



Recovering from a rectopexy operation (abdominal)

Introduction

This leaflet gives you information about your recovery when you go home after abdominal surgery.

Everyone is different, and our bodies all react and recover in different ways. There are a few things that you should and should not do once you go home. The important thing is to strike a balance – try not to be in too much of a hurry, but do try steadily to increase the amount that you do. Listen to your body and do only as much as feels comfortable. In general if you have a problem within 2 weeks of your operation, please call the ward (numbers are at the end of this leaflet) and speak to the specialist practitioners or the nurse in charge. Otherwise please contact your GP for advice.

Abdominal pain

It is not unusual to suffer griping pains (colic) during the first weeks following removal of a portion of your bowel. The pain usually lasts for a few minutes and goes away between the spasms.

If you have severe pain lasting more than a few hours or have a fever and feel generally unwell within a few weeks of your operation date, you should contact the ward on the telephone numbers provided below.

If you have hiccups that persist for more than a day, please contact the ward for advice if your surgery was within 2 weeks, otherwise book an appointment with your GP.

Exercise and moving

Walking is encouraged from the day following your operation. You should aim to gradually increase your level of physical activity after you go home. Start with a short walk, for about 10 minutes, 2 or 3 times a day and increase the distance as you feel able. By about 6 weeks you should be able to walk for half an hour or more if you could do so before your operation. Always try to walk as upright as you can to avoid backache. You may find climbing stairs tiring or uncomfortable at first. Try to get out of the house each day if the weather permits.

Try to sit in a chair that is high enough to rise from easily without putting strain on your abdominal muscles. A low sagging chair or sofa can mean that you sit hunched up and then strain your abdomen trying to get up. Try to sit with your lower back well supported, maybe with a small cushion or a rolled up towel at waist level.

Household chores can involve a lot of bending and stretching and you may find this uncomfortable. Try to get some help with household chores, at least for the first 1 or 2 weeks after you go home. You should avoid standing for long periods and movements that involve stretching, pushing or pulling. You should avoid lifting heavy weights at first (including vacuum cleaners, heavy shopping bags and children) and not lift anything heavier than 6–8 pounds (3–4 kilos, for example a full 3-pint kettle). If you need to hold children, try to let them climb onto your lap while you are already sitting rather than lifting them up.

Once you are fully recovered you can normally undertake most activities. Heavy physical activities such as the gym should not usually be undertaken for several months and it is advisable to discuss this with your surgeon in the clinic appointment.

Your bowels

Your bowel habit may change after removal of part of the bowel and you may find it becomes looser or harder than previously. Make sure you eat regular meals, 3 or more times a day, drink adequate amounts and take regular walks during the first few weeks after your operation.

If you are constipated for more than 3 days, then taking a laxative is advised. Try to prevent constipation by consuming a balanced diet including foods such as fruit, vegetables and whole grains. You should drink 8 cups or glasses of fluid daily (around 3–4 pints or 1.5–2 litres daily).

Some urgency (needing to go quickly to the toilet) and frequency (having to go to the toilet more often than usual to open your bowels) is common initially after surgery. Frequency and urgency will usually settle within a few weeks of going home. If you are becoming sore around your back passage consider using a barrier cream. If you are passing loose stools more than 10 times per day for more than a few days please call the ward for advice. If symptoms are not improving discuss them with the doctor in the surgical follow-up clinic. Your diet can help your bowels to be less active so try reducing fruit, vegetables and whole grains and increasing foods such as white bread and potatoes.

Muscle (sphincter muscles) strengthening exercises combined with dietary changes may help with urgency and stool incontinence. Loperamide (Imodium) is an over-the-counter anti-diarrhoea medication that can also be used.

Your stoma

If you have a stoma and you have any problems with your stoma after you go home, please contact your stoma specialist nurse. You will be given contact details before you leave hospital.

Passing urine

Sometimes after bowel surgery you may experience a feeling that your bladder is not emptying fully. This usually improves with time. It is also worth keeping an eye on the colour of your urine. If you are well hydrated you should be passing straw colour urine. If you find that your urine is darker it may be a sign that you are dry and

usually you should drink more. If you feel you are not emptying your bladder fully or if you have excessive stinging when passing urine, please ring the ward as you may have an infection.

Rest and sleep

You will probably be surprised at how tired you feel when you first go home. In hospital you felt OK, but now you feel exhausted. This is normal. You probably didn't realise how little you actually do while in hospital, not even making a cup of tea. Don't worry – your strength and stamina will gradually return. It is important to mix activities with some rest as needed, but do get out of bed each day and get dressed.

Try to plan a rest time each day, preferably on your bed. Let your family and friends know that this is important and that they should avoid disturbing you if possible.

You may find sleeping at night difficult at first. This may just be because your normal routine has been disturbed. Or you may have some discomfort or restricted movement. It is not uncommon to still have some pain when you first go home. A mild painkiller, such as paracetamol, before you go to bed may help.

Work and other activities

The length of time you need to take off work will depend on the operation you have had and the type of work that you do. You may be able to return to work within 2–4 weeks after your operation. People with jobs that involve a lot of heavy manual work may need more time off than people with less active jobs, but even sitting at a desk all day can be very tiring after an operation. You may wish to consider going back to work part-time initially if this is possible. If you do heavy manual work you should not normally go back until at least 6–8 weeks after your operation. It can be useful to ask the doctor in clinic when you can go back to work, when you return to the hospital for your post-operative check-up.

There is no set time for resuming sexual relationships. Many people take a couple of months before they feel comfortable about this, but it is really up to you to know when you feel ready.

Driving

You should not drive until you are confident that you can drive safely. You should not start to drive again until your strength and speed of movement are up to coping with an emergency stop. You should also make sure that you are not drowsy from any painkillers and that your concentration is good. Most people do not start to drive for at least 2 weeks, and some will take longer, depending upon the operation they have had. If you find the seat belt uncomfortable over your scar a folded towel between you and the belt may help.

It might be sensible to check that you are insured to drive after surgery before you start driving again after your operation.

Hygiene and wound care

It is quite safe to get your wound wet (unless you have been specifically advised not to do so). Either a bath or shower is fine, but do not have the water too hot at first and do not stay in a bath too long or with the dressing on unless you have been advised that the dressing is suitable for showering. There is no evidence that adding salt to bath water helps with healing, and it may well dry your skin. Do not use antiseptics, bubble bath or anything else in the bath water, at least until the wound has fully healed. If you feel a little unsteady at first, use a non-slip bath mat and try to have someone else in the house in case you have difficulty getting out of the bath.

Your wound will go through several stages of healing. To start with you may feel tingling, itching or numbness. It may feel lumpy as new tissue forms and there may be some pulling as it heals. You should not go swimming until the wound is completely healed and often waiting for several months is advisable.

It is not unusual for wounds to be slightly red and uncomfortable during the first 1–2 weeks.

Please telephone the ward if your wounds:

- Become inflamed or swollen
- Become increasingly painful
- Start to discharge fluid

Getting back to 'normal'

Having an operation can be a stressful experience, physically and emotionally. When you first go home you are likely to feel tired and unwell for a while but things will get better. Some people report that it takes them 3–6 months to feel completely back to their normal selves but others recover much more quickly. It is common to feel a bit low in the first weeks and to become frustrated that you cannot do everything that you would like to do but please be patient.

Diet

A balanced, varied diet is recommended. You may find that some foods upset you and cause loose bowel motions. If that is the case you should avoid those foods for the first few weeks following your surgery.

Some general advice is to:

- Sip fluids slowly.
- Avoid large amounts of caffeine as this can loosen stool output.
- Chew all foods thoroughly.
- Not skip meals as doing so may worsen watery stools and cause increased gas.
- Add new foods to your diet one at a time until their effect on bowel movements can be determined.

If you are finding it difficult to eat, it is still important to obtain an adequate amount of protein and calories to help your body heal. You may benefit from having nourishing, high protein, high calorie drinks such as Meritene shakes or Complan (available in supermarkets and chemists) to supplement your food. If you are suffering from diarrhoea, then it is important to replace the fluid loss and to drink extra fluid. Please call Frederick Salmon Ward for advice.

If you are losing weight without trying to or are struggling to eat enough, you may benefit from a consultation with the dietitian. Ask your GP to refer you.

See the section 'Your bowels' for advice on how to help your bowels to adjust after surgery.

Summary

To help you recover and return to normal as quickly as possible you need to actively participate in your recovery by walking, eating and drinking. Each day you should feel some improvement but do contact the ward if you are worried about something.

Who can I contact for further information?

If you have a problem or any questions soon after you go home, please call Frederick Salmon Ward and ask to speak to a specialist nurse practitioner or the nurse in charge. The ward is often busy and there may be a delay in answering the phone, but please keep trying as it's important that we discuss your concerns with you.

Contact details

Frederick Salmon Ward
North side 020 8235 4022
South side 020 8235 4191

Specialist practitioners:

Between 8am–8pm Monday to Saturday, contact the specialist practitioners nursing team on 020 8235 4000 and ask for bleep 450. At other times please contact Frederick Salmon Ward and ask to speak to the nurse in charge.

There are more information leaflets on the St Mark's website at www.stmarkshospital.nhs.uk

For advice on medicines you have received from the hospital, call Medicines Information from Monday to Friday between 9am–5pm on: 020 8869 2762

General Trust Information

Patient Advice and Liaison Service (PALS)

PALS is a confidential service for people who would like information, help or advice about the services provided by any of our hospitals. Please call 0800 783 4372 between 9.30am–4.30pm or e-mail lnwh-tr.PALS@nhs.net.

Please note that this service does not provide clinical advice so please contact the relevant department directly to discuss any concerns or queries about your upcoming test, examination or operation.

For a translation of this leaflet or for an English version in large print, audio or Braille please ask a member of staff or call 0800 783 4372.