



**HEMORRHOIDECTOMY/RECTAL SURGERY
DISCHARGE INSTRUCTIONS**

PLEASE REVIEW THESE INSTRUCTIONS THOROUGHLY BEFORE SURGERY

PREPARING FOR SURGERY

You will receive a call from the Preadmit/Same Day Surgery Nurse to review your health status, discuss any medications you are currently taking, and receive instructions about your surgery. These instructions are critical to your well-being. Please follow these guidelines completely or your surgery may have to be delayed or canceled.

Preadmit/Same Day Surgery Nurse: _____

Phone Number of Preadmit/Same Day Surgery Nurse for Questions: _____

Surgery Date/Time: _____

Arrival Time for Surgery:* _____

**Arrive for surgery at our Maine Street entrance. Check in at the Registration desk.*

Medications **to take** the morning of Surgery: _____

Medication **to stop** prior to or the morning of Surgery: _____

Notes for Surgery: _____

SPECIAL INTRUCTIONS FOR YOUR SURGERY

Stop taking Aspirin **unless** otherwise directed.

Your Surgeon has scheduled a Pre-Surgery (Pre-Op) Appointment on _____.

Please arrive at Admissions, Arkansas Street entrance, to register. Volunteers can provide directions and/or assistance as needed to guide you to the appropriate departments for your tests.

Other special instructions:

Please understand that your surgery time may change due to emergency circumstances. A Preadmit/Same Day Surgery Nurse will call you 24 hours before your scheduled surgery date to verify both your arrival and surgery time.

Make arrangements for someone to remain present during surgery and to drive you home after your procedure. It is best to have a caregiver/family member remain with you for the first twenty-four hours after your surgery. It is best to have a caregiver/family member remain with you for the first twenty-four hours after your surgery.



DAY OF SURGERY

Before you leave home

Do not eat any food, drink any beverage (including ice, etc.), chew gum or use cough drops/throat lozenges, etc. after 12:00 a.m./Midnight the day of surgery, unless directed. You may brush your teeth or rinse your mouth with a small amount of water; however, do not swallow.

Remove any make-up or nail polish. If you wear contact lenses, remove them and use your eyeglasses. Wear loose, comfortable clothing and shoes.

All jewelry should be removed. It is best to leave all valuables and jewelry at home or with your caregiver/family member.

Bring your photo identification and health insurance card(s).

Arriving at LMH

Check in at the Registration desk just inside the Maine Street entrance at LMH. The registration and nursing staff will prepare you for your procedure. You will have the opportunity to speak with anesthesia and your surgeon before surgery, and we will keep your caregiver/driver up-to-date on your health while you are in surgery.

AFTER SURGERY

Depending on your procedure, you will be released to home from the Recovery Unit, or be transferred to the Post-Surgical Care Floor (Third Floor, West). Once you are home, a nurse will contact you for a health update and to review your discharge instructions. This information is also available through My Patient Portal. You can access this site through our main web page at www.lmh.org/my-patient-portal/.

If you require FMLA paperwork, this may be returned to you via portal too. Please allow a week for completion.

Call the Lawrence General Surgery office at (785) 505-2200 at your first opportunity to schedule a follow-up appointment for 7-14 days after your surgery.

Follow-Up Surgery Appointment
with Lawrence General Surgery: _____

Call at any time if you have questions or notice any signs of infection, experience a fever over 101 degrees, wound redness, increasing pain or swelling, or an odorous, thick discharge. In case of emergency, please call 911 or go to the nearest emergency department.



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OPERATIVE SITE

There will be minor bleeding and drainage from the operative area(s) for several weeks following surgery. Bruising, swelling and irregularity of the anal opening may also occur during the first week or two after surgery. These symptoms will decrease as healing progresses. However, if bleeding is excessive and does not cease with the application of pressure for 10-15 minutes, call your doctor.

It is very important to keep the area around the anal opening as clean and dry as possible during healing. The best methods for this are sitz baths, showers, or soaks – especially following a bowel movement. You can also use Tucks[®] towelettes for cleaning. This may also provide some pain relief. You should attempt to soak several times a day for the first week after surgery and continue as necessary.

A protective pad in underclothing may be necessary until drainage diminishes. Later, a folded Kleenex[®] can provide a comfortable, absorbent and inexpensive dressing. (Do not use toilet paper.)

PAIN CONTROL

After the local anesthetic wears off, pain medication may be needed. Begin taking pain medication as soon as discomfort begins and as directed thereafter. Pain medications may have side effects like nausea, vomiting and constipation. Please call the office if you have questions about your pain control.

Mild Pain

Acetaminophen (Tylenol[®]) ibuprofen (Advil[®] or Motrin[®]) or naproxen (Aleve[®]) are acceptable medications to take for mild pain. Again, warm soaks, showers or sitz baths may provide some pain relief.

Severe Pain

Take the prescription medication provided by your doctor in addition to a form of ibuprofen (Advil[®] or Motrin[®]).

DO NOT take prescription medication on a regular schedule in an attempt to prevent pain. Excessive use of prescription pain medication can lead to constipation, which will aggravate pain.

DO NOT drive or drink alcohol while taking prescription pain medication.

DO NOT take ibuprofen (Advil[®] or Motrin[®]) or naproxen (Aleve[®]), if it bothers your stomach, you have kidney disease or you are taking Toradol (ketorolac).

DO NOT take acetaminophen (Tylenol[®]) while using other medications which also contain acetaminophen, such as Lortab or Percocet.

BOWEL and BLADDER FUNCTION

Initial bowel movements can be quite uncomfortable following hemorrhoid or other anorectal surgery. The key to rapid recovery is to avoid constipation, and to begin having bowel movements as soon as possible.

A stool softener (Colace[®] or equivalent) is often recommended for a few weeks after surgery. Bulking agents (Metamucil[®]) may also be advised by your doctor. It is also very important to drink extra water (e.g., 5-6 extra glasses of water) with bulking agents for them to be effective. Laxatives (Milk of Magnesia or Miralax[®]) are permissible and often needed until bowel function begins.



ACTIVITY

Prolonged sitting or standing during the first 5-10 days after surgery will be uncomfortable; avoid these situations.

Light activities such as walking, desk work, climbing stairs, or driving can be resumed as tolerated.

More strenuous activities, such as heavy lifting and straining, should be avoided for at least 3 weeks after your operation. A soft pillow or rubber “donut” may make sitting more comfortable.

DO NOT drive if prescription pain medication is being used.

DIET

Resume your normal diet as soon as possible after surgery. A healthy diet high in fiber is most likely to prevent constipation. High fiber foods include whole grain breads and cereals, fresh fruits and vegetables. Your fiber intake should include 30 gms/day or more of fiber rich foods. Also increase your fluid intake. Drink an extra 5-6 glass a water each day.

PATIENT PORTAL

These discharge instructions, plus other valuable information – visit summary, certain test results, FMLA or Return to Work forms, etc. – are available through My Patient Portal. You can access this site through our main web page at www.lmh.org/my-patient-portal/. You can also request appointments and ask your doctor questions through this secure, anytime access to personal health information.