

## **Anal and Rectal Surgery Instructions after Surgery**

*Following anal and rectal surgery, patients can experience a wide range of symptoms that may be influenced by a number of factors such as the disease requiring the surgery, the extent of the surgery, and patient response. Regrettably, your response to surgery cannot be controlled by your surgeon. Our doctors rely on patient's compliance to the post-operative instructions to reduce or eliminate these symptoms. Please read and stick to the following instructions very carefully after surgery:*

- **Drink 8-10 glasses** of non-carbonated, non-caffeine containing, non-alcoholic beverages per day.
- Eat a **high fiber diet**.
- Take 1 teaspoon of Metamucil 2 times a day.
- Take 3-4 tablespoons of **mineral oil** 3 times a day until the first smooth bowel movement. You may then reduce the mineral oil to 1-2 tablespoons twice daily.
- If applicable, remove the outer bandage the day after surgery or prior to a bowel movement the evening of surgery. The small gauze pads further inside will come out with a bowel movement.
- **Resume normal activities.** No heavy lifting, straining, pushing, pulling or exercise for two (2) weeks. Most patients may return to work within a few days depending on a patient's job duties and activity level.
- Take warm water **sitz baths** for 10-20 minutes, 3-4 times a day and after a bowel movement. This will also help to reduce pain and swelling. Warm water baths should contain plain clear water only. Do not add Epson salt, soap, etc.
- Depending of the type of surgery, post-operative **pain or discomfort** might be minimal, last only a few days, or last for 1-2 weeks. The pain should slowly decrease over a period of time. Following the instructions on this list will help reduce the pain and discomfort associated with ano-rectal surgery. For postoperative pain, a prescription pain medication is provided and should be taken as directed. However, be aware that excessive pain medication use can lead to constipation and hard bowel movements. When possible, it is recommended that patients use Tylenol as an alternative to the prescribed pain medication.
- DO NOT take any aspirin containing products for at least 2 weeks. Tylenol is approved.
- It is common to experience some **constipation** after surgery. The use of anesthetics during surgery and prescribed pain medication after surgery may lead to increased constipation and production of hard bowel movements. Often patients will state that they are "constipated" because they have not had a bowel movement within 1-2 days following surgery. Some patients experience their first bowel movement up to 3-4 days following surgery. Constipation is most often noted by

symptoms of bloating, the sensation of feeling full, or straining with hard bowel movements. Usually, constipation can be relieved within 24 hours with the use of a fiber product, mineral oil, and increase in liquid intake as directed above. Should you remain constipated, take 1 oz. (30 cc) of Milk of Magnesia; if there are no results in six hours, repeat. You should avoid rectal suppositories, enemas, or any other medication taken per rectum unless directed by your physician. If after following these instructions over a 24 hour period, you are still experiencing constipation, you should contact the office.

- You will have some **bleeding** for a few days to a few weeks. Most often, bleeding occurs with bowel movements, wiping, and excessive activity. It may occur until the wound is completely healed. Placing clean dry gauze over your wound between the buttocks will help absorb the blood and protect your clothes. If bleeding becomes steady and/or excessive, call the office immediately.
- **Swelling** of the anal tissue is a normal side effect of the surgery and is individual to the patient. There is no definite time frame for residual swelling. Often, it is common for patients to misinterpret swelling as hemorrhoids. These may actually be skin tags which will decrease in size over time. **Mucous discharge** is also common after surgery and usually does not indicate a problem.
- Most **stitches** will dissolve. It is normal to see them in the toilet bowl.
- Call to make an **appointment** for an office visit in 2 weeks.

### **Special problems:**

*Difficulty with Urination:* A small percentage of patients have difficulty with urination following surgery. This is due to post operative swelling preventing the flow of urine through the urethra. Soaking in a warm water bath to help reduce the swelling may help a patient to urinate. It is ok to urinate in the tub if this helps. If the patient is able to urinate with the help of a bath, he/she should repeat this process as often as needed. If within 24 hours, baths are still needed to urinate, contact the office. However, after trying the warm water baths, a patient still cannot urinate; contact the office for further instructions. Sometimes, patients will need to have a catheter inserted for 2-3 days while the swelling decreases.

*Diarrhea:* Due to a patient's individual response to fiber and mineral oil, some patients may experience diarrhea following surgery. Diarrhea may lead to swelling, pain at the surgery site, and the sensation of burning and pain of the skin surrounding the site. Please call the office for instructions to modify the post operative course of treatment.

**Nausea:** Nausea most often occurs as a side effect of the anesthetic drugs used during surgery; as well as the use of prescribed pain medications following surgery. Patients are instructed not to take pain medications on an empty stomach. After arriving home from the procedure, you should start with clear liquids such as 7-up, Sprite, or clear juice and then move to a regular diet. Antacids (Tums, Maalox, Pepto-Bismol) or carbonated beverages help to alleviate nausea. If vomiting occurs and is persistent, please call the office.

**Burning, Itching:** A few days into the recovery period, patients might describe burning or a “knife-like” pain. Most often it is a condition of the skin of the area surrounding your surgical site. It is similar to “Diaper Rash.” As your wound heals, it expels the dead tissue from the surgery. This drainage from the wound soaks the skin and keeps it moist. The area then becomes red and inflamed and you start to feel a burning or “knife-like” pain. To help heal and prevent this from occurring, start by cleaning the area using a soaked wash cloth (no rubbing) of warm water. Do not use soap, creams, or any other products on this area unless directed by your physician. Place 1-2 pieces of gauze between the buttocks over the wound to catch any drainage and protect the skin. The gauze should be changed out at least 3-4 times a day. As the area is allowed to “dry-out,” the symptoms will decrease and the area will heal. The key is keeping the area clean, dry, and chemical-free (soaps, creams, etc). You should see improvement within 24-48 hours. If no improvement is seen or symptoms increase, please contact the office.

### **Please Remember**

*If you have any questions or concerns regarding your surgery or recovery, please do not hesitate to call our office at 703.717.4250.*