

## Colon Resection Surgery

Prior to your procedure you will complete a pre-admission testing (PAT) phone call appointment. This call will come from (920) 206-3820.

My PAT Appointment time is: \_\_\_\_\_

You will receive a phone call within a **one-hour window** of this scheduled time.

*It is important that you are not distracted during this appointment. You will receive instructions on preparation including diet, medication changes, and arrival time.*

Please have a list of current allergies, medications, and diagnosed medical conditions prepared prior to your phone call with PAT. During your PAT phone call, please complete the following:

1. Surgery scheduled with Dr. \_\_\_\_\_

2. Date of surgery: \_\_\_\_\_

3. Hospital arrival time: \_\_\_\_\_

4. Time to stop drinking clear liquids: \_\_\_\_\_

5. Medications to **stop** prior to surgery, with date each should be stopped:

\_\_\_\_\_

\_\_\_\_\_

6. Post-operative appointment date/time: \_\_\_\_\_

Please consult your prescribing provider to verify it is safe to temporarily discontinue any medications you are instructed to stop. Contact the *General Surgery Clinic* at (920) 206-3042 with any questions/concerns.

Due to anesthesia, **you cannot drive after your procedure**. You will need a ride to and from the hospital who must stay for the duration of your procedure. Please arrange this ahead of time.

## Colon Resection Surgery

### Your Digestive System

Understanding the path of digestion can be helpful in preparing for colon resection surgery. After food is chewed and swallowed by the mouth, it moves through your esophagus to the stomach. Once in the stomach, food mixes with digestive acids to begin breaking down. It then moves to the small intestine, where nutrients are absorbed from the food as it is further digested. The waste then moves into your colon, or large intestine, where water is reabsorbed into the body until waste becomes stool and is held in the rectum.

### What are the parts of the colon?

The average colon measures approximately 5 feet in length, and begins in the lower right abdomen. In this area the colon connects to the small intestine at an area called the *cecum*. It then travels upward along the right side of the abdomen as the *ascending colon* and across the upper abdomen as the *transverse colon*. Finally, it travels down the left abdomen as the *descending colon* before making an “S” shape in the *sigmoid colon* and connecting to the rectum and anus.

### Why is colon resection performed?

Colon resection is typically performed to remove an area of cancer or precancerous polyp from the colon. Resection may also be performed for inflammatory bowel disease, improper blood flow, trauma, volvulus (twisting) and diverticulitis. After the target segment of colon is removed, the healthy ends of your colon are most often sewn back together.

### How is colon resection performed?

There are multiple ways to perform a colon resection, also known as a *colectomy*. Often, only a portion of the colon is taken out, such as a *right sided hemi-colectomy*, *left sided-hemicolectomy*, or *sigmoid colectomy*. Colectomies may be performed as a robotic procedure, in which small incisions are used and a robot holds and moves instruments as guided by your surgeon. They may also be performed as laparoscopic (small incisions), hand assisted (small incisions with one moderate incision), or open (one large incision). Procedures may also begin as one type and be transitioned to another for patient safety, such as a minimally invasive technique requiring a larger, open incision.

### **What are the risks of colon resection surgery?**

The risks of colon resection include pain, infection of the incision sites or within the abdomen, bleeding and bruising around incisions, hernias at incision sites, damage to other internal structures (such as bowel or blood vessels), and conversion to open surgery if needed.

### **What happens the day of surgery?**

You will be asked to avoid eating or drinking the day of your surgery, so that you can safely undergo anesthesia. This will keep you asleep and free from pain during the procedure. You will arrive at the hospital early to check in for surgery, and be taken back to the ambulatory surgery center. You will change into a hospital gown, receive an IV, meet your nurse for the day, and see your surgeon and anesthesia provider. You will be taken to the operating room and your surgeon will complete the procedure as discussed, making any necessary adjustments throughout to keep you safe. After your surgery is complete, you will be taken to the PACU (post-anesthesia recovery unit) to recover, then to your hospital room where you will stay during your recovery days.

## Preparing for Colon Resection Surgery

### 7 Days

Before your procedure

#### **Arrange transportation**

Please confirm that a family member or friend is available to drive you to and from your surgery and remain at the hospital for the duration of the procedure.

#### **Review Medications**

You may be instructed to discontinue certain medications prior to your procedure. Call the prescribing provider to discuss how to safely do this.

Medications to stop 7 days prior to colon resection surgery:

- **Antiplatelet blood thinners:** Pletal (Cilostazol), Effient (Prasugrel)
- Phentermine
- Vitamins and supplements

## 5 Days

Before your procedure

Medications to stop 5 days prior to colon resection surgery:

- Antiplatelet blood thinners: Plavix (Clopidogrel), Brilinta (Ticagrelor)
- **Coumadin (Warfarin)**

Note: If you take Warfarin, please contact your prescribing provider to inquire if “bridging” will be required.

## 3 Days

Before your procedure

Medications to stop 3 days prior to colon resection surgery:

- **PDE-Inhibitors**, unless taken for pulmonary hypertension: Sildenafil (Viagra), Tadalafil (Cialis), Vardenafil (Levitra and Staxyn), Avanafil (Stendra), Cilostazol (Pletal), Dipyridamole (Attia), Milrinone (Primacor), Amrinone, Apremilast (Otezla), Crisaborole (Eucrisa), and Roflumilast (Deliresp)
- **DOAC Blood Thinners**: Eliquis (Apixaban), Xarelto (Rivaroxaban), Pradaxa (Dabigatran)

## 2 Days

Before your procedure

In the evening, follow instructions in the provided scrub kit to clean your body thoroughly. After performing the scrub, remember to avoid other hair and skin care products as they carry bacteria. If you notice an allergic reaction notify the General Surgery Clinic in the morning or present to the emergency room if severe.

## 1 Day

Before your procedure

Complete the pre-operative medication regimen as prescribed:

- **Go Lytely**: Drink ½ gallon between 9:00 AM and 12:00 PM (noon) until stools are clear
- **Neomycin 500 mg** (antibiotic): Take 2 tabs by mouth at 1:00 PM, 2:00 PM, and 11:00 PM
- **Metronidazole 500 mg** (antibiotic): Take 1 tab by mouth at 1:00 PM, 2:00 PM, and 11:00 PM

Take each antibiotic as prescribed, remembering to take the final dose prior to bed. It is not uncommon to experience some nausea with these medications.

## Procedure Day

Follow a **clear liquid diet** (listed below in packet) for the entire day. Do NOT consume any solid food or opaque liquids. Failure to follow diet may result in surgery cancellation due to solid stool within the colon.

Again, in the evening, complete the second body scrub as instructed in the provided scrub kit.

Medications to stop one day before colon resection surgery:

- Insulin: Follow provided protocol

You may consume clear liquids up until **two hours** prior to your scheduled arrival time on the day of your surgery. Consuming anything by mouth beyond this time may result in cancellation.

Please remember to have a friend or family member drive you to and from the hospital for your procedure. You cannot drive after receiving anesthesia. If you have a **CPAP machine**, please bring it with you the day of your procedure.

Medications to stop the day of surgery:

- Insulin: follow provided protocol
- Metformin
- Lisinopril (Zestril, Prinivil), Benazepril (Lotensin), Captopril, Enalapril (Vasotec), Losartan (Cozaar), Valsartan (Diovan), Olmesartan (Benicar), Candesartan (Atacand)
- Rosiglitazone (Avandia), Pioglitazone (Actos)
- Glimepiride (Amaryl), Glipizide (Glucotrol), Glyburide (Micronase, Glynase, Diabeta)
- Sitagliptin (Januvia), Saxagliptin (Onglyza), Linagliptin (Tradjenta), Alogliptin (Nesina)

## After Your Surgery

### What happens after colon resection surgery?

After your surgery, you will spend time in the hospital to monitor recovery. You will stay in the PACU (post-anesthesia care unit) until awake and your pain is controlled. You will then move to a hospital room to rest and recover. Most patients remain in the hospital for approximately two to three nights but length varies based on individual recovery.

While in the hospital you will receive pain control, education, and assistance with your incisions. You will gradually return to eating a normal diet, be encouraged to move and walk, and exercise your lungs. You will stay in the hospital until your surgery team determines your bowels are awake and functioning properly, typically once you are again passing bowel movements.

### What happens after discharge?

After surgery, you may notice swelling, bruising, or soreness near your incisions. You may feel bloated, constipated, or more tired than usual. These effects will go away with time. Your doctor may give you medications to take during recovery. You will be given instructions with your discharge paperwork that cover important restrictions to follow:

- **Bathing:** you may shower after 24 hours but avoid immersion in water such as baths, hot tubs, and pools for at least two weeks after surgery
- **Lifting:** for the first few weeks after surgery, you may not lift any objects heavier than 15-20 pounds. This is important to allow healing of the repair as heavy lifting can cause significant damage and risk of hernia recurrence.
- **Sexual Activity:** you may resume sexual activity as soon as it feels comfortable without pain, again remembering to avoid heavy lifting for the first weeks after surgery.
- **Driving:** do not drive for the first 1-2 days after surgery, and at any time of taking narcotic pain medications.

Otherwise, you may drive when you feel comfortable being able to slam the breaks if necessary without pain.

- **Work:** you may be able to return to an office job within a few days, and more physical jobs after a few weeks. Your surgeon will provide clearance for you to return to work based on your occupation and progress after surgery.

#### Follow Up

You will have a post-operative visit scheduled for 7-10 days after your surgery. At this time your doctor will assure there are no complications present, your pain is well managed, and determine when you may return to activities such as work and exercise.

#### When to Call Your Doctor

After your surgery, call your doctor if you notice any of the following:

- You have a fever (over 101.4 F) or chills
- You have an incision that drains liquid for longer than a day or increasing incision redness, swelling, or pain
- You are unable to urinate for greater than one day
- You have pain in your abdomen, nausea, and vomiting
- You notice bleeding from your rectum

## Clear Liquid Diet

#### OK to drink:

- Water
- Tea and black coffee **without** any cream, milk, or lightener (including non-dairy options)
- Flavored water without red or purple dye
- Clear, light colored juices such as apple, white grape, lemonade

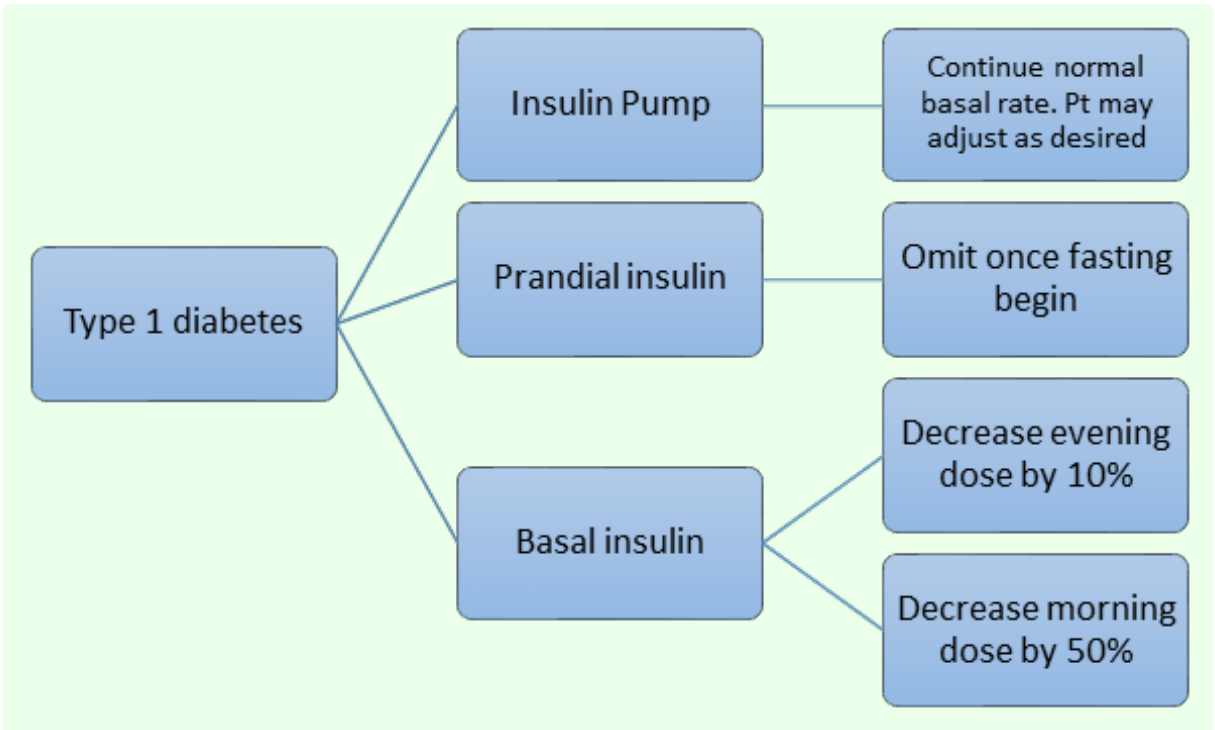
#### Avoid these drinks:

- Alcoholic beverages
- Milk (including non-dairy)
- Smoothies
- Milkshakes
- Cream
- Orange juice
- Grapefruit juice
- Tomato juice

- without pulp, and white cranberry
- Clear broth including chicken, beef, or vegetable
  - Sports drinks such as gatorade or propel
  - Popsicles without fruit or cream
  - Jello or other gelatin without fruit
  - Powdered drinks such as kool-aid or crystal light

- Soup other than clear broth
  - Cooked cereal
  - Gum, hard candy, suckers
- Anything with **red or purple coloring** such as juice, popsicles, sports drinks, or gelatins

## Pre-operative Insulin Protocol



## Pre-operative Insulin Protocol

