

A Guide to Enhancing Your Recovery after Bowel Surgery



- Please bring this book, chewing gum and a pen with you to the hospital when you come for surgery.
- If you cannot chew gum for some reason, bring hard candies to suck.

Things to bring to the hospital

- This book and a pen to complete your Activity Log each day.
- Health insurance information such as your OHIP card, hospital card and any other health care plan you have.
- A current list of all medications and vitamins you take.
- 2 packs of chewing gum (see page 11). If you are not able to chew gum, bring hard candies to suck.
- Personal hygiene items like a toothbrush, toothpaste, hair brush, mouthwash, deodorant, lip balm and hand cream.
- A short bathrobe and loose comfortable clothing such as track or pajama pants.
- Non-slip slippers, shoes or socks.
- Cane, crutch or walker if you use these for walking and moving around. Label with your name.
- CPAP or sleep apnea machine if you use one. Label with your name.
- Earplugs if desired.
- Reading glasses in a case labelled with your name.
- Magazines, books, crosswords.
- Food that is easy to digest and allowed on your normal diet plan. This may include crackers, cereal and pudding cups. Do not bring food that needs to be refrigerated as it will go bad.

Acknowledgements

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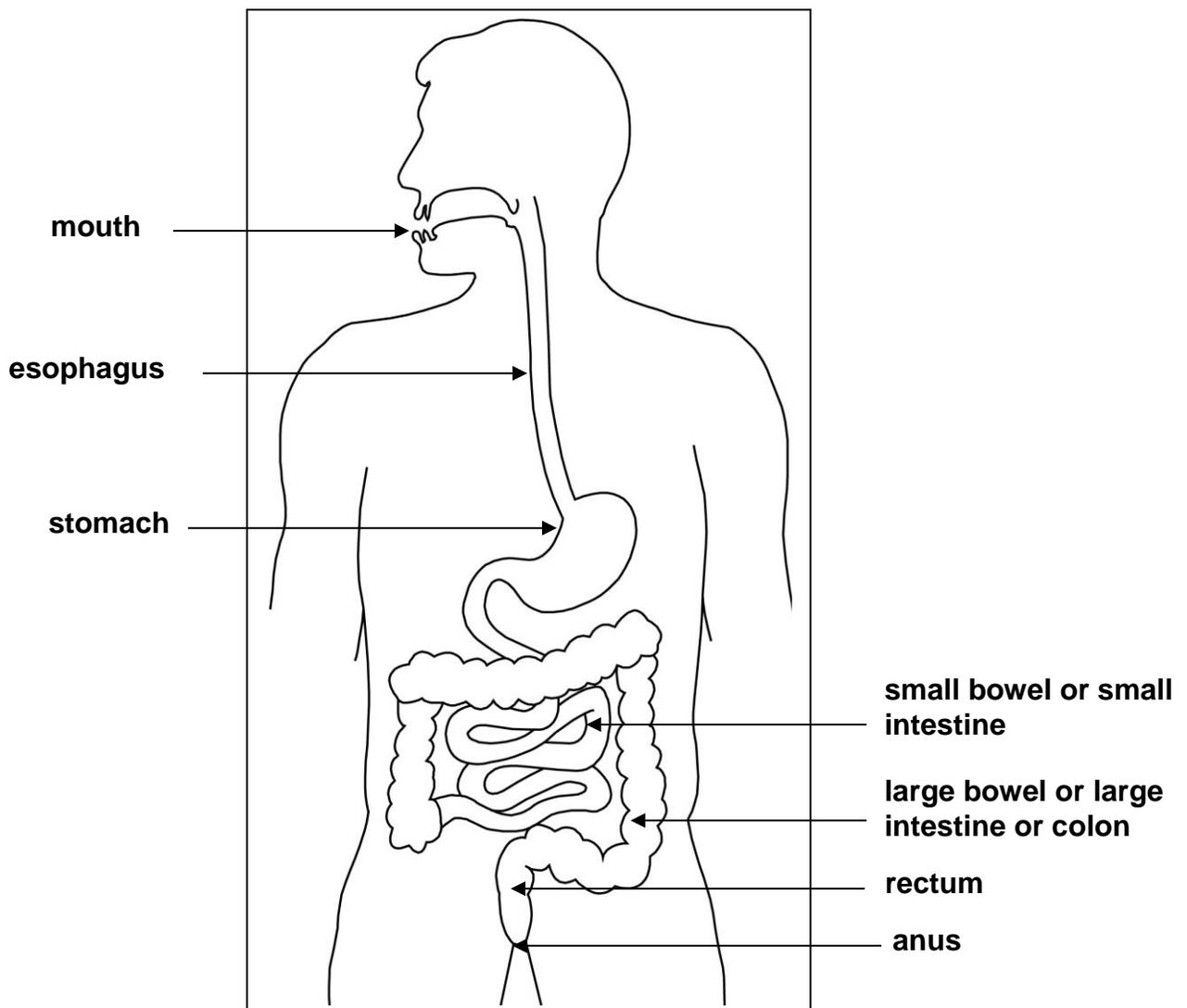
Your Digestive System and Bowels

When eating, food passes from your mouth, through the esophagus into your stomach. From there it passes into the small bowel. The small bowel is also called the small intestine. This is where the nutrients from the food you eat and the fluids you drink are absorbed.

The part of what you eat and drink that your body does not need is called waste. This waste goes into your large bowel. The large bowel is also called the large intestine or colon.

As the waste moves through the large bowel, fluid is absorbed and feces or stool is formed. The stool is stored in your rectum until it is passes out of your body through the anus in the form of a bowel movement.

Your digestive system's parts and functions are shown below. Knowing what each part does helps you understand how the digestive system works.



Bowel Surgery

Bowel surgery removes a part of the small or large bowel. It is called a bowel resection when a section of the bowel is taken out and the bowel that is left is reconnected back together.

The type of bowel surgery you are having depends on your problem. Your doctor will talk to you about the type of bowel surgery you are having.

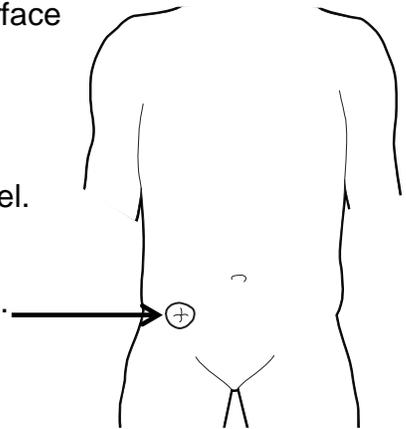
There are many types. For example:

- If you have a problem in the lower part of the large bowel and rectum, this is called colorectal surgery.
- If you have a problem in the anus area, this is called rectal surgery.

Sometimes the bowel needs to be brought out through the surface of the skin on the abdomen. The part of the bowel that can be seen is called a stoma:

- It is called an ileostomy if this done with the small bowel.
- It is called a colostomy if this is done with the larger bowel.

This picture is one example of a stoma.



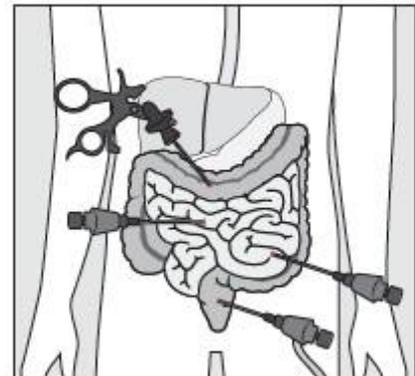
Bowel surgery can be done in 2 ways:

- Laparoscopic
- Open

Laparoscopic

Laparoscopic means that the surgeon makes 4 to 6 small cuts called incisions in the abdomen.

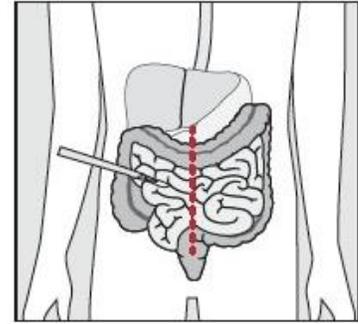
The surgeon uses instruments and a camera to free-up the diseased bowel. The surgeon then makes another small incision to remove the section causing problems. The healthy ends of the bowel are then sewn or stapled back together or a stoma is made.



Open

Open means the surgeon makes one 10 to 20 centimetres (cm) cut called an incision in the abdomen to remove the diseased part of the bowel. The dotted line on the picture shows where the incision is.

The healthy ends of the bowel are then sewn or stapled back together or a stoma is made.



Getting Ready for Surgery and After – Planning Ahead

Stop Smoking

There are some things you should do to get ready for surgery and going home after.

If you smoke, try to stop smoking for at least 4 weeks before surgery. This lowers your risk of having an infection and/or breathing and lung problems after surgery. It also helps you heal and recover faster.

Talk to your doctor, nurse or pharmacist if you would like information to help you quit smoking. You can call the Smokers' Helpline at 1-877-513-5333 or go to: www.smokershelpline.ca

Did you know?

- **Smoking increases the risk of getting a skin infection 3 to 4 times more than non-smokers.**
- **Smoking increases the risk of leak from the site of the reconnected bowel 2 times more than non-smokers.**

If you stop smoking at least 4 weeks before surgery, you can:

- **lower your risk of getting an infection and/or breathing problems**
- **improve healing and speed recovery**

Get Fit and Strong

If you normally exercise keep it up to be ready for surgery.

If you do not exercise start walking for 5 to 10 minutes a few times a day, aiming for 5 walks a day. We will be getting you to do this after your surgery so if your muscles are used to doing it before surgery, it will be easier to do after surgery.

The stronger you are before surgery, the faster you will recover from surgery and get back to your regular life.

Reduce Alcohol

Alcohol can also affect healing and recovery from surgery. If you drink wine, beer and/or liquor regularly, reduce this to 1 drink a day 4 weeks before surgery. If you think you may have trouble doing this, talk to your surgeon or health care provider to make a plan.

Things to Get Ready at Home

You need to make sure you have someone to drive you home the day you are discharged. This person needs to be on-call to do this.

Make sure that everything is ready for you when you go home after surgery. Although you are able to walk, eat and care for yourself fairly well, you will likely need some help from family and friends when you first get home from the hospital.

You may need help with:

- bathing and self-care
- driving, cleaning, laundry, making meals
- caring for pets, watering plants

Stock your freezer, fridge and cupboards with easy to prepare healthy meals so that when you return home, you will not have to go to the grocery store.

Hospital Stay

This depends on the type of surgery you are having. The usual length of stay is 3 days.

- If you are having small bowel surgery or a colon resection, plan to go home 2 to 3 days after surgery.
- If you are having surgery that involves the lower colon and/or rectal area, plan to go home 4 days after surgery.

Things to do at home before surgery:

- Remove all nail polish.
- Remove all jewellery and body piercings.

Things to leave at home when you come for surgery:

- Money, purse and/or wallet
- Anything you value** such as electronic equipment, cell phone, laptops, ipads, clothes you love etc.

Remember:

St. Joseph's Healthcare Hamilton is not responsible for lost or stolen items. You are responsible for them. If you bring anything of value, they will be locked in the Hospital vault until you are discharged. Anything left at your bedside is your responsibility.

Fragrance Free

St. Joseph's is a fragrance free centre. Many patients, visitors and staff are allergic to scented products. For everyone's safety, please do not bring or use any scented products such as perfume and aftershave.

Pre-Admission Assessment Clinic Visit

You will come to an appointment in the Pre-Admission Assessment Unit (PAAU) several days or weeks before surgery.

Here you learn more about how to get ready for surgery.



The nurse reviews:

- your health history and current list of medications
- how to clear out your bowel for surgery if your surgeon orders this – this is called a bowel prep
- the type of food to eat and drink before surgery and when to stop
- a list of things you should do before surgery at home and items to bring to the hospital

The anesthesiologist reviews:

- your current list of medications and health history
- the type of anesthetic you will have for surgery.
- pain management offered after surgery

Remember:

- **Do not remove any body hair in the area of your surgery before surgery.**
- **Do not wax, shave or clip because it can increase your risk of infection.**
- **You may be asked to shower with special soap before your surgery.**

Day Before and Morning of Surgery

☐ If your doctor did NOT order a bowel prep, here are the steps to follow at home:

- Have your regular diet until midnight before surgery.
- Drink clear fluids until 2 hours before the scheduled surgery time.
- Drink carbohydrate enriched drinks:
 - Drink 800 mls (3 cups or glasses) at bedtime the night before surgery **and**
 - Drink 400 mls (1½ cups or glasses) up to 2 hours before the scheduled surgery time.

☐ If your doctor ordered a bowel prep, here are the steps to follow at home:

- Eat a regular breakfast and then drink clear fluids the rest of the day.
- Drink clear fluids until 2 hours before the scheduled surgery time.
- Drink carbohydrate enriched drinks:
 - Drink 800 mls (3 cups or glasses) at bedtime the night before surgery **and**
 - Drink 400 mls (1½ cups or glasses) up to 2 hours before the scheduled surgery time.

Remember:

- A clear liquid is any liquid you can see through. Examples of clear liquids are water, apple juice or tea (no milk).
- Milk and orange juice **are not clear fluids** and should not be taken.
- Drinks that are carbohydrate enriched are drinks that have a lot of sugar. Research has shown that drinking sugary drinks before surgery helps you feel stronger and recover faster after surgery.

Examples of carbohydrate enriched drinks are:

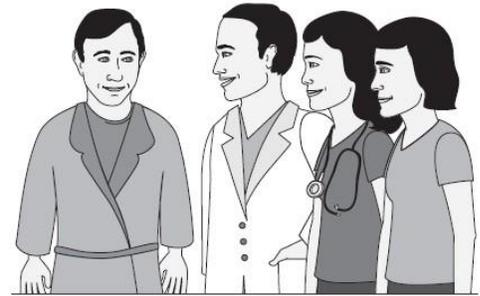
- Apple juice
- Cranberry juice or cocktail
- Iced tea with sugar
- Sports drinks



Day of Surgery

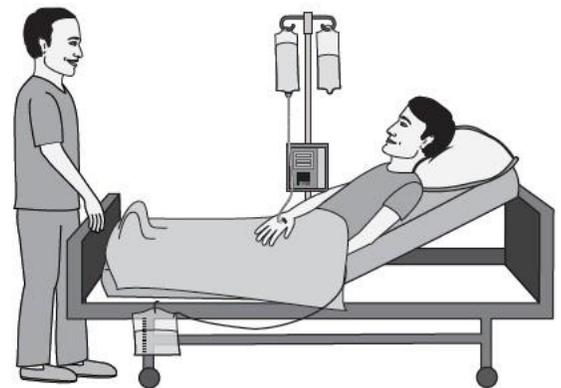
When you arrive at the hospital:

- Come to the Day Surgery Unit Reception area. After you are registered you wait until you are called into the unit.
- A nurse will greet you and take you into the unit by yourself first. If you came with a support person, he or she is invited to join you after you are ready for surgery.
- When you are in the unit, the nurse will get you settled, ask some questions, take your blood pressure and other vital signs and enter this into your record on a computer.
- The nurse will put a thin tube into a vein in your arm. This intravenous or IV is used to give you medications before, during and after surgery. You are given antibiotic medication to decrease your chance of infection after surgery.
- You will have a needle in your abdomen or leg. This contains medication to help prevent a blood clot after surgery.
- The anesthesiologist will come to talk to you.
- When you are all prepared for surgery, your support person can join you until you are taken to the Operating area. Your support person will then be shown where to wait for you while you have surgery and recover after.



In the Operating Area:

- ◆ A porter takes you to the operating area on a stretcher.
- ◆ If you are having an epidural or spinal anesthetic, this is done in an area close to the operating area.
- ◆ You go into the operating room awake and talk to the team and answer some questions before your surgery starts.
- ◆ Antibiotic medications are given through the IV to help prevent infection.
- ◆ While you are asleep, you may have a thin tube called a catheter put into your bladder to drain urine.



After Surgery

In the recovery area, members of the health care team monitor:

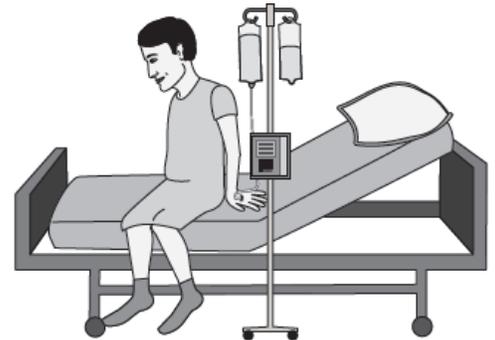
- the IV and control the amount and type of fluid and medication you get
- assess your level of pain and give you pain medication when needed – if you have an epidural for pain control, you learn how to use this when you are awake and it is safe to do
- your breathing and oxygen level
- the amount of urine you drain out of your bladder
- your heart rate, blood pressure and other vital signs
- your incision site(s)



You leave the recovery area and go to your room on a nursing unit when the health care team feels it is safe to do so.

On the Nursing Unit

- It is very important to move around and exercise to recover. Lying in bed without moving may cause problems such as pneumonia, blood clots and muscle weakness. It also slows recovery.
- The more you get up and move around, the better you will feel.
- The first night of surgery the nurse will help you sit at the side of the bed and dangle your legs. If you do not have a catheter in your bladder, the nurse will try to help you walk to the bathroom.
- Walking and moving is very important to help the bowels 'restart' and avoid nausea, bloating and unpleasant stretched feelings of your abdomen. Walking helps gas pass through your bowels and shortens the time of having 'gas cramps'.



Leg Exercises

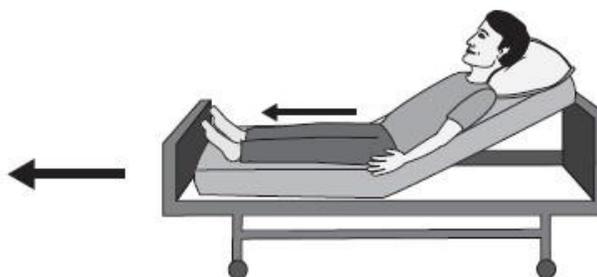
Your health care providers help and remind you to:

- sit up and dangle your legs at the side of the bed
- do your leg exercises

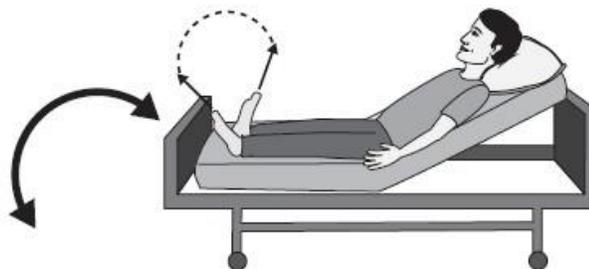
These help your blood flow in your legs and around your body to prevent clots.

Do these exercises 4 to 5 times every hour you are awake.

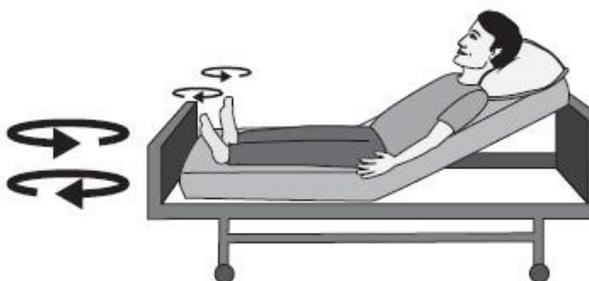
Stretch your legs out straight



Wiggle your toes and bend your feet up and down



Wiggle your toes and rotate your ankles



Deep Breathing and Coughing Exercises

Your health care providers help and remind you to:

- Breathe in slowly and deeply through your nose.
- Breathe out slowly through your mouth with your lips pursed.
- Repeat 10 times every hour you are awake.



After 10 deep breaths, hold a pillow against your incision area and cough 3 times.

If your cough is wet, try to cough more and clear the phlegm.



Balance Rest and Activity

- Members of your health care team help you get up and move around the first time you get up.
- You learn how to move around with an IV pole and catheter if you have these in.
- Your goal is to move around and be out of bed, either walking or sitting often for increasing periods of time
- Once you get used to getting up and moving around you can do this by yourself and walk around the unit alone and with your visitors.
- Try to sit in a chair for all of your meals.
- It is important to balance rest and activity. It is normal to be tired because your body is trying to heal.
- Do not be afraid to ask your visitors to leave so you can rest throughout the day as well.
- Moving and activity during the day helps with sleeping better at night.



Catheter

The goal is to take the catheter out as soon as possible to help lower your risk of getting a bladder infection. It also helps you move around better.

If you have a catheter to drain urine it is taken out on Day 1 if you had a colon operation and Day 3 if you had a rectal operation.

Diet, Nutrition and Fluids

The day of surgery when you are on the nursing unit, you begin to take sips of water. You are encouraged to drink more as tolerated.

You begin to eat solid food the day after surgery. At first start slow and eat in small amounts. Eat when you are hungry or feel like it. Try to sit in a chair when you eat even if you eat very little.

Your family can bring you food if you prefer, but check with your nurse first about what is right for you. Be sure they bring food that does not need to be in a fridge as there is not enough room in the unit fridge and your food can be removed by anyone anytime.

It is important to stay well hydrated while you recover. Fluids and moving around help you expel gas and move your bowels. Fluids also help prevent bladder infection.

Drink small amounts throughout the day unless you have been instructed not to. For example, people with kidney or heart problems may not be able to drink a lot of fluids.

Follow instructions given by members of your health care team about the amount of fluid to drink.

Tell the nurse if you feel sick to your stomach, have nausea or feel bloated during or after eating. Do not eat if you have these feelings. You may need some medication to help.

Gum (preferred) or Hard Candy

Chewing gum after surgery helps you pass gas. Passing gas is a sign that your bowels are working.

Begin chewing gum starting the morning after surgery. Chew 1 piece of gum for about 10 minutes, 3 times each day.

If you cannot chew gum for any reason, bring hard candies to suck on.



Help prevent ileus

- After bowel surgery, your bowel may stop working. This is called ileus. If this happens, you feel bloated. You may also have nausea and vomiting. If you have an ileus, this will increase your surgery recovery time.
- Certain pain medications such as morphine increase the chance of ileus.
- Walking and chewing gum both help your bowel work faster and speed recovery.

There is an Activity Guide starting on page 15 to follow each day.

Pain Management

Pain is an unpleasant feeling that is different for every person. There are many words people use to describe pain such as 'soreness', 'discomfort' or 'aching'.

Having your pain well controlled is important because it helps you to:

- decrease the stress in your body so you can recover faster
- breathe, cough and do your exercise and activities more easily
- move around better
- sleep better
- heal and recover faster
- do things that are important to you

Rating Your Pain

In the hospital members of the health care team use a 10 point scale to rate pain.

When you wake up after surgery, you are asked to rate your pain on this scale.

You are also asked to rate your pain often as you recover.

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10
no pain **moderate** **worst pain ever**

You may find that your pain is less when you are resting and more when you are moving. If your pain is 4 (moderate) or more you should treat your pain or ask for pain medication.

Members of your health care team will work closely with you to help you manage your pain. For example, if you know that you are going to be doing exercises with the physiotherapist or take a walk around the unit, they will advise you to take pain medication about ½ hour before.

If you have pain that is stopping you from moving, you should treat your pain or ask for pain control medication.

Ways to Control and Manage Pain

There are different pain control medications and ways to give them after surgery.

Members of the health care team will talk to you about this before surgery in the Pre-Admission Assessment Visit as well as after surgery.

There are 3 main ways to get pain medication:

- Oral or by Mouth
- IV with or without a Patient Controlled Analgesia Pump – PCA
- Epidural

Oral (By Mouth) Medication

In the hospital, you may be given different types of pain control medication on a regular basis to help manage your pain.

Each medication works differently in your body and you and your health care team work together to find the best method to control your pain.

If the medication does not control your pain, please tell your nurse. More or a different pain medication may be given.

Examples of oral pain medication include gabapentin, acetaminophen, ibuprofen and narcotic medication such as hydromorphone (dilaudid).

Oral medication can be alone or in combination with other pain control methods such as through an IV or epidural.

IV Pain Control

Pain control medications can be given through your IV as long as you have one. Using this method, when you ask for pain medication, your nurse prepares it and puts it into the IV. This is usually a narcotic medication such as hydromorphone (dilaudid).

IV and Patient Controlled Analgesia Pump – PCA

Pain control medication can be given through the IV using a pump. Your IV may be attached to a pump that controls the amount of pain medication you get. Your nurses put the pain medication into the IV bag. It then flows through the pump.

When you use PCA, you are in control of how much pain medication you get and when you get it.

If you are having pain, you push a button that is attached to the pain pump. You can push the button at any time you think that you need more pain medication.

You hear a beep from the pump to let you know that the pain medication is going in. After the beep, it takes only a few minutes for the medication to work.

You do not need to call the nurse to get pain medication when you have a PCA. The pump is set up to make sure that you do not get too much.

It is very important that no one pushes the button but you. Never let your family or friends push the button.

If you have a PCA pump, you will have it until you are able to drink fluids and swallow medication by mouth. The pump is usually removed after 1 day.



Epidural

An epidural is a small tube placed in your back by an anesthesiologist. It is placed in a space outside your spinal cord to give you medication to reduce your pain after surgery. The tube is usually placed in your back in a special area just before you go into the operating room. You are awake during the procedure. Members of the health care team help you feel comfortable when the doctor puts the tube in.

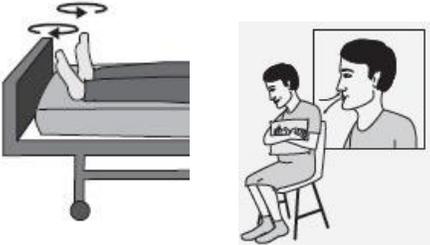
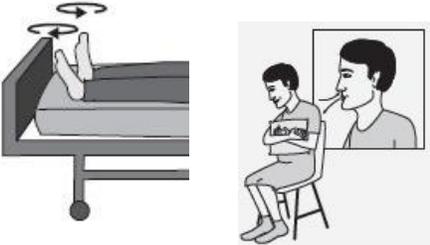
Medication is given through the tube to provide pain relief. This medication is usually local anesthetic or “freezing” plus a narcotic medication.

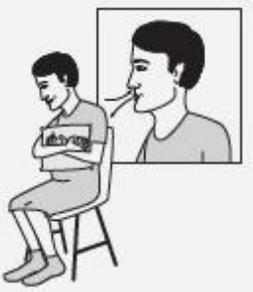
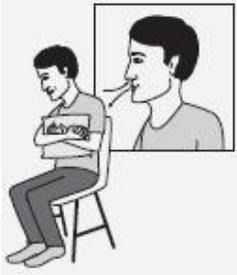
After the operation, the epidural is connected to an epidural pump. This pump delivers a steady dose of pain medication into your body. If you have an epidural, it will be taken out after about 24 to 48 hours after surgery.

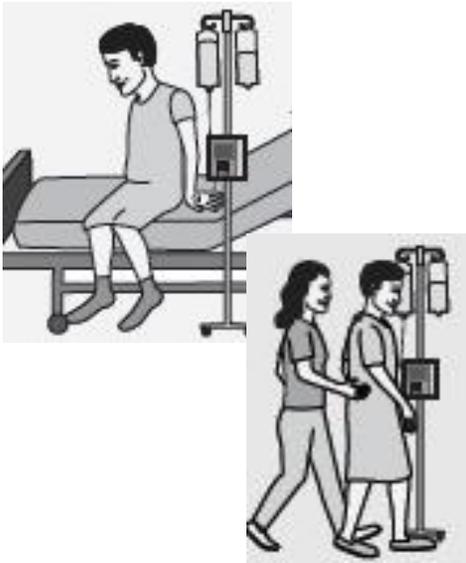
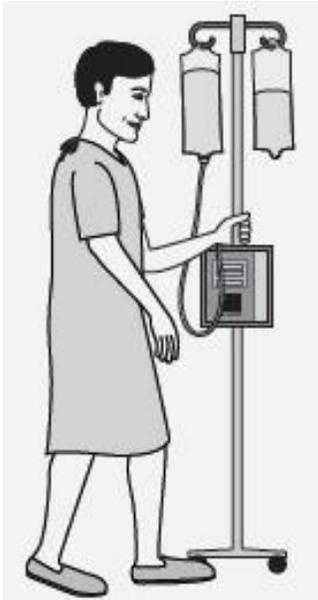
Activity Guide

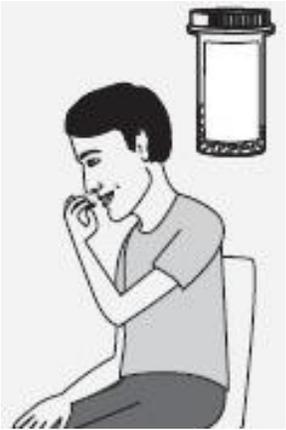
- Use the Activity Guide on the next few pages to help you know what you need to do each day to help you recover.
- Complete My Activity Log starting on page 22 as you follow the Activity Guide.
- It is important to monitor your own progress and be involved in your care and recovery.

Recovery After Bowel Surgery - ERAS

	Surgery Day – After Surgery	Day 1 After Surgery
Food and Fluids	<p>Clear fluids</p> 	<p>Eat what you feel like and can tolerate.</p> 
Gum (If you cannot chew gum, suck hard candy)		<p>Chew gum 3 times a day for 10 minutes each time.</p> 
Exercises	<p>Leg, Breathing and Coughing - 10 times every hour you are awake.</p> 	<p>Leg, Breathing and Coughing - 10 times every hour you are awake.</p> 
Activity	<p>Dangle legs at side of bed.</p> 	<p>Sit in chair for meals.</p>  <p>Walk in hall 3 times.</p>

	Day 2 After Surgery	Day 3 and On After Surgery
Food and Fluids	<p>Eat solid food. Drink often.</p> 	<p>Eat solid food. Drink often.</p> 
Gum (If you cannot chew gum, suck hard candy)	<p>Chew gum 3 times a day for 10 minutes each time.</p> 	<p>Chew gum 3 times a day for 10 minutes each time.</p> 
Exercises	<p>Deep breathe and cough 10 times every hour you are awake.</p> 	<p>Deep breathe and cough 10 times every hour you are awake.</p> 
Activity	<p>Sit in chair for meals.</p>  <p>Walk in hall often.</p>	<p>Sit in chair for meals.</p>  <p>Walk in hall often to get ready for going home.</p>

	<p align="center">Surgery Day – After Surgery</p>	<p align="center">Day 1 After Surgery</p>
<p>Pain Control</p>	<p>Your pain score should be under 4 out of 10.</p> 	<p>Your pain score should be under 4 out of 10.</p> 
<p>Equipment</p>	<p>You have an IV and may have a catheter. Depending on the time of day you have surgery, you may walk with help. If you do not have a catheter the nurse will help you walk to the bathroom.</p> 	<p>You learn to move around with an IV and catheter safely.</p> 

	<p align="center">Day 2 After Surgery</p>	<p align="center">Day 3 and On After Surgery</p>
<p>Pain Control</p>	<p>Your pain score should be under 4 out of 10. You take oral medication to control pain.</p> 	<p>You take oral medication to control pain. You take less pain medication each day as you recover.</p> 
<p>Equipment</p>	<p>The IV is gone. You may have a catheter. You can walk to the bathroom.</p> 	<p>The catheter is gone. You can walk to the bathroom.</p> 

Getting Ready to Go Home

Before and during your hospital stay, members of the health care team help you get ready to go home and back to your normal activities.

Before you go home make sure you know:

- about the medication(s) you need to take or continue to take at home - make sure you have prescriptions for any new medications such as pain control medication
- what you can eat and drink
- how to take care of your incision(s)
- when to go back to your regular activities such as driving, exercising, lifting and work – you may need to wait until your follow-up appointment to get these answers
- what to watch for and when you need to contact a health care provider
- who to call if you have questions or concerns

Remember:

- **Passing gas is a sign that your bowels are working.**
- **You do not need to have a bowel movement before you leave the hospital.**

At Home

What you cannot do:

- Do not lift more than 4.5 kilograms or 10 pounds. This means you should not lift anything such as a laundry basket, grocery bag or small child for 4 to 6 weeks after surgery.
- Do not do anything like abdominal exercises, high intensity aerobic activities or weight training for 4 to 6 weeks after surgery.



What you can do:

- Continue to be active. Get up, wash and dress each day as you would normally. Walk often and take part in your normal social activities.
- Gradually increase your activity level as you heal and get stronger.
- It is normal to feel tired after surgery. Listen to your body and take rest breaks as needed throughout the day.
- You can resume most normal activities once you are pain free, including sexual intercourse.
- You may start to drive when you are no longer taking opioid pain medication.
- Your surgeon will tell you when you can return to work. This depends on your recovery and the kind of work you do.
- You can shower or take a bath. You do not need to cover your incision(s) to have a shower or bath. Avoid getting your incision(s) too wet. For example, do not soak in a bathtub. Avoid having shower water directly hit your incision(s). Dry incision(s) right after you shower or bathe. The tape will come off by itself. You do not have to put new tape on.
- If you go home and have staples in your skin, your nurse will tell you when they need to be taken out. You may need to call for an appointment.

Ask your family and friends to help you with:

- Getting meals ready
- Grocery shopping
- House cleaning
- Laundry

What to Watch for When You Go Home

Contact your surgeon or go to the nearest Emergency right away if you have any of the following:

- a temperature greater than 38°C or 100°F
- you are vomiting, bloated or feeling nauseous all the time
- redness, swelling, foul odour, discharge or increasing pain from any incision
- bright red blood from your anus
- stomach pain that medication does not help
- no bowel movement after 7 days from your surgery

Follow-up Appointments:

Health Care Provider: _____

Date: _____ Time: _____ am pm

Location: _____

Health Care Provider: _____

Date: _____ Time: _____ am pm

Location: _____

Health Care Provider: _____

Date: _____ Time: _____ am pm

Location: _____

My Activity Log

- Use this log to keep track of your daily activities after surgery.
- Members of your health care team will look at your log and talk to you about it as well.
- Check Yes or No for each activity and complete a pain score each day.

Day	Yes	No
Night of Surgery (with help):		
• I sat at the side of my bed, walked or went to the bathroom:	<input type="checkbox"/>	<input type="checkbox"/>
• I did deep breathing and coughing exercises 10 times every hour while I was awake:	<input type="checkbox"/>	<input type="checkbox"/>
• I had sips of clear fluids:	<input type="checkbox"/>	<input type="checkbox"/>
• The number from 0 to 10 that best describes how much pain I had today: ____		

Day 1 After Surgery	Yes	No
Day 1 After Surgery (with some help):		
Activities	<input type="checkbox"/>	<input type="checkbox"/>
I sat up by myself for breakfast:		
I sat up by myself for lunch:	<input type="checkbox"/>	<input type="checkbox"/>
I sat up by myself for dinner:	<input type="checkbox"/>	<input type="checkbox"/>
I sat in a chair during other times:	<input type="checkbox"/>	<input type="checkbox"/>
I did my deep breathing, coughing and circulation exercises:	<input type="checkbox"/>	<input type="checkbox"/>
I walked down the hall today _____ times.		
Food and Drink	<input type="checkbox"/>	<input type="checkbox"/>
I had nothing:		
I had liquids today:	<input type="checkbox"/>	<input type="checkbox"/>
I had solid food today:	<input type="checkbox"/>	<input type="checkbox"/>
I chewed gum* in the morning for 10 minutes:	<input type="checkbox"/>	<input type="checkbox"/>
I chewed gum in the afternoon for 10 minutes:	<input type="checkbox"/>	<input type="checkbox"/>
I chewed gum in the evening for 10 minutes:	<input type="checkbox"/>	<input type="checkbox"/>
Elimination	<input type="checkbox"/>	<input type="checkbox"/>
The catheter came out today:		
I am passing urine on my own:	<input type="checkbox"/>	<input type="checkbox"/>
I am passing gas:	<input type="checkbox"/>	<input type="checkbox"/>
Pain		
The number from 0 to 10 that best describes how much pain I had today: ____		

*If you cannot chew gum, suck hard candy.

Recovery After Bowel Surgery - ERAS

Day 2 After Surgery (with less help):	Yes	No
Activities	<input type="checkbox"/>	<input type="checkbox"/>
I sat up by myself for breakfast:	<input type="checkbox"/>	<input type="checkbox"/>
I sat up by myself for lunch:	<input type="checkbox"/>	<input type="checkbox"/>
I sat up by myself for dinner:	<input type="checkbox"/>	<input type="checkbox"/>
I sat in a chair during other times:	<input type="checkbox"/>	<input type="checkbox"/>
I did my deep breathing and coughing exercises:	<input type="checkbox"/>	<input type="checkbox"/>
I walked down the hall today _____ times.		
Food and Drink	<input type="checkbox"/>	<input type="checkbox"/>
I had liquids today:		
I had solid food today:	<input type="checkbox"/>	<input type="checkbox"/>
I chewed gum* in the morning for 10 minutes:	<input type="checkbox"/>	<input type="checkbox"/>
I chewed gum in the afternoon for 10 minutes:	<input type="checkbox"/>	<input type="checkbox"/>
I chewed gum in the evening for 10 minutes:	<input type="checkbox"/>	<input type="checkbox"/>
Elimination	<input type="checkbox"/>	<input type="checkbox"/>
The catheter came out today:		
I am passing urine on my own:	<input type="checkbox"/>	<input type="checkbox"/>
I am passing gas:	<input type="checkbox"/>	<input type="checkbox"/>
I passed stool or bowel movement today:	<input type="checkbox"/>	<input type="checkbox"/>
Pain		
The number from 0 to 10 that best describes how much pain I had today: ____		

*If you cannot chew gum, suck hard candy.

Recovery After Bowel Surgery - ERAS

Day 3 After Surgery (without any help OR help by using a cane, walker or mobility aid):	Yes	No
Activities		
I sat up by myself for breakfast:	<input type="checkbox"/>	<input type="checkbox"/>
I sat up by myself for lunch:	<input type="checkbox"/>	<input type="checkbox"/>
I sat up by myself for dinner:	<input type="checkbox"/>	<input type="checkbox"/>
I sat in a chair during other times:	<input type="checkbox"/>	<input type="checkbox"/>
I did my deep breathing and coughing exercises:	<input type="checkbox"/>	<input type="checkbox"/>
I walked down the hall today _____ times.		
Food and Drink		
I had liquids today:	<input type="checkbox"/>	<input type="checkbox"/>
I had solid food today:	<input type="checkbox"/>	<input type="checkbox"/>
I chewed gum* in the morning for 10 minutes:	<input type="checkbox"/>	<input type="checkbox"/>
I chewed gum in the afternoon for 10 minutes:	<input type="checkbox"/>	<input type="checkbox"/>
I chewed gum in the evening for 10 minutes:	<input type="checkbox"/>	<input type="checkbox"/>
Elimination		
The catheter came out today:	<input type="checkbox"/>	<input type="checkbox"/>
I am passing urine on my own:	<input type="checkbox"/>	<input type="checkbox"/>
I am passing gas:	<input type="checkbox"/>	<input type="checkbox"/>
I pass stool or bowel movement today:	<input type="checkbox"/>	<input type="checkbox"/>
Pain		
The number from 0 to 10 that best describes how much pain I had today: _____		

*If you cannot chew gum, suck hard candy.

Recovery After Bowel Surgery - ERAS

Day 4 After Surgery (without any help OR without using a cane, walker, or mobility aid if you do not normally use one in your daily life):	Yes	No
Activities		
I sat up by myself for breakfast:	<input type="checkbox"/>	<input type="checkbox"/>
I sat up by myself for lunch:	<input type="checkbox"/>	<input type="checkbox"/>
I sat up by myself for dinner:	<input type="checkbox"/>	<input type="checkbox"/>
I sat in a chair during other times:	<input type="checkbox"/>	<input type="checkbox"/>
I did my deep breathing and coughing exercises:	<input type="checkbox"/>	<input type="checkbox"/>
I walked down the hall today _____ times.		
Food and Drink		
I had liquids today:	<input type="checkbox"/>	<input type="checkbox"/>
I had solid food today:	<input type="checkbox"/>	<input type="checkbox"/>
I chewed gum* in the morning for 10 minutes:	<input type="checkbox"/>	<input type="checkbox"/>
I chewed gum in the afternoon for 10 minutes:	<input type="checkbox"/>	<input type="checkbox"/>
I chewed gum in the evening for 10 minutes:	<input type="checkbox"/>	<input type="checkbox"/>
Elimination		
The catheter came out today:	<input type="checkbox"/>	<input type="checkbox"/>
I am passing urine on my own:	<input type="checkbox"/>	<input type="checkbox"/>
I am passing gas:	<input type="checkbox"/>	<input type="checkbox"/>
I pass stool or bowel movement today:	<input type="checkbox"/>	<input type="checkbox"/>
Pain Choose a number from 0 to 10 that best describes how much pain I had today: ____		

*If you cannot chew gum, suck hard candy.