

Patient Education Booklet

A Guide to Enhancing Your Recovery After Bowel Surgery (ERAS)

Please bring
this booklet
and chewing gum
with you to the
hospital

In this booklet, you will learn about:

- Preparing for your surgery
- Enhancing your recovery while in the hospital
- Returning home after surgery

Best Practice *in* Surgery

The information in this booklet is for educational purposes. It is not intended to replace the advice of a professional healthcare practitioner.

Contact your doctor or nurse if you have any questions about your care.

This booklet is part of the Best Practice in General Surgery's (BPIGS) Enhanced Recovery after Surgery program. BPIGS hopes to ensure that you receive the best care by standardizing general surgery practices based on the best evidence. The goal of this program is to increase your satisfaction, decrease postoperative complications and speed your recovery. For more information, go to: www.bestpracticeinsurgery.ca

Dear Patient,

Over the last 20 years, research has given us useful information on ways to improve the care of patients having bowel surgery. Doctors and nurses associated with the University of Toronto took this evidence and put it into a program called "Enhanced Recovery after Surgery" (ERAS). Sunnybrook Health Sciences Centre is one of many hospitals from across Ontario to take part in this program. Our goal is to improve patient care before, during and after colorectal surgery. Research shows that programs like ERAS improve the patient's recovery and satisfaction, while lowering your length of stay in hospital and your chances of complications. Details about this program are found in this booklet.

Thank you for your participation in this enhanced recovery program.

Sincerely,

Your Colorectal Surgery Team

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My Surgery:

Date: _____

Admission time: _____

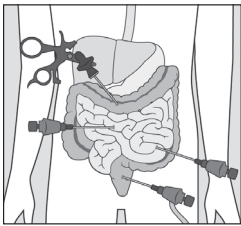
Surgery time: _____

What is the Bowel?

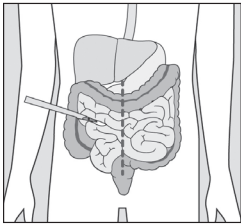
When you eat, food passes from your mouth through the esophagus into your stomach. Next, it passes into the small bowel (small intestine) and into the large bowel (large intestine). Feces (poop) are stored in the rectum, until it passes out of your body through the anus. Bowel surgery (also known as colorectal surgery) is the removal of a diseased section of bowel.

Your surgery can be done in two ways:

A. Laparoscopic



If your surgery is done laparoscopically, the surgeon will make 4 to 6 small incisions (cuts) in your abdomen. The surgeon will use instruments and a camera to free-up the diseased bowel; this will be taken out through one of the incisions (cuts). Then the healthy ends of your bowel will be joined together or a stoma may be created.



B. Open

If your surgery is done in an open manner, the surgeon will make one 10 to 20 cm incision (cut) in your abdomen. The surgeon will take out the diseased bowel and join the healthy ends of your bowel back together or a stoma may be created.

Stoma:

Some surgeries involve the creation of a stoma, which is a small opening on the surface of the abdomen. It is created to divert feces (poop); a bag can be attached to collect the feces (poop). A stoma may be temporary, to help your bowel to heal, or it may be permanent. Your surgeon will discuss whether a stoma is required. At Sunnybrook, there is a stoma/ostomy nurse that can help you.

How Do I Get Ready For My Surgery?



If you smoke, we strongly suggest that you stop smoking completely for 3 weeks before your surgery. This will lower the risk of lung problems afterwards.

There are many resources available to help you. Talk to your doctor, nurse or pharmacist if you would like information to help you quit smoking.

How long will you be in the hospital?

If you are having...	And you do not have any problems after your procedure...
• Colon surgery	You may go home 1-3 days after your surgery
• Rectal surgery	You may go home 3-4 days after your surgery
• Stoma reversal surgery	You may go home 1-2 days after your surgery
Discharge (check-out) time: <input type="checkbox"/> From the surgical short stay unit is 7:30 am each day <input type="checkbox"/> From the ward is 11:00 am each day	

You may need to buy:

1. Supplies for the hospital:

- ☐ Chewing gum (2 packs)
- ☐ Your favourite non-perishable, easily digestible food (food that does not need to be placed in the refrigerator) like cookies, crackers, cereal or pudding cups
- ☐ Earplugs
- ☐ Magazines to read

2. Food for afterwards:

Fill your freezer and cupboards with easy to make meals so that when you get home, you will not have to go to the grocery store. It is important that you get the nutrition you need to help you to heal. Please feel free to visit the nutrition resource centre at the Odette Cancer Centre after your surgery for free tips to help you. The Nutrition Centre is located in T-wing, ground floor, room TG-261 or call 416-480-5000 ext. 3438.

3. Transportation:

Make arrangements for someone to drive you home. The chart on page 4 shows times when you will likely leave the hospital; please make sure your driver knows what time to pick you up. If you need help with finding a drive home, ask to speak with a social worker.

4. Help during your recovery:

When you are ready to leave the hospital, you should be able to move, eat food and care for yourself as usual, but you may need some help from family or friends with:

- Driving
- Making meals
- Laundry and/or cleaning
- Paying bills
- Caring for pets and plants
- Bathing and self care

Questions? Please speak with the staff in the pre-anesthesia clinic about what you can and cannot bring to the hospital.

Chewing Gum

You should chew gum the day after your surgery. You should chew one piece of gum three times a day for at least five minutes. If you cannot chew gum because of your dental work, you can suck on a hard candy (like Life Savers or Werthers).

Chewing gum **will help you to pass gas (from your bottom)**, which is an important sign that your bowels are returning to normal after surgery.



At Your Pre-anesthesia Visit



At Sunnybrook, the Pre-anesthesia Clinic is located at MG 402 (M-wing, Ground floor, room 402)

You will be seen in a Pre-anesthesia Clinic several days or weeks before your surgery. You will be seen by a number of health care professionals (as needed).

Things to bring to the pre-anesthesia visit:



- ☐ This booklet
- ☐ OHIP card (health card), hospital card (red Sunnybrook card) and insurance information
- ☐ All medications, including vitamins and supplements, in their original containers

A nurse will talk about:

- The medications you take now and your past medical history.
- **Diet:** When you should stop eating and drinking before your surgery.
- **Bowel preparation (prep):** How to clear out your bowel before your surgery (if you have to).
- **Body cleansing:**
 - Do not remove any body hair before your surgery (no waxing, shaving or clipping) because it can increase your risk of infection.
 - Remove nail polish and jewelry.
 - You may be asked to shower with special soap before you leave your house.

A pharmacist may ask you about:

- The medications you take now and your past medical history.

An anesthesiologist will talk about:

- The medication you take now and your past medical history.
- The anesthetic that you will be given during your surgery.
- Your options for pain management (see next page).

Pain Management

Pain is different for every person. People use different words to describe pain like: soreness, discomfort, or aching. Having your pain well controlled is important because it helps you to:

- Lower the stress in your body
- Breathe and cough more easily
- Move more easily
- Sleep better
- Get better and heal faster

An anesthesiologist is a doctor who helps to manage pain.

Different ways to manage your pain

There are different medicines to help manage and control your pain. There are also different ways of receiving your medicine. Your pain team will discuss different options with you; together you will decide which are best. **The most common ways to get medicine are:**

A. Oral Pain Medicine

You will be given many different types of pain medicine on a regular basis after your surgery. Each pill works differently in your body and reduces the need for large amounts of stronger pain medicine (opioids). Examples of oral pain medicine include: extra strength Tylenol and anti-inflammatory pills.

B. Intravenous (IV) Pain Medicine

Pain after surgery is often treated with strong pain medicine (opioids) given through your intravenous (IV) drip. It may be given by a pain pump; this method of delivery is called **PCA (Patient Controlled Analgesia)**. With PCA, you are in control of how much pain medicine you get and when you get it. If you are having pain, you push a button that is attached to the pain pump to get more medicine; you do not need to call the nurse. You will hear a beep from the pump to let you know that it is working. After the beep, it takes only a few minutes for the medicine to take effect.

The pump is set up to stop you from getting too much medication. It is very important that only you and no one else push the button on the pain pump. **Do not let your family or friends push the button!**

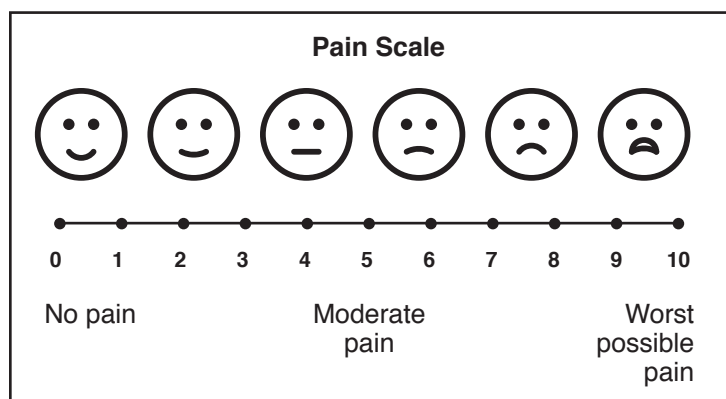
In the recovery room, your nurse may give you IV pain medicine until you are awake enough to use the PCA pump yourself. You will use the pump until you are able to drink fluids and swallow pills by mouth. If for some reason you are unable to use your pain pump, your nurse will give you the pain medicine on a schedule. You can call your nurse if you need extra pain medicine.

C. Epidural Pain Medicine

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 medicine to reduce your pain after surgery. This medicine is a local anesthetic. Epidurals are inserted before your surgery. After your operation, your epidural will be connected to an epidural pump to deliver a steady dose of pain medicine. Sometimes, you may be able to control the pump yourself (PCA). If you choose an epidural, you will have it for the first 2 to 3 days after your surgery.

When do I treat my pain?

Rating your pain on a scale, from 0 (no pain) to 10 (worst possible pain) can help you decide when it is time for pain relief. If your pain is 4 or more, you should treat your pain. If the pain is stopping you from moving, you should treat your pain.



If you feel that your pain is not well controlled, please speak to your nurse. There are always additional options to find a solution that works.

The Day Before Your Surgery

To eat or not to eat?

- **If the nurse in the pre-anesthesia clinic told you that you are allowed to eat:** You can eat solid foods until midnight (12:00 am) on the night before surgery.
- **If you are having a bowel prep:** Please follow the instructions that were given to you in the pre-anesthesia clinic.

High carbohydrate drinks

A high carbohydrate drink is a drink that has a lot of sugar, like apple juice, cranberry juice or Gatorade. It is important to have sugary drinks before your surgery because it will help you to feel stronger after your surgery.

- Drink up to 3 glasses (800ml) of a high carbohydrate drink at bedtime the night before surgery.
- Drink 1.5 glasses (400ml) up to 2 hours before your surgery or right before you leave for the hospital.



Note: If you are diabetic, please speak to the nurse in pre-anesthesia about what is right for you.

Hygiene:

- If you have been asked to shower with special soap, remember to follow the instructions. This is important so you do not get an infection.
- Do not remove any body hair before your surgery. No shaving, waxing, tweezing or clipping.
- Remove nail polish and jewelry.



Things to pack:

- ☐ This booklet
- ☐ OHIP card (health card), hospital card (red Sunnybrook card) and insurance information
- ☐ A bathrobe and loose comfortable clothing
- ☐ Non-slip slippers or shoes
- ☐ Personal hygiene items like a toothbrush, hair brush and so on
- ☐ Earplugs
- ☐ Magazines or books to read
- ☐ Non-perishable, easily digestible food (food that does not need to be placed in the refrigerator)
- ☐ 2 packs of chewing gum
- ☐ Medications that you are currently taking, including vitamins and supplements, in their original containers (if the nurses or pharmacist in pre-anesthesia asked you to bring them)



If you use the following assistive devices, please bring them with you:

- ☐ Reading glasses in a case (labeled with your name)
- ☐ Hearing aids with extra batteries (labeled with your name)
- ☐ Cane, crutch or walker (labeled with your name)
- ☐ A sleep apnea machine (labeled with your name)

Things to leave at home:

- Large amounts of money
- Valuables (especially jewelry, including rings).



On the Day of Your Surgery

(called Day Zero)

On the morning of surgery:

- Do not eat solid food, but you may drink the fluids listed below.
- Drink 1.5 glasses (400ml) of high carbohydrate (sugary) drinks **up to 2 hours before your surgery** or right before you leave for the hospital.
- You can drink clear liquids up to **2 hours before your surgery** or until you leave for the hospital. **A clear liquid** is any liquid you can see through. Examples of clear liquids are water, apple juice, or tea without milk. (Milk and orange juice are not clear fluids and should not be taken before surgery.)



At Sunnybrook, please go to Surgical Services Registration in MG 502 (M-wing, Ground floor, room 502) on the morning of your surgery.

For more information, please go to: [sunnybrook.ca/dayofsurgery](https://www.sunnybrook.ca/dayofsurgery)

When you arrive at the hospital:

- You will be registered.
- You will change into a hospital gown. You can leave your clothes and belongings with a family member.
- You will walk or be wheeled into the operating room.
- You will see a surgeon, a nurse and an anesthesiologist. They will answer any questions you may have. They will ask you a few questions to make sure you are safe to have your surgery.
- You may be given pain medicine to take by mouth before your surgery or if you are going to receive an epidural, it will be done before you go to sleep.
- The anesthesiologist will put you to sleep. This is not painful.
- Antibiotics and anticoagulants (blood thinners) will be given to help decrease your chance of infection and blood clots.

Right After Your Surgery (Day Zero)

In the recovery room (also called the PACU), you may have:

- An intravenous (IV) drip to give you fluid and medicine.
- Pain medicine: either an epidural or IV pain medicine.
- Your pain level checked by the nurse. Please tell the nurse if your pain changes or gets worse.
- Oxygen through a face mask or tube.
- A catheter (tube) to drain your urine (pee).
- Your vital signs checked very often (heart rate, blood pressure, temperature).
- Your dressing (bandage) checked by a nurse.
- A family member visit you, once the nurses have checked you and you are awake.



In the hospital:

- You will leave the recovery room when the nurses and doctors are sure that you are fully awake, that you are breathing properly and that your pain is well managed.

You may be moved to:

A. The Surgical Short Stay Unit (SSSU):

- This is for patients who are expected to recover quickly and leave within 24-48 hours of their procedure. Patients who recover here are discharged (check-out) at 7:30 am.

B. The Ward:

- This is for patients who are expected to be in hospital for 2-4 days. Patients who recover here are discharged (check-out) at 11:00 am.

During Your Hospital Stay

You might feel...

1. **Tired:** This is normal because your body is trying to heal.
2. **Like your throat is sore:** This might be from the breathing tube that was used during surgery.
3. **Nervous about getting up:** This is a common concern. Your nurse will help you to move to the chair and to walk for the first time with the IV pole and/or tubes.
4. **Hungry or not hungry:** Most patients are allowed to start eating and drinking on Day 1. You can eat as much or as little as you want. But you should not push yourself. Eat only when you are hungry or feel ready. You will usually feel like eating and drinking a little more each day.

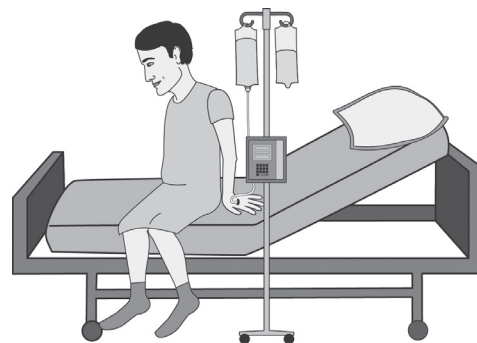
Catheters: A catheter is a tube that may be put into your bladder during your surgery to drain your urine (pee). The catheters should be removed as soon as possible to decrease the chance of a bladder infection. It also helps you to move around more easily. Your catheter should be removed on:

- **Day 1** if you had a colon operation or
- **Day 3** if you had a rectal operation

Nausea: Tell the nurse if you are sick to your stomach (nauseous) or if you feel bloated during or after eating. If you are nauseous, you should not eat.

To help with your recovery:

- **Sit up and get up:** Lying in bed may cause problems like muscle weakness, pneumonia, and blood clots. You will be helped by your healthcare team to dangle (hang) your legs at the side of the bed on the evening of your surgery. Also try sitting in a chair at mealtimes.
- **Drink:** Continue to drink clear fluids.
- **Eat:** Most patients start eating on Day 1. If you do not get a meal tray, speak to the nurse. Eating food from home is usually fine, but check with the nurse in case there are any restrictions.
- **Chew gum:** Chewing gum three times a day (for five minutes) stimulates your bowel. This is helpful if you aren't eating much food.



- **Exercise your legs:** Ask the nurse if leg exercises are right for you (details on page 15).
- **Get on your feet:** The nurse or physiotherapist will assist you to walk for the first time. After that, a family member can help you to walk to the bathroom, to the nursing station or around the unit. Increase the amount or distance each day. If you usually use a walker or cane, remember to use them.
- **Breathing exercises:** Perform 10 sets every hour when you are awake (see page 16). Try coughing 2-3 times after your breathing exercises.

Getting your bowel working

- Many patients do not have a bowel movement before they leave the hospital, especially if they have been eating less than usual. The best sign that your bowel is working is **passing gas (from your bottom)**. Sitting up, walking, and chewing gum will help your bowel to work and speed your recovery.

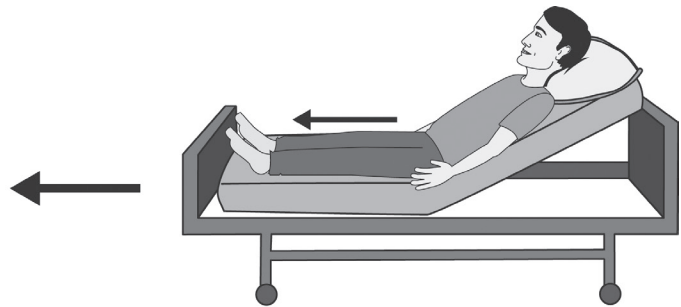
Unfortunately, your bowel may stop working. This is called ileus [i-lee-uhs]. When this happens, people feel bloated and may have nausea and vomiting. If you have an ileus, this may mean your time in hospital will be longer.

Leg Exercises

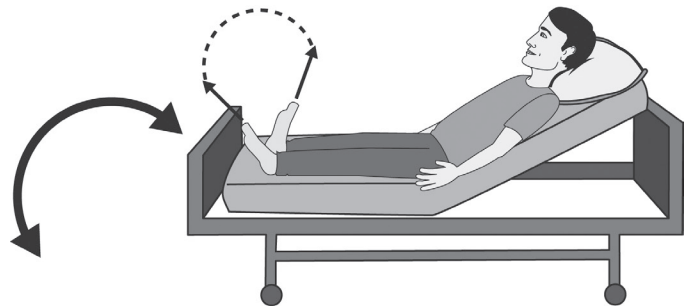
**These exercises will help blood circulation in your legs.
Repeat these 4-5 times every hour while you are awake.**



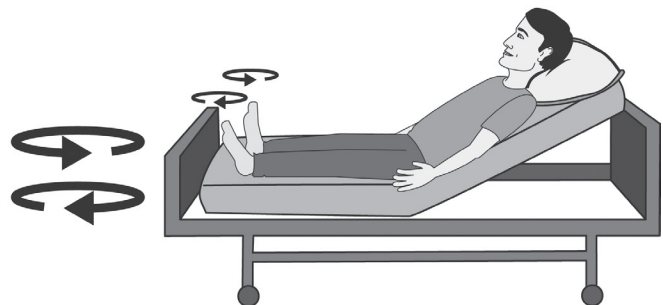
1. Stretch your legs out straight.



2. Wiggle your toes and bend your feet up and down.



3. Wiggle your toes and rotate your ankles.



Breathing Exercises

(Deep breathing and coughing)

1. Breathe in slowly and deeply through your nose.

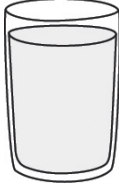
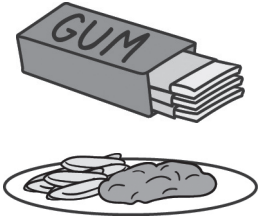
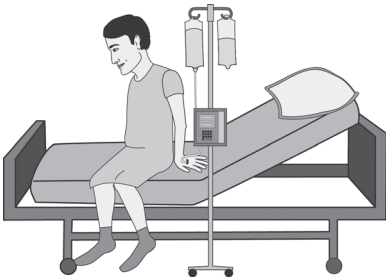

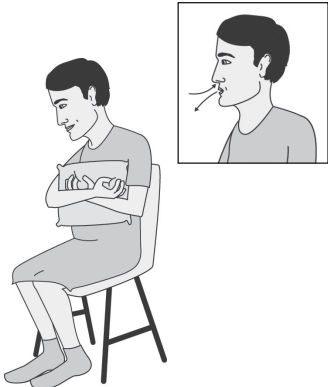
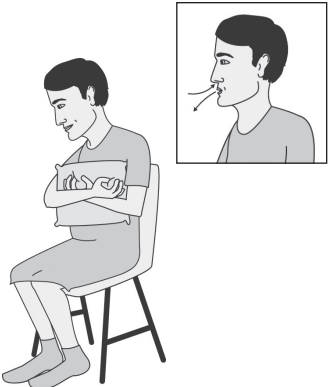


2. Breathe out slowly through your mouth with your lips pursed. Repeat 10 times every hour.

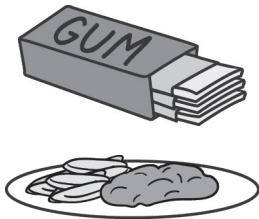
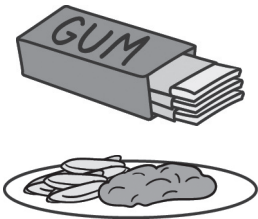

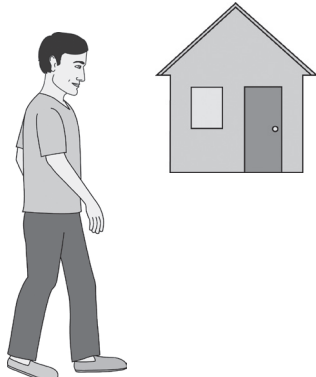
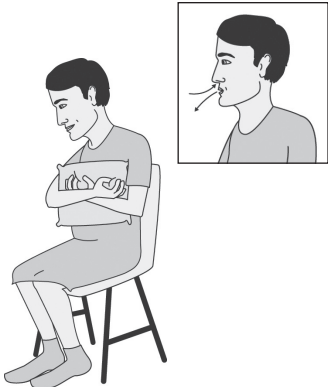
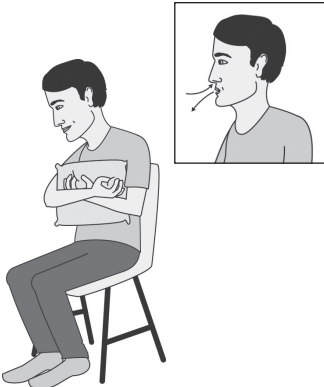
3. While holding a pillow against your stomach to support your surgical incision (cut), give 3 strong coughs. If your cough is wet, try to cough more and clear the phlegm.



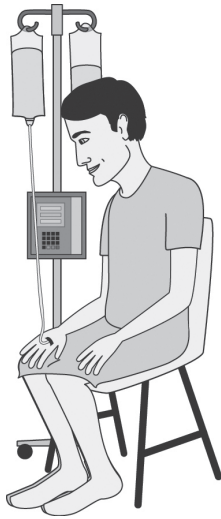



What Will
My Day Look
Like?

	Day/Evening of Surgery	Day 1 After Surgery
Food	 <p>Clear fluids</p>	 <p>Solid food, chew gum</p>
Activities: Movement	 <p>Sit up in bed and dangle your legs</p>	 <p>Up in chair for all meals, walk in hallway</p>
Activities: Deep Breathing and Coughing	 <p>10 times every hour you are awake</p>	 <p>10 times every hour you are awake</p>



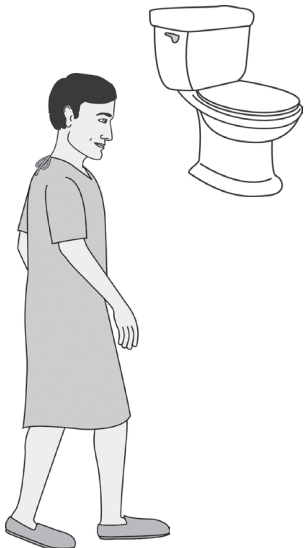

What Will My Day Look Like?

	Day 2 After Surgery	Day 3+ After Surgery
Food	 <p>Solid food, chew gum</p>	 <p>Solid food, chew gum</p>
Activities: Movement	 <p>Up in chair for all meals, walk in hallway</p>	 <p>Up in chair for all meals, walk in hallway</p>
Activities: Deep Breathing and Coughing	 <p>10 times every hour you are awake</p>	 <p>10 times every hour you are awake</p>

What Will
My Day Look
Like?

	Day/Evening of Surgery	Day 1 After Surgery
Pain Control	 <p>Your pain should be under 4, based on a 0-10 scale</p>	 <p>Your pain should be under 4, based on a 0-10 scale</p>
Tubes and Lines	 <p>You may have a catheter, IV, and a pain pump</p>	 <p>You may have a catheter, IV, and a pain pump</p>

What Will My Day Look Like?

	Day 2 After Surgery	Day 3+ After Surgery
Pain Control	 <p>Your pain should be under 4, based on a 0-10 scale</p>	 <p>Your pain should be under 4, based on a 0-10 scale</p>
Tubes and Lines	 <p>Your catheter, IV, and pain pump may be removed</p>	 <p>Your catheter, IV, and pain pump may be removed</p>

Activity Log

Please use the following pages while at the hospital:

- To write down questions
- To track your daily activities
- To record milestones

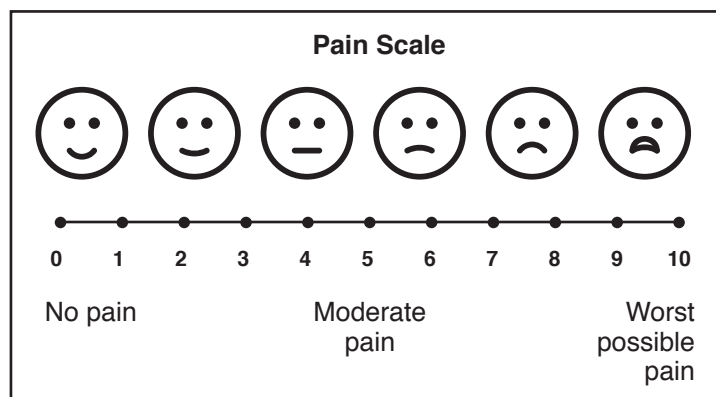


DAY 0: Night of your surgery in the unit/ward Date: _____

Name of your nurse(s):

Did you:

- ☐ Dangle (hang) your legs at the side of your bed?
- ☐ Get sips of clear fluids?
- ☐ Try your breathing exercises?
- ☐ Was your pain less than 4 (out of 10)?



Notes or Questions:

DAY 1: First full day in the hospital

Date: _____

Name of your nurse(s) today:

Did you:

- ☐ Try a little food?
- ☐ Chew gum 3 times?
- ☐ Take sips of clear fluids?
- ☐ Sit up in a chair at mealtime?
- ☐ Go for your first walk?
- ☐ Do your leg exercises?
- ☐ Try your breathing exercises?
- ☐ Pass gas (from your bottom)?
- ☐ Was your pain less than 4 (out of 10)?

Notes or Questions:

DAY 2: Second day in the hospital

Date: _____

Name of your nurse(s) today:

Did you:

- ☐ Try food at each meal?
- ☐ Chew gum 3 times?
- ☐ Drink clear fluids?
- ☐ Sit up in a chair?
- ☐ Go for a few walks (more than yesterday)?

- ☐ Do your leg exercises?
- ☐ Do your breathing exercises every hour?
- ☐ Pass gas (from your bottom)?
- ☐ Was your pain less than 4 (out of 10)?

Notes or Questions:

DAY 3: Third day in the hospital

Date: _____

Name of your nurse(s) today:

Did you:

- ☐ Try food at each meal?
- ☐ Chew gum 3 times?
- ☐ Drink clear fluids?
- ☐ Sit up in a chair?
- ☐ Go for a few walks (more than yesterday)?
- ☐ Do your leg exercises?
- ☐ Do your breathing exercises every hour?
- ☐ Pass gas (from your bottom)?
- ☐ Was your pain less than 4 (out of 10)?

Notes or Questions:

DAY 4: Fourth day in the hospital

Date: _____

Name of your nurse(s) today:

Did you:

- ☐ Try food at each meal?
- ☐ Chew gum 3 times?
- ☐ Drink clear fluids?
- ☐ Sit up in a chair?
- ☐ Go for a few walks (more than yesterday)?
- ☐ Do your leg exercises?
- ☐ Do your breathing exercises every hour?
- ☐ Pass gas (from your bottom)?
- ☐ Was your pain less than 4 (out of 10)?

Notes or Questions:

Going Home

You are ready to go home when you are:

- ☐ Eating and drinking
- ☐ Passing gas (from your bottom) – **this is an important sign that your bowels are returning to normal after surgery**
- ☐ Free from nausea and vomiting
- ☐ Passing urine (pee)
- ☐ Getting in and out of bed on your own
- ☐ Walking like you did before surgery, although you may not yet be able to walk too far.
- ☐ Strong enough to go up or down the stairs in your home
- ☐ Your pain is well controlled

**Discharge (check-out) time from the surgical short stay unit is 7:30 am.
Discharge (check-out) time from the ward is 11:00 am.**

Before you go: Get your discharge package!

Your discharge package contains instructions for managing at home. It may also contain medical material that is specific to you, like prescriptions for pain medication or a staple remover to take to your family doctor.



Getting home:

Make sure you have a plan for someone to drive you home. If you need help with finding a drive home, ask to speak with a social worker. Social workers can help you with transportation.

Before you leave, ask your healthcare team about:

- About resuming any medicine you were on before your surgery
- About any new prescriptions you will need to take now, especially any pain medicine
- About what you should eat and drink
- How to take care of your surgical incision (cut)
- When to go back to regular activities (for example: driving or exercise)
- What symptoms are considered medical emergencies and what signs to watch for

- If you require home care services or any other items to help in your recovery at home (like using a walker or bathroom equipment). You will need confirmation that this has been arranged for you.
- You might go home with staples in your skin that hold your surgical incision (cut) together. If so, talk to your nurse about when they should be taken out; it is usually 10-14 days after your surgery. They are usually removed by a family doctor or nurse practitioner (either at your family doctor's office or at a walk-in clinic). Your nurse will give you a staple remover to bring with you to this appointment.

Make sure that all of your questions or concerns about your recovery at home have been answered by your healthcare team.

My follow-up appointment:

Date: _____

Time: _____

Location: _____



Your meals at home after surgery:

- You may go back to a regular diet, unless your doctor or a dietitian tells you not to.
- Include foods with fibre everyday, like whole grains, legumes (like beans, peas and lentils), raw fruits and vegetables. This may help your bowel movements (poop) to become more regular.
- Drink 8 glasses of fluids each day.

What you cannot do:

- ☒ Do not lift more than 10 pounds (1 laundry bin or 2 small bags of groceries) for the first 4-6 weeks after surgery
- ☒ Do not do abdominal exercises, high intensity aerobic activities or weight training for 4-6 weeks after surgery



Ask your family and friends to help you with:

- Driving
- Making meals
- Laundry and/or cleaning
- Paying bills
- Caring for pets and plants

What you can do:

- ☒ Continue to be active (walk, participate in personal care, socialize). Gradually increase your activity level over the next few weeks.
- ☒ It is normal to feel tired after surgery. Listen to your body and take frequent 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 strong pain medicine (opioid).
- ☒ Your surgeon will tell you when you can return to work. This will depend on your recovery and your type of work.
- ☒ You can shower or take a bath. You do not need to cover your surgical incision (cut).

If you have questions at home, please phone the Odette GI Nursing line at:



- (416) 480-5000 Extension: 81061
- If you leave a detailed message Monday to Friday 9:00 am to 4:00 pm, a registered nurse will call you back with advice.

Signs and symptoms to watch for:



- A fever (temperature greater than 38°C or 100°F)
- Vomiting or feeling nauseous all the time
- Redness, swelling, odour, pus or increasing pain from your surgical incision (cut)
- Bright red blood from your anus
- Stomach pain that your medicine does not help
- If you have not had a bowel movement (gone poop) within 7 days after your surgery

Call a registered nurse, your family doctor or go to the nearest emergency room if you have any of the symptoms above.

**Please bring
this booklet
and chewing gum
with you to the
hospital**

Odette Cancer Centre
2075 Bayview Avenue
Toronto, Ontario M4N 3M5

www.sunnybrook.ca/programs/occ