place in the refrigerator to chill.

Take your second dose of two antibiotics below with 8 oz. of water.

- Take TWO Neomycin (500 mg each tablet) tablets AND
- Take ONE of the two medications below (as ordered by your surgeon)
 - Take TWO Erythromycin (500 mg each tablet) tablets
OR substitute Erythromycin for Flagyl
 - Take TWO Metronidazole (Flagyl) (500 mg each tablet) tablets

2:00 P.M.

- Drink 8 oz. of the MiraLax mix.

3:00 P.M.

- Drink 8 oz. of the MiraLax mix.

4:00 P.M.

- Drink 8 oz. of the MiraLax mix.

5:00 P.M.

- Drink 8 oz. of the MiraLax mix.

6:00 P.M.

- Take 4 tablets of Bisacodyl (Ducolax) (5 mg each) with 8 oz. of water.

7:00 P.M.

- Drink 8 oz. of clear liquid.

8:00 P.M.

Take your final dose of two antibiotics below with 8 oz. of water.

- Take TWO Neomycin (500 mg each tablet) tablets AND
- Take ONE of the two medications below (as ordered by your surgeon)
 - Take TWO Erythromycin (500 mg each tablet) tablets
OR substitute Erythromycin for Flagyl
 - Take TWO Metronidazole (Flagyl) (500 mg each tablet) tablets

9:00 P.M.

- Drink 8 oz. of clear liquid.

10:00 P.M.

- Drink 8 oz. of clear liquid.

11:00 P.M.

- Drink 20 oz. of the carbohydrate drink such as apple juice, purple or white Gatorade® (without protein), or pink or orange Boost Breeze® clear liquid supplement.



AFTER SURGERY

Activity

- Expect to get out of bed, with assistance, the day of your surgery. Moving helps your overall recovery, helps prevent blood clots, helps prevent lung infections such as pneumonia, and it may wake up your stomach and intestines more quickly.
- Ask for help before you get out of bed for the first time so you don't fall.
- At a minimum, move your arms and legs while awake.

Preventing Blood Clots

- Your cloth compression stockings should be on your legs/feet at all times.
- The “EPC’s”—the device that squeezes your lower legs or feet—should be on at all times except when you’re walking, even when sitting in a chair.

Diet

- Your diet is determined by your doctor and by other illnesses you may have.

Pain

- Medications will be given to you to help with your pain. If you are concerned about any of the medications, or are still experiencing pain, talk to your nurses.

Breathing

- Use a breathing device (Incentive Spirometer) 10 times each hour while awake. See page 8 of the “Surgery Guide: What to Expect” booklet for instructions on how to use it.
- Track the number of times you use the Incentive Spirometer on your “Colorectal Surgery Daily Progress Log” found on page 12.
- You should also do deep breathing exercises and cough every two hours while you are awake. This helps to expand your lungs and get rid of mucus.

Follow the instructions below.

1. Sit on the edge of the bed or sit up as far as you can in a bed or a chair.
2. Take in a slow, deep breath through your nose.
3. Hold the air in for a few seconds.
4. Slowly let the air out through your mouth, like you are blowing out a candle.
5. Take 3-5 deep breaths as described in steps 2-4. Hold in the last breath for a few seconds.
6. Cough deeply 2-3 times, pushing the air out of your lungs as you cough. If you have had surgery on your chest or stomach, hold a pillow or your hands over that area as you cough.



FIRST DAY AFTER SURGERY

Activity

- Walk at least 10 feet or for 2 minutes two times in the hallway with assistance as needed. Set goals for yourself to increase distance or time walked each day.
- Use the Colorectal Surgery Daily Progress Log on page 12 to track when and how far you walk.
- Spend at least 6 hours out of bed.
- Try to eat each meal in the chair rather than in the bed.
- See page 9 of the “Surgery Guide: What to Expect” booklet for more details about Falls Prevention.

Shower

- Take a shower with assistance, if ordered by your doctor.

Preventing Blood Clots

- Your cloth compression stockings should be on your legs or feet at all times.
- The “EPC’s”—the device that squeezes your lower legs or feet—should be on at all times except when you’re walking, even when sitting in a chair.

Diet

- Drink clear liquids as you feel up to it. You may be offered a low-fiber diet if you feel well. Start off slowly by only taking a few bites to see how you feel. Your diet is determined by your doctor and by other illnesses you may have.
- You may have your intravenous (IV) stopped. Ask your nurse if some or all of the IV tubes can be removed.

Pain

- Do not expect to be totally pain free.
- You will be given pain medications that have the least number of side effects but that are still able to manage your pain. Side effects of some types of pain medications can lead to excessive drowsiness, confusion, delayed return of bowel function, and constipation. If you are concerned about any of the medications, or are still experiencing pain, talk to your nurses or surgeon.

Pain Control Without Medicine

- Distraction can help you cope with mild pain and anxiety. Listen to music, play games, or other engaging activities to help take your mind off of your pain.
- Guided imagery can help you direct and control your emotions. Close your eyes, gently inhale and exhale. Picture yourself in the center of somewhere beautiful. Feel the beauty surrounding you.



Urinary Catheter

- The urinary catheter (a small tube in your bladder) may be removed. Ask the team caring for you if it is still needed.

If you have an ostomy:

- Expect the Wound Care Nurse to visit you during your hospital stay to teach you how to care for your ostomy.
- Participate in your ostomy care. Work with your nurse to understand how to care for yourself after you leave the hospital.
- You will empty your ostomy bag with help from the nurse.
- When possible, have someone with you during the education process.
- If you have an ileostomy, your nurse will teach you how to manage your fiber and fluid intake.

Breathing

- Continue to use the Incentive Spirometer as instructed. In addition to that you can also take deep breathes and cough to keep your lungs healthy.
- found on page 12.



LOOK UP! Some of our floors have “Town” signs marking 30 feet that can be used to judge the distance you’ve walked. This will help you calculate your daily walking goals.

SECOND DAY AFTER SURGERY

Activity

- Spend at least 6 hours out of bed.
- Walk at least 10 feet or 2 minutes three times in the hallway. Keep track of your activity by using the Daily Progress Log on page 12.

Preventing Blood Clots

- Your cloth compression stockings should be on your legs at all times.
- The “EPC’s”—the device that squeezes your lower legs or feet—should be on at all times except when you’re walking, even when sitting in a chair.

Diet

- You will be placed on a low-fiber diet and will advance to a more solid diet as you feel up to it. Keep in mind that your diet is determined by your doctor and by other illnesses you may have.

Pain

- Medications will be given to you to manage your pain. You may be given Tylenol and/or Advil by mouth. These medications have fewer side effects than other pain medications.
- Use distraction and guided imagery mentioned in “First Day After Surgery” as a way to decrease your pain.

Urinary Catheter

- The urinary catheter may be removed if not already done. Ask the team caring for you if it is still needed.

If you have an ostomy:

- Ask your nurse to teach you how to empty your ostomy bag and care for the skin around the stoma.
- Ask your nurse or doctor to tell you what you can do, at home, to keep from getting dehydrated due to removal of all or part of your colon.

Breathing

- To help prevent lung problems continue to follow the incentive spirometer and deep breathing and coughing instructions.

Dressing Change

- Expect to have your dressing changed and incision cleaned.



THIRD DAY AFTER SURGERY

Activity

- Spend much of day out of bed and walking.
- Walk at least 10 feet or 2 minutes three times in the hallway.
- Continue to use your Colorectal Surgery Daily Progress Log on page 12 to track when and how far you walk.

Preventing Blood Clots

- Your cloth compression stockings should be on your legs or feet at all times.
- The “EPC’s”—the device that squeezes your lower legs or feet—should be on at all times except when you’re walking, even when sitting in a chair.

Diet

- Start to eat solid food. Keep in mind that your diet is determined by your doctor and by other illnesses you may have.

Pain

- Your pain should be well controlled on pain medication. Talk to your care team about how to manage your pain at home.

If you have an ostomy:

- Talk to your nurse about what foods you can eat to make your ostomy output thicker and prevent dehydration.
- Show the nurse how you can remove and apply a new ostomy bag.
- Plan to work with Wound Care and Home Health Care to determine the best products for you and how to order products once you return home.
- After discharge from Home Health Care, plan to stay with Wound Care as long as you feel you need to, in order to be confident and independent with your ostomy care. Feel free to contact Wound Care with any questions or concerns at (302) 645-3121.

Breathing

- Use a breathing device (Incentive Spirometer) 10 times each hour while awake. Track the number of times completed on the log on page 12.

Discharge Planning

- You are ready to be discharged if you are drinking/eating without nausea, passing gas, and your pain is well controlled.
- Plan to have someone ready to take you home.
- Plan to have someone with you at the hospital before you are given instructions, so discharge teaching can be done with them as well.
- Once your doctor has ordered your discharge, it will take time for the nurse to get paperwork and other discharge activities completed.

Discharge Instructions

- Talk to your nurse about signs and symptoms of infection and what to do if you think you have an infection. See page 7 of the “Surgery Guide: What to Expect” booklet.
- Know when you should contact your surgeon. Call if you have a fever, increased stomach pain or bloating, drainage from wound, nausea or vomiting, pain in left shoulder area, decreased urine output. See page 13 for more details.
- Before you leave the hospital, make sure you understand how to take care of your incision at home. See “Surgery Guide: What to Expect” booklet page 7 for more information.
- Talk to your nurse about what actions you can take to prevent dehydration after you leave the hospital.
- Make sure you have your follow-up appointment(s) scheduled. A log to write information about appointments is provided on page 19.
- No pools, baths, or soaking of your incision(s) until it is healed, unless your surgeon has told you that you can.
- Eat a low-fiber diet when you go home, unless you have been told to eat a different diet by your surgeon. You may be on this diet for 7–10 days after your surgery. See Low-Fiber Nutrition Therapy information on pages 16–17 of this booklet.

Colorectal Surgery Daily Progress Log

Please fill in each day's information completely, share with your home health nurse, and take with you to your appointments after surgery.

ACTION	DAYS AFTER SURGERY						
	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7

SHOWERING: Take a warm shower each morning using Dial Gold soap. Gently pat wound dry.

SHOWER COMPLETE							
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DAILY ACTIVITY: Walk as often as you feel able, but at least a few times each day. Do this in addition to walking to the bathroom or to the chair. **Set a goal to walk more each day. Write how many feet or minutes you walk.** Your nurse will tell you how to determine how far you've walked. Some of our nursing units have "Town" signs marking 30 feet that can be used to judge distance walked.



WALKING 1							
WALKING 2							
WALKING 3							
WALKING 4							
WALKING 5							
WALKING 6							

DEEP BREATHING: Use your Incentive Spirometer every hour while awake. Do at least 10 breaths each time for a total of 12 times each day.

INCENTIVE SPIROMETER 1							
INCENTIVE SPIROMETER 2							
INCENTIVE SPIROMETER 3							
INCENTIVE SPIROMETER 4							
INCENTIVE SPIROMETER 5							
INCENTIVE SPIROMETER 6							
INCENTIVE SPIROMETER 7							
INCENTIVE SPIROMETER 8							
INCENTIVE SPIROMETER 9							
INCENTIVE SPIROMETER 10							
INCENTIVE SPIROMETER 11							
INCENTIVE SPIROMETER 12							

OTHER ACTIONS:

This document is very important. It is designed to help you have a smooth road to recovery!

AFTER DISCHARGE

When to Call

- Complications do not happen very often, but it is important for you to know what to look for if you start to feel bad. After you leave the hospital, you should call your surgeon at any time if:
 - You have a fever greater than 101.5 F
 - You are vomiting or cannot keep down liquids
 - You have severe abdominal (stomach) pain.
 - You have severe diarrhea (see “Bowel Function” below.)
 - Your wound opens up, is draining pus, drainage smells bad, or your wound is very red.
 - Pain gets worse
 - No bowel movement 6 days from the day of your surgery.
 - Nausea
 - Swelling of stomach (abdomen)
 - Blood in stool.

See page 18 of this booklet for surgeon contact information.

Bowel Function

- After your operation, your bowel function will take several weeks to settle down and may be slightly unpredictable at first. For most patients, this will get back to normal with time.
- Patients can have a variety of bowel complaints, including:
 - Irregular bowel habits
 - Bowel movements that are loose
 - Constipation
 - Difficulty controlling bowel movements with occasional accidents
 - Continuing to feel that you need to have a bowel movement even if you’ve had several in a row.



- Make sure you eat regular meals, drink plenty of fluids (8–10 glasses per day) and take regular walks during the first two weeks after your operation.

Medications to Help with Your Bowel Movements

- Your surgeon may order one of the following to be taken when you are discharged from the hospital. See the list of medications given to you at discharge for more details.
 - Colace to be taken 1 or 2 tablet/s (100 mg) once per day
 - Metamucil
 - Senna

Abdominal Pain

- It is not unusual to suffer gripping pains (colic) during the first week following removal of a portion of your bowel. This pain usually lasts for a few minutes but goes away between spasms.
- If you have severe pain, have a fever, or feel generally sick, you should call your surgeon.

Diarrhea/Constipation

- Most problems with diarrhea go away once the stool is made firmer. A firmer stool is easier to hold in and pass more completely.
- It is best to talk with your surgeon before using any medication to improve frequent or loose stools.
- It is important to let us know if you are having very watery diarrhea more than six times a day. There is a dangerous bacterial infection that we may want to test you for if you are having a lot of watery diarrhea.
- Occasionally, patients are constipated after surgery from the narcotic pain medication. If constipation lasts for more than 2 days, take a laxative such as milk of magnesia, Metamucil, or Senna.

Urinary Function

- After surgery you may get a feeling that your bladder is not emptying fully. This usually resolves with time. However, if you are not urinating or if there is any concern, call your surgeon.
- If you have severe stinging or burning when passing urine, please contact your surgeon as you may have an infection.

Wound Care

- For the first 1-2 weeks following your surgery, your wound may be slightly red and uncomfortable. If your wound is inflamed, painful, swollen or leaking milky fluid, please call your surgeon.
 - You may shower and let the soapy water wash over your incision.
 - Avoid soaking in the tub, pool, and sea or pond water for one month following your surgery or until the wound is well healed.
 - Avoid wearing tight or rough clothing. It may rub your incisions and make it harder for them to heal.
 - Protect the new skin, especially from the sun. The sun can burn and cause darker scarring.
 - The wound will soften up in several months.
 - It is common to have lumpy areas in the wound near the belly button and at the ends of the incision.
 - **If you have staples or sutures**, your surgeon will remove them in 7–14 days after discharge.

Diet

- You may find that for a few weeks following your operation you may have to make some slight adjustments to your diet depending on your bowel pattern.
- You may find some foods can cause loose stools. If this happens you should avoid these foods in the first few weeks after surgery then try them again, one at a time.
- You should try to eat a balanced diet, including:
 - Foods that are soft, moist and easy to chew and swallow
 - Foods that can be cut or broken into small pieces
 - Foods that can be softened by cooking or mashing
 - Eating 4–6 small meals throughout the day to reduce gas and bloating
 - Eating plenty of soft breads, rice, pasta, potatoes and other starchy foods (lower fiber varieties may be tolerated better initially)
 - Drinking plenty of fluids. Aim for at least 8–10 cups per day

Be sure to:

- Chew food well—take small bites
- Get enough protein, consume high protein foods and beverages such as meats, eggs, milk, cottage cheese, Ensure, Resource Breeze, Carnation Instant Breakfast, Boost, etc
- Replace hard raw fruits and vegetables with canned or soft cooked fruits and vegetables

AVOID the following:

- Carbonated beverages in the first couple weeks
- Tough, thick pieces of meat, fried, greasy and highly seasoned or spicy foods
- Gas forming vegetables such as broccoli and cauliflower, beans and legumes
- Some patients find their appetite is less than normal after surgery. This could be a sign of constipation. Small, frequent meals throughout the day may help. Over time, the amount you can comfortably eat will increase.
- Some patients feel nauseated. To minimize this feeling, avoid letting your stomach get empty. Eat small amounts of food and eat slowly.
- If you don't have an appetite, choose higher calorie versions and try to make the most of times when you feel hungry.



Hobbies and Activities

- Walking is encouraged following your surgery. Plan to walk 3–4 times each day.

You should NOT:

- Do any heavy lifting (no more than a gallon of milk = 10 lbs.)
- Play contact sports until six weeks following your surgery
- Insert anything into the vagina (no tampons, intercourse, etc) until your postop appointment

You SHOULD:

- Be able to climb stairs from the time you are discharged
 - Return to hobbies and activities soon after your surgery. This will help you recover.
- Remember, it can take up to 2–3 months to fully recover. It is not unusual to be tired and need an afternoon nap 6–8 weeks following surgery. Your body is using its energy to heal wounds in the inside and out.

Resuming Sexual Relationships

- Some people having operations near the pelvis may have specific sexual problems.
 - You should be able to resume a normal, loving relationship after you have recovered from your surgery and you are not feeling any discomfort.
 - Men may experience problems with erection and ejaculation. This can happen because of damage to the nerves in the pelvis by radiotherapy or by surgery. It is usually possible to keep the surgery clear of these nerves but occasionally they may be damaged.
 - Woman may experience pain during intercourse.
 - It is important to talk to your partner about how you are feeling. You should remember that your feelings can affect how you feel about yourself and your intimate relationships. Talking about your feelings with your partner will help with stress and anxiety.
- Please talk to your doctor if you are having problems because your doctor can help you find the best way to deal with them. Your doctor may choose to refer you to a specialist who may be better able to help you.



Work

- You should be able to return to work 3–4 weeks after your surgery. If your job is a heavy manual job, you should not perform heavy work until six weeks after your operation. You should check with your employer on the rules and policies of your workplace, which may be important for returning to work.
- If you need a “Return to Work” form for your employer or disability papers, it is best to bring to the office for your first postop visit.

Driving

- You may drive when you are off narcotics for 24 hours and pain-free enough to react quickly with your braking foot. For most patients this occurs at two weeks following surgery. For our minimally invasive surgery patients, this may occur earlier.

Low-Fiber Nutrition Therapy

Your doctor may order low-fiber nutrition therapy for 7–10 days after your surgery. Low-fiber nutrition therapy reduces the frequency and volume of stools. This lessens irritation to the gastrointestinal (GI) tract and can help it heal. Use this diet if there is a stricture in the intestine to avoid formation of blockages.

Conditions that may require low-fiber nutrition therapy:

- Crohn's disease
- Diverticulitis
- Ulcerative colitis
- Radiation therapy to the pelvis and lower bowel
- New colostomy/ileostomy
- Recent intestinal surgery

TIPS

- If you are lactose intolerant, you may need to consume low-lactose dairy products or avoid dairy foods completely.
- Take supplements if they are recommended by your doctor or registered dietitian (RD). Use chewable or liquid supplements for better absorption. These are necessary if you have a stricture.

FOODS RECOMMENDED

- **Milk and Milk Products**
 - > Milk or lactose-free milk
 - > Buttermilk and kefir
 - > Yogurt, lactose-free yogurt, or soy yogurt without nuts, fruit, or granola or chocolate mix-ins
 - > Mild cheese
 - > Cottage cheese or lactose-free cottage cheese
 - > Soy milk, rice milk, or almond milk (these are lactose free)
 - > Sherbet
- **Meat and Other Protein Foods**
 - > Tender, well-cooked beef, pork, poultry, or fish
 - > Eggs, cooked until yolk is solid
 - > Smooth nut butters (such as peanut, soy, almond, or sunflower)
 - > Tofu
- **Grains**

Note: Choose grain foods with less than 2 grams (g) of dietary fiber per serving.

- > Refined white flour products—for example, enriched white bread without seeds; pancakes/waffles; and crackers made with refined white flour

- > Cream of wheat
- > Grits (fine ground)
- > White bread, pasta, and rice
- > Cold and hot cereals made from white or refined flour

- **Vegetables**

- > Canned and well-cooked vegetables without seeds, skins, or hulls
- > Mashed potatoes
- > Vegetable juice

- **Fruits**

- > Canned, soft, and well-cooked fruits without skins, seeds, or membranes
- > Fruit juice without pulp

- **Fats and Oils**

Note: Limit fats to less than 8 teaspoons a day. When possible, choose healthy oils and fats, such as canola and olive oils.

- > Butter
- > Oils
- > Cream
- > Cream cheese
- > Margarine
- > Mayonnaise

- **Other**

- > Broth and strained soups made from allowed foods
- > Desserts (small portions) without whole grains, seeds, nuts, raisins, or coconut



FOODS NOT RECOMMENDED

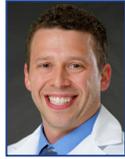
- **Milk and Milk Products**
 - > Milk and foods made with milk, if you are lactose intolerant
 - > Yogurt with added fruit, nuts, or granola or chocolate mix-ins
- **Meat and Other Protein Sources**
 - > Tough meat, meat with gristle, or fatty meats
 - > Fried meat, poultry, or fish
 - > Luncheon meats such as bologna and salami
 - > Sausage, bacon, or hot dogs
 - > Dried beans, peas, or lentils
 - > Sushi
 - > Nuts
 - > Chunky nut butters
- **Grains**
 - > Whole wheat bread
 - > Brown rice, quinoa, kasha, barley
 - > Whole wheat pasta
 - > Whole grain and high-fiber cereals, including oatmeal or whole oats
 - > Popcorn
- **Vegetables**
 - > Raw or undercooked vegetables
 - > Alfalfa or bean sprouts
 - > Cooked greens or spinach
 - > High-fiber vegetables such as peas and corn
 - > Gas-forming vegetables, including:
 - > Beets
 - > Broccoli
 - > Brussels sprouts
 - > Cabbage and sauerkraut
 - > Lima beans
 - > Mushrooms
 - > Okra
 - > Onions
 - > Parsnips
 - > Peppers
 - > Potato skins
- **Fruits**
 - > Raw fruit
 - > Berries
 - > Dried fruit
 - > Fruit juice with pulp
 - > Prune juice
 - > Fruit skin
- **Fats and Oils**
 - > Coconut
 - > Avocado



LOW-FIBER SAMPLE 1-DAY MENU

- **Breakfast**
 - > 1 egg, scrambled
 - > 1/2 cup cream of wheat or fine-ground grits
 - > 1 slice white toast
 - > 1 teaspoon margarine
- **Morning Snack**
 - > 6 saltine crackers
 - > 1 cup lactose-free milk
- **Lunch**
 - > 1 cup chicken noodle soup
 - > 1/2 cup apple juice
 - > 6 saltine crackers
 - > 3 tablespoons tuna salad
 - > 2 slices bread
 - > 2 tablespoons mayonnaise
- **Afternoon Snack**
 - > 1/2 cup canned peaches
 - > 1/2 cup cottage cheese, lactose-free
- **Dinner**
 - > 1/2 cup cooked canned green beans
 - > 1/2 cup peach mango juice
 - > 1 cup chicken breast
 - > 1 soft, white dinner roll
 - > 1 cup white rice

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OUR MISSION Beebe Healthcare's charitable mission is to encourage healthy living, prevent illness, and restore optimal health with the people residing, working, or visiting the communities we serve.

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Beebe Healthcare is a tobacco-free facility.