About Your Ileostomy Closure Surgery

This guide will help you get ready for your ileostomy closure surgery at Memorial Sloan Kettering (MSK). It will also help you understand what to expect during your recovery.

Use this guide as a source of information in the days leading up to your surgery. Bring it with you every time you come to MSK, including the day of your surgery. You and your healthcare team will refer to it throughout your care.

Your surgery

Surgery date: ________________________________

Surgery location: Presurgical Center (PSC) on the 6th floor
1275 York Avenue (between East 67th and East 68th Streets)
New York, NY 10065
B elevator to 6th floor

Expected discharge date: ________________________________

It’s best to plan your ride home from the hospital ahead of time. This will help you keep from waiting for your ride after you're discharged from (leave) the hospital. For more information, read the section “Leaving the hospital.”

To view this guide online, visit
www.mskcc.org/pe/ileostomy_closure
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About Your Surgery

About your ileostomy

An ileostomy is the opening your surgeon made in your abdomen (belly) when you had surgery to remove a part of your colon or rectum. Your ileostomy was created from the part of your small intestine called the ileum. This allowed your bowel movements (poop) to pass out of your body and into a stoma bag. Your ileostomy was made so your anastomosis (the place where your surgeon reconnected your bowel) can heal.

About your ileostomy closure surgery

An ileostomy closure surgery is done to reverse your ileostomy so you can have bowel movements like you did before your surgery. Ileostomy closure surgery is usually done through your stoma (see Figure 1). Your surgeon may need to make an additional incision (surgical cut), but this is rare.

After your surgery, you’ll have a small wound where your ileostomy used to be. This wound will heal in about 4 to 6 weeks. You’ll need to change the bandage on this wound every day. While you’re in the hospital, your nurse will teach you how to change your bandage and give you the supplies you’ll need to do it at home.
Before Your Surgery

The information in this section will help you get ready for your surgery. Read this section when your surgery is scheduled and refer to it as your surgery date gets closer. It has important information about what you need to do before your surgery.

As you read through this section, you can use the space below to write down any questions you want to ask your healthcare provider.

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Getting ready for your surgery

You and your healthcare team will work together to get ready for your surgery.

Help us keep you safe during your surgery by telling us if any of the following statements apply to you, even if you aren’t sure.

- I take a blood thinner, such as:
  - Aspirin
  - Heparin
  - Warfarin (Jantoven®, Coumadin®)
  - Clopidogrel (Plavix®)
  - Enoxaparin (Lovenox®)
  - Dabigatran (Pradaxa®)
  - Apixaban (Eliquis®)
  - Rivaroxaban (Xarelto®)

  There are others, so be sure your healthcare provider knows all the medications you’re taking.

- I take prescription medications (medications my healthcare provider prescribes), including patches and creams.

- I take over-the-counter medications (medications I buy without a prescription), including patches and creams.

- I take dietary supplements, such as herbs, vitamins, minerals, or natural or home remedies.

- I have a pacemaker, automatic implantable cardioverter-defibrillator (AICD), or other heart device.

- I have sleep apnea.

- I’ve had a problem with anesthesia (medication to make me sleep during surgery) in the past.

- I’m allergic to certain medication(s) or materials, including latex.

- I’m not willing to receive a blood transfusion.

- I drink alcohol.

- I smoke or use an electronic smoking device (such as a vape pen, e-cigarette, or Juul®).

- I use recreational drugs.

About drinking alcohol

The amount of alcohol you drink can affect you during and after your surgery. It’s important to talk with your healthcare providers about how much alcohol you drink. This will help us plan your care.

- If you stop drinking alcohol suddenly, it can cause seizures, delirium, and death. If we know you’re at risk for these complications, we can prescribe medications to help keep them from happening.

- If you drink alcohol regularly, you may be at risk for other complications during and after your surgery. These include bleeding, infections, heart problems, and a longer hospital stay.
Here are things you can do before your surgery to keep from having problems:

- Be honest with your healthcare providers about how much alcohol you drink.
- Try to stop drinking alcohol once your surgery is planned. If you develop a headache, nausea (feeling like you’re going to throw up), increased anxiety, or can’t sleep after you stop drinking, tell your healthcare provider right away. These are early signs of alcohol withdrawal and can be treated.
- Tell your healthcare provider if you can’t stop drinking.
- Ask your healthcare provider questions about drinking and surgery. As always, all your medical information will be kept confidential.

**About smoking**

If you smoke, you can have breathing problems when you have surgery. Stopping even for a few days before surgery can help. If you smoke, your healthcare provider will refer you to our Tobacco Treatment Program. You can also reach the program by calling 212-610-0507.

**About sleep apnea**

Sleep apnea is a common breathing disorder that causes you to stop breathing for short periods of time while sleeping. The most common type is obstructive sleep apnea (OSA). With OSA, your airway becomes completely blocked during sleep. OSA can cause serious problems during and after surgery.

Please tell us if you have sleep apnea or if you think you might have it. If you use a breathing device (such as a CPAP device) for sleep apnea, bring it with you the day of your surgery.

**Using MyMSK**

MyMSK (my.mskcc.org) is your MSK patient portal account. You can use MyMSK to send and receive messages from your healthcare team, view your test results, see your appointment dates and times, and more. You can also invite your caregiver to create their own account so they can see information about your care.

If you don’t have a MyMSK account, you can visit my.mskcc.org, call 646-227-2593, or call your doctor’s office for an enrollment ID to sign up. You can also watch our video [How to Enroll in MyMSK: Memorial Sloan Kettering’s Patient Portal](www.mskcc.org/pe/enroll_mymsk). For help, contact the MyMSK Help Desk by emailing mymsk@mskcc.org or calling 800-248-0593.
About your MyMSK Goals to Discharge Checklist

When your surgery is over, you’ll focus on getting well enough to leave the hospital. We’ll send a Goals to Discharge Checklist to your MyMSK account to help you track how you’re doing. You can use this electronic checklist to see the goals you need to meet before leaving the hospital and update your progress throughout the day. Your updates also send alerts to your surgical team about your progress.

For more information, read the resource How to Use Your MyMSK Goals to Discharge Checklist. You can find it online at www.mskcc.org/pe/goals_discharge_checklist or ask your healthcare provider for a copy.

About Enhanced Recovery After Surgery (ERAS)

ERAS is a program to help you get better faster after your surgery. As part of the ERAS program, it’s important to do certain things before and after your surgery.

Before your surgery, make sure you’re ready by doing the following things:

- **Read this guide.** It will help you know what to expect before, during, and after your surgery. If you have questions, write them down. You can ask your healthcare provider at your next appointment, or you can call their office.

- **Exercise and follow a healthy diet.** This will help get your body ready for your surgery.

After your surgery, help yourself recover more quickly by doing the following things:

- **Read your recovery pathway.** This is a written educational resource that your healthcare provider will give you. It has goals for your recovery and will help you know what to do and expect on each day during your recovery.

- **Start moving around as soon as you can.** The sooner you’re able to get out of bed and walk, the quicker you’ll be able to get back to your normal activities.

Within 30 days of your surgery

Presurgical Testing (PST)

Before your surgery, you’ll have an appointment for presurgical testing (PST). The date, time, and location will be printed on the appointment reminder from your surgeon’s office. You can eat and take your usual medications the day of your appointment.

During your PST appointment, you’ll meet with a nurse practitioner (NP) who works closely with anesthesiology staff (specialized healthcare providers who will give you anesthesia during your surgery). Your NP will review your medical and surgical history with you. You may have tests, such as an electrocardiogram (EKG) to check your heart
rhythm, a chest x-ray, blood tests, and any other tests needed to plan your care. Your NP may also recommend that you see other healthcare providers.

Your NP will talk with you about which medications you should take the morning of your surgery.

It’s very helpful to bring the following things to your PST appointment:

- A list of all the medications you’re taking, including prescription and over-the-counter medications, patches, and creams.
- Results of any tests done outside of MSK, such as a cardiac stress test, echocardiogram, or carotid doppler study.
- The name(s) and telephone number(s) of your healthcare provider(s).

Identify your caregiver

Your caregiver plays an important role in your care. Before your surgery, you and your caregiver will learn about your surgery from your healthcare providers. After your surgery, your caregiver will take you home when you’re discharged from the hospital. They’ll also help you care for yourself at home.

For caregivers

Resources and support are available to help manage the responsibilities that come with caring for a person going through cancer treatment. For support resources and information, visit www.mskcc.org/caregivers or read A Guide for Caregivers. You can find it online at www.mskcc.org/pe/guide_caregivers or ask your healthcare provider for a copy.

Complete a Health Care Proxy form

If you haven’t already completed a Health Care Proxy form, we recommend you complete one now. If you have completed one already, or if you have any other advance directives, bring them to your next appointment.

A health care proxy is a legal document that identifies the person who will speak for you if you can’t communicate for yourself. The person you identify is called your health care agent.

Talk with your healthcare provider if you’re interested in completing a health care proxy. You can also read the resources Advance Care Planning and How to Be a Health Care Agent for information about health care proxies, other advance directives, and being a health care agent. You can find them online at www.mskcc.org/pe/advance_care_planning and www.mskcc.org/pe/health_care_agent or ask your healthcare provider for a copy.
7 days before your surgery

Follow your healthcare provider’s instructions for taking aspirin

If you take aspirin or a medication that contains aspirin, you may need to change your dose or stop taking it 7 days before your surgery. Aspirin can cause bleeding.

Follow your healthcare provider’s instructions. Don’t stop taking aspirin unless they tell you to. For more information, read the resource Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E. You can find it in the “Educational Resources” section of this guide.

Stop taking vitamin E, multivitamins, herbal remedies, and other dietary supplements

Stop taking vitamin E, multivitamins, herbal remedies, and other dietary supplements 7 days before your surgery. These things can cause bleeding. For more information, read the resource Herbal Remedies and Cancer Treatment. You can find it in the “Educational Resources” section of this guide.

Buy clear liquids

You’ll need to follow a clear liquid diet before your surgery. It’s helpful to buy your supplies ahead of time. For a list of clear liquids you can drink, read the section “Follow a clear liquid diet.”

2 days before your surgery

Stop taking nonsteroidal anti-inflammatory drugs (NSAIDs)

Stop taking NSAIDs, such as ibuprofen (Advil®, Motrin®) and naproxen (Aleve®), 2 days before your surgery. These medications can cause bleeding. For more information, read the resource Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E. You can find it in the “Educational Resources” section of this guide.
1 day before your surgery

Follow a clear liquid diet
You’ll need to follow a clear liquid diet the day before your surgery. A clear liquid diet includes only liquids you can see through. Examples are listed in the “Clear liquid diet” table. While you’re following this diet:

- Don’t eat any solid foods.
- Try to drink at least 1 (8-ounce) glass of clear liquid every hour while you’re awake.
- Drink different types of clear liquids. Don’t just drink water, coffee, and tea.
- Don’t drink sugar-free liquids unless you have diabetes and a member of your healthcare team tells you to.

For people with diabetes
If you have diabetes, ask the healthcare provider who manages your diabetes what you should do while you’re following a clear liquid diet.

- If you take insulin or another medication for diabetes, ask if you need to change the dose.
- Ask if you should drink sugar-free clear liquids.

While you’re following a clear liquid diet, make sure to check your blood sugar level often. If you have any questions, talk with your healthcare provider.

Clear liquid diet

<table>
<thead>
<tr>
<th>Drink</th>
<th>Do Not Drink</th>
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<tbody>
<tr>
<td>Soups</td>
<td>Clear broth, bouillon, or consommé</td>
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<tr>
<td>Sweets</td>
<td>Gelatin (such as Jell-O®)</td>
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<td></td>
<td>Flavored ices</td>
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<td>Hard candies (such as Life Savers®)</td>
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<tr>
<td>Drinks</td>
<td>Clear fruit juices (such as lemonade, apple, cranberry, and grape juices)</td>
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<tr>
<td></td>
<td>Soda (such as ginger ale, 7-Up®, Sprite®, and seltzer)</td>
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<td>Sports drinks (such as Gatorade®)</td>
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Note the time of your surgery

A staff member from the Admitting Office will call you after 2:00 PM the day before your surgery. If your surgery is scheduled for a Monday, they’ll call you on the Friday before. If you don’t get a call by 7:00 PM, call 212-639-5014.

The staff member will tell you what time to arrive at the hospital for your surgery and remind you where to go.

Instructions for eating before your surgery

Do not eat anything after midnight the night before your surgery. This includes hard candy and gum.

The morning of your surgery

Instructions for drinking before your surgery

Finish the CF(Preop)® drink your healthcare provider gave you 2 hours before your scheduled arrival time. Do not drink anything else, including water.

Do not drink anything starting 2 hours before your scheduled arrival time. This includes water.

Take your medications as instructed

If your healthcare provider told you to take certain medications the morning of your surgery, take only those medications with a sip of water. Depending on what medications you take, this may be all, some, or none of your usual morning medications.
Things to remember

- Wear something comfortable and loose-fitting.
- If you wear contact lenses, wear your glasses instead. Wearing contact lenses during surgery can damage your eyes.
- Don’t wear any metal objects. Remove all jewelry, including body piercings. The equipment used during your surgery can cause burns if it touches metal.
- Don’t wear any lotion, cream, deodorant, makeup, powder, perfume, or cologne.
- Leave valuable items at home.
- If you’re menstruating (have your monthly period), use a sanitary pad, not a tampon. You’ll get disposable underwear, as well as a pad if needed.

What to bring

- A pair of loose-fitting pants (such as sweatpants).
- Sneakers that lace up. You may have some swelling in your feet. Lace-up sneakers can fit over this swelling.
- Your breathing device for sleep apnea (such as your CPAP device), if you have one.
- Your Health Care Proxy form and other advance directives, if you completed them.
- Your cell phone and charger.
- Only the money you may want for small purchases (such as a newspaper).
- A case for your personal items (such as eyeglasses, hearing aid(s), dentures, prosthetic device(s), wig, and religious articles), if you have one.
- This guide. Your healthcare team will use it to teach you how to care for yourself after surgery.

Where to park

MSK’s parking garage is on East 66th Street between York and First Avenues. If you have questions about prices, call 212-639-2338.

To reach the garage, turn onto East 66th Street from York Avenue. The garage is about a quarter of a block in from York Avenue, on the right-hand (north) side of the street. There’s a tunnel you can walk through that connects the garage to the hospital.

There are also other garages on East 69th Street between First and Second Avenues, East 67th Street between York and First Avenues, and East 65th Street between First and Second Avenues.
Once you’re in the hospital

When you get to the hospital, take the B elevator to the 6th floor. Check in at the desk in the PSC waiting room.

You’ll be asked to say and spell your name and birth date many times. This is for your safety. People with the same or a similar name may be having surgery on the same day.

When it’s time to change for surgery, you’ll get a hospital gown, robe, and nonskid socks to wear.

Meet with a nurse

You’ll meet with a nurse before surgery. Tell them the dose of any medications you took after midnight (including prescription and over-the-counter medications, patches, and creams) and the time you took them.

Your nurse may place an intravenous (IV) line in one of your veins, usually in your arm or hand. If your nurse doesn’t place the IV, your anesthesiologist will do it in the operating room.

Meet with an anesthesiologist

You’ll also meet with an anesthesiologist before surgery. They will:

- Review your medical history with you.
- Ask if you’ve had any problems with anesthesia in the past, including nausea or pain.
- Talk with you about your comfort and safety during your surgery.
- Talk with you about the kind of anesthesia you’ll get.
- Answer your questions about your anesthesia.

During your surgery

When it’s time for your surgery, you’ll need to remove your hearing aids, dentures, prosthetic device(s), wig, and religious articles, if you have them. You’ll either walk into the operating room or be taken in on a stretcher. A member of the operating room team will help you onto the operating bed and place compression boots on your lower legs. These gently inflate and deflate to help blood flow in your legs.

Once you’re comfortable, your anesthesiologist will give you anesthesia through your IV line and you’ll fall asleep. You’ll also get fluids through your IV line during and after your surgery.

After you’re fully asleep, a breathing tube will be placed through your mouth and into your windpipe to help you breathe. Your breathing tube is usually taken out while you’re still in the operating room. Your wound will be covered with gauze and a dressing (bandage).
After Your Surgery

The information in this section will tell you what to expect after your surgery, both during your hospital stay and after you leave the hospital. You'll learn how to safely recover from your surgery.

As you read through this section, you can use the space below to write down any questions you want to ask your healthcare provider.

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In the Post-Anesthesia Care Unit (PACU)

When you wake up after your surgery, you’ll be in the PACU. A nurse will be keeping track of your body temperature, pulse, blood pressure, and oxygen levels. You may be getting oxygen through a thin tube that rests below your nose or a mask that covers your nose and mouth. You’ll also have compression boots on your lower legs.

Pain medication

You’ll get medication to control your pain and keep you comfortable. There are different ways pain medication can be given:

- **Nerve block:** Some people get a nerve block before or during surgery. With a nerve block, your healthcare provider injects medication into some of your nerves to reduce pain after surgery.

- **IV medications:** Some people get pain medication into a vein through their IV line.

You’ll have 1 or more of these after your surgery. They’re all effective methods to control your pain. Your healthcare provider will talk with you before choosing the best one(s) for you.

Moving to your hospital room

You’ll stay in the PACU until you’re awake and your pain is under control. Most people move to their hospital room after a few hours in the PACU, but some people stay in the PACU overnight for observation.

After your stay in the PACU, a staff member will take you to your hospital room.

In your hospital room

The length of time you’re in the hospital after your surgery depends on your recovery. Most people stay in the hospital for 2 days. Your healthcare team will tell you what to expect.

When you’re taken to your hospital room, you’ll meet one of the nurses who will care for you while you’re in the hospital. Soon after you arrive in your room, your nurse will help you out of bed and into your chair.
While you’re in the hospital, your nurses will teach you how to care for yourself while you’re recovering from your surgery. You can help yourself recover more quickly by doing the following things:

- **Read your recovery pathway.** Your healthcare provider will give you a pathway with goals for your recovery, if you don’t already have one. It will help you know what to do and expect on each day during your recovery.

- **Start moving around as soon as you can.** The sooner you’re able to get out of bed and walk, the quicker you’ll be able to get back to your normal activities.

You can use your MyMSK Goals to Discharge Checklist to track your progress during your recovery. For more information, read the resource *How to Use Your MyMSK Goals to Discharge Checklist*. One of your healthcare providers will give you a copy, or you can find it online at www.mskcc.org/pe/goals_discharge_checklist.

Read the resource *Call! Don’t Fall!* to learn about what you can do to stay safe and keep from falling while you’re in the hospital. You can find it online at www.mskcc.org/pe/call_dont_fall or ask your healthcare provider for a copy.

### Managing your pain

You’ll have some pain after your surgery. Your healthcare providers will ask you about your pain often and give you medication as needed. If your pain isn’t relieved, tell one of your healthcare providers. It’s important to control your pain so you can use your incentive spirometer and move around. Controlling your pain will help you recover better.

Many people find their pain is controlled with over-the-counter medications alone. If you need stronger pain medication in the hospital, one of your healthcare providers will give you a prescription before you leave. Talk with your healthcare providers about possible side effects and how to taper (slowly stop taking) your medication.

### Moving around and walking

Moving around and walking will help lower your risk for blood clots and pneumonia (lung infection). It will also help you start passing gas and having bowel movements (pooping) again.

Read your recovery pathway to learn about your specific moving and walking goals. Your nurse, physical therapist, or occupational therapist will help you move around, if needed.
Exercising your lungs

It’s important to exercise your lungs so they expand fully. This helps prevent pneumonia.

- Your nurse will give you an incentive spirometer. Use it 10 times every hour you’re awake. For instructions for using your incentive spirometer, read the resource *How to Use Your Incentive Spirometer*. You can find it online at www.mkscc.org/pe/incentive_spirometer or ask your healthcare provider for a copy.

- Do coughing and deep breathing exercises. A member of your care team will teach you how to do them.

Eating and drinking

Right after your surgery, you won’t be able to eat solid foods. You’ll follow a liquid diet. After that, you’ll slowly start eating solid foods. This usually happens the day after your surgery.

A clinical dietitian nutritionist will give you more information about eating after surgery before you leave the hospital.

Caring for your wound

You’ll have a wound where your ileostomy used to be. It won’t be closed with sutures (stitches) or staples, and it will be very raw and red. This is normal.

Your nurse will pack (fill) your wound with gauze and change your bandage every day while you’re in the hospital. They’ll also teach you how to do it yourself. They will have you practice packing your wound and changing your dressing before you go home. It’s helpful if your caregiver also learns how to care for your wound. This will make it easier for them to help you care for yourself at home.

Your wound should close 4 to 6 weeks after your surgery.

Planning for your discharge

Your nurse will give you supplies so you can care for your wound at home. Most people also have a nurse visit them at home to help you as you heal. Your case manager (a member of your healthcare team who helps to plan and coordinate your services) will discuss this with you when planning your discharge.
Leaving the hospital

Before you leave the hospital, look at your wound with one of your healthcare providers. Knowing what your wound looks like will help you notice any changes later.

**On the day of your discharge, plan to leave the hospital between 8:00 AM and 10:00 AM.** Before you leave, one of your healthcare providers will write your discharge order and prescriptions. You’ll also get written discharge instructions. One of your healthcare providers will review them with you before you leave.

If your ride isn’t at the hospital when you’re ready to be discharged, you may be able to wait in the Patient Transition Lounge. A member of your healthcare team will give you more information.

At home

Read the resource *What You Can Do to Avoid Falling* to learn about what you can do to stay safe and keep from falling at home and during your appointments at MSK. You can find it online at [www.mskcc.org/pe/avoid_falling](http://www.mskcc.org/pe/avoid_falling) or ask your healthcare provider for a copy.

Filling out your Recovery Tracker

We want to know how you’re feeling after you leave the hospital. To help us continue caring for you, we’ll send a group of questions to your MyMSK account every day for 10 days after you leave the hospital. These questions are known as your Recovery Tracker.

Fill out your Recovery Tracker every day before midnight (12:00 am). It only takes 2 to 3 minutes to complete. Your answers to these questions will help us understand how you’re feeling and what you need.

Based on your answers, we may reach out to you or ask you to call your surgeon’s office to give us more information. You can always contact your surgeon’s office if you have any questions. For more information, read *About Your Recovery Tracker*. You can find it online at [www.mskcc.org/pe/recovery_tracker](http://www.mskcc.org/pe/recovery_tracker) or ask your healthcare provider for a copy.

Caring for your wound

Follow your healthcare team’s instructions for how often to change the gauze and bandage over your wound. Most people have a visiting nurse come to their home to help them. To prevent infection, clean your hands with soap and water or an alcohol-based hand sanitizer before you touch your wound.
Check your wound every day for any signs of infection until your healthcare provider tells you it’s healed. Call your healthcare provider if you see any of the following signs of a wound infection:

- A fever of 100.5 °F (38.0 °C) or higher
- Swelling around your wound
- Increased pain that doesn’t get better with medication
- Drainage that looks like pus (thick and milky)

Managing your pain

People have pain or discomfort for different lengths of time. You may still have some pain when you go home and will probably be taking pain medication. The pain usually gets better within 1 to 2 weeks.

Follow the guidelines below to help manage your pain at home.

Take your medications as directed and as needed.

- Call your healthcare provider if the medication prescribed for you doesn’t ease your pain.
- Don’t drive or drink alcohol while you’re taking prescription pain medication. Some prescription pain medications can make you drowsy. Alcohol can make the drowsiness worse.
- As your wound heals, you’ll have less pain and need less pain medication. An over-the-counter pain reliever such as acetaminophen (Tylenol®) or ibuprofen (Advil®) will ease aches and discomfort.
  - Follow your healthcare provider’s instructions for stopping your prescription pain medication.
  - Don’t take more of any medication than the amount directed on the label or as instructed by your healthcare provider.
  - Read the labels on all the medications you’re taking, especially if you’re taking acetaminophen. Acetaminophen is an ingredient in many over-the-counter and prescription medications. But, taking too much can harm your liver. Don’t take more than 1 medication that contains acetaminophen without talking with a member of your healthcare team.
- Pain medication should help you resume your normal activities. Take enough medication to do your activities and exercises comfortably. It’s normal for your pain to increase a little as you start to be more active.
- Keep track of when you take your pain medication. It works best 30 to 45 minutes after you take it. Taking it when you first have pain is better than waiting for the pain to get worse.
Managing changes in bowel function

Your rectum is a storage tank for stool (poop). You had surgery to remove part of it, so now this tank is smaller. You may have a lot of small bowel movements because your rectum can’t hold as much stool. Over time, your rectum will stretch and be able to hold more. This process can take several months to years.

For the first few weeks after your surgery, you may have a lot of bowel movements. This is because the lower part of your colon hasn’t been used in a while. It will take time for your body to recover.

After your surgery, your bowel movements may:

- Be more frequent.
- Happen several times an hour, several times a week.
- Happen every other day.
- Not feel complete. After having a bowel movement, you may still feel like you have to go.

You also may:

- Feel a strong sense of urgency to have a bowel movement.
- Have trouble telling the difference between having a bowel movement and passing gas.

If you also had radiation therapy, your rectum may be stiff. It won’t be able to stretch and hold stool as well as before your surgery. This is usually temporary.

Tips for managing frequent bowel movements

If you’re having multiple bowel movements a day, you may need to follow a bland diet for a few days. While you’re following a bland diet, avoid:

- Dairy products, including milk, cheese and ice cream
- Coffee
- Chocolate
- Spicy foods
- Fried foods
- Gravies and cream sauces
- High-fat deli meats
- Greasy meats, such as sausage and bacon
- Fruit juices
- Sugar-free foods
Following the BRAT diet can also help control frequent bowel movements. The BRAT diet is made up mostly of:

- Bananas (B)
- White rice (R)
- Applesauce (A)
- Toast (T)

Drinking black tea can also help.

**Tips for managing soreness**

You may have soreness around your anus from frequent bowel movements. If you do:

- Soak in warm water 2 to 3 times a day.
- Apply zinc oxide ointment (Desitin®) to the skin around your anus after every bowel movement. This helps prevent irritation.
- Don’t use harsh toilet paper. You can use a nonalcohol wipe (such as a moistened flushable wipe) instead.
- If your healthcare provider prescribes medication, take it as directed.

**Showering**

Taking a warm shower is relaxing and can help decrease muscle aches.

Take your bandages off before you shower. When you shower, use soap to gently wash your wound. After your shower, pat your wound dry with a clean towel. Pack your wound with gauze and change your bandage.

Don’t take tub baths or go swimming until your healthcare provider says it’s OK.

**Eating and drinking**

Eat 5 to 6 small meals throughout the day. Remember to eat slowly and chew your food well. It’s important you try to maintain your weight. Drink 8 to 10 (8-ounce) glasses of liquids every day.

After your surgery, foods may affect you differently. Certain foods may make you have bowel movements right after you eat them. Certain foods may cause diarrhea (loose or watery bowel movements). You may need to change your diet after your surgery.
Every person is different, so there’s no way to know which foods will make this happen. During the first few months after your surgery, you’ll need to test foods and see how you react to them. It may be helpful to keep a food diary. This will help you keep track of which foods cause discomfort.

If you have questions about your diet, ask to see a clinical dietitian nutritionist.

**Dietary supplements and medications**

It may be helpful to take a dietary supplement or medication to help your bowel function after surgery. **Don’t take these things without talking with your healthcare provider first.**

**Fiber**

Your healthcare provider may tell you to take a fiber supplement (such as Metamucil® or Citrucel®) starting about 4 weeks after your surgery. Fiber will help you by:

- Increasing the bulk in your stool. This helps move waste out of your body because your rectum squeezes better when it’s full.
- Stretching your rectum by adding bulk to your stool. This stretching takes place over many months, but eventually your bowel movements should become less frequent and less urgent. This will combine all of the small pieces of stool together to create a larger bowel movement. These larger stools will also stretch out your rectum and you will be able to hold more stool.

Start by taking ½ to 1 teaspoon a day and take more of it as needed. Fiber can cause constipation if you’re not drinking enough, so drink at least 8 (8-ounce) glasses (2 liters) of water or clear liquids each day. If you have bloating and gas, take simethicone (GasX®) as needed.

**Probiotics**

You may also need to take a probiotic supplement. Taking probiotics may help your bowels work better. Ask your healthcare provider for recommendations.

**Other medications**

If you’re having many bowel movements, your healthcare provider may prescribe medication to slow your bowel down. This may help decrease the feeling that you need to go right away and may cut down on your number of bowel movements. Your healthcare provider will tell you how much to take and how often to take it.

If you don’t have a bowel movement for 2 days, contact your healthcare provider.
Physical activity and exercise
For the first 6 to 8 weeks after your surgery:

- Don’t lift, push, or pull anything heavier than 10 pounds (about 4.5 kilograms).
- Don’t do any strenuous activities (such as jogging and tennis).
- Don’t play any contact sports (such as football).

Doing aerobic exercise, such as walking and stair climbing, will help you gain strength and feel better. Walk at least 2 to 3 times a day for 15 to 20 minutes for the first 2 weeks after surgery. You can walk outside or indoors at your local mall or shopping center. Ask your healthcare provider before starting more demanding exercises.

It’s normal to have less energy than usual after your surgery. Recovery time is different for each person. Increase your activities each day as much as you can. Always balance activity periods with rest periods. But, if you can’t sleep at night, it may be a sign that you’re resting too much during the day.

Kegel exercises
You’ll need to do Kegel exercises to strengthen your pelvic floor muscles. This will help you hold in your bowel movements until you get to a toilet and prevent accidental stool leakage (incontinence) after your ileostomy is closed.

Ask your healthcare provider when to start doing Kegel exercises. Starting too soon after surgery can be painful.

You can do Kegel exercises while you’re sitting, standing, and walking. To do Kegel exercises:

1. Tighten your pelvic floor muscles (the muscles you tighten when you’re trying to hold back a bowel movement).
2. Hold this position for 5 to 10 seconds.
3. Release and rest.

Repeat this exercise 10 times, 4 times a day.
Driving
You can start driving again 2 weeks after your surgery. Don’t drive while you’re taking pain medication that may make you drowsy. You can ride in a car as a passenger at any time after you leave the hospital.

Going back to work
Talk with your healthcare provider about your job and when it may be safe for you to start working again. If your job involves lots of movement or heavy lifting, you may need to stay out a little longer than if you sit at a desk.

Follow-up appointments
Your first appointment after your surgery will be 1 to 3 weeks after you leave the hospital. Call your surgeon’s office after you’re discharged from the hospital to schedule it.

It’s important to go to all your follow-up appointments after your surgery. You can call your healthcare provider if you have questions between these appointments.

Managing your feelings
After surgery for a serious illness, you may have new and upsetting feelings. Many people say they felt weepy, sad, worried, nervous, irritable, and angry at one time or another. You may find that you can’t control some of these feelings. If this happens, it’s a good idea to seek emotional support. Your healthcare provider can refer you to MSK’s Counseling Center. You can also reach them by calling 646-888-0200.

Whether you’re in the hospital or at home, we’re here to help you and your family and friends handle the emotional aspects of your illness.
When to call your healthcare provider

Call your healthcare provider if you have:

- A fever of 100.5 °F (38.0 °C) or higher
- Pain, bloating, cramping, or tenderness in your abdomen
- Nausea or vomiting
- Trouble passing gas
- Trouble having a bowel movement
- Trouble urinating (peeing)
- Swelling around your wound
- Pain on your wound that doesn’t go away with medication
- Bleeding from your rectum
- Any of the following signs of dehydration (not having enough liquids):
  - Feeling very thirsty
  - Dry mouth or skin
  - Fatigue (feeling more tired or weak than usual)
  - Loss of appetite
  - Feeling dizzy when you stand
  - Headache
  - Leg cramps
- Any of the following signs of wound infection:
  - Swelling
  - Increased pain
  - Warmth at the wound site
  - Drainage that looks like pus (thick and milky)
  - Any questions or concerns.

Contact information

Monday through Friday from 9:00 AM to 5:00 PM, contact your healthcare provider’s office.

After 5:00 PM, during the weekend, and on holidays, call 212-639-2000 and ask to speak to the person on call for your healthcare provider.
Support Services

This section contains a list of support services that may help you get ready for your surgery and recover safely.

As you read through this section, you can use the space below to write down any questions you want to ask your healthcare provider.

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MSK support services

Admitting Office
212-639-7606
Call if you have questions about your hospital admission, including requesting a private room.

Anesthesia
212-639-6840
Call if you have questions about anesthesia.

Blood Donor Room
212-639-7643
Call for more information if you’re interested in donating blood or platelets.

Bobst International Center
888-675-7722
MSK welcomes patients from around the world. If you’re an international patient, call for help arranging your care.

Chaplaincy Service
212-639-5982
At MSK, our chaplains are available to listen, help support family members, pray, contact community clergy or faith groups, or simply be a comforting companion and a spiritual presence. Anyone can request spiritual support, regardless of formal religious affiliation. The interfaith chapel is located near the main lobby of Memorial Hospital and is open 24 hours a day. If you have an emergency, please call the hospital operator and ask for the chaplain on call.

Counseling Center
646-888-0200
Many people find that counseling helps them. We provide counseling for individuals, couples, families, and groups, as well as medications to help if you feel anxious or depressed. To make an appointment, ask your healthcare provider for a referral or call the number above.

Food Pantry Program
646-888-8055
The food pantry program provides food to people in need during their cancer treatment. For more information, talk with your healthcare provider or call the number above.

Integrative Medicine Service
646-888-0800
Integrative Medicine Service offers many services to complement (go along with) traditional medical care, including music therapy, mind/body therapies, dance and movement therapy, yoga, and touch therapy.
MSK Library
library.mskcc.org
212-639-7439
You can visit our library website or speak with the library reference staff to find more information about your specific cancer type. You can also visit LibGuides on MSK’s library website at libguides.mskcc.org.

Patient and Caregiver Education
www.mskcc.org/pe
Visit the Patient and Caregiver Education website to search our virtual library. There you can find written educational resources, videos, and online programs.

Patient and Caregiver Peer Support Program
212-639-5007
You may find it comforting to speak with someone who has been through a treatment similar to yours. You can talk with a former MSK patient or caregiver through our Patient and Caregiver Peer Support Program. These conversations are confidential. They may take place in person or over the phone.

Patient Billing
646-227-3378
Call if you have questions about preauthorization with your insurance company. This is also called preapproval.

Patient Representative Office
212-639-7202
Call if you have questions about the Health Care Proxy form or if you have concerns about your care.

Perioperative Nurse Liaison
212-639-5935
Call if you have questions about MSK releasing any information while you’re having surgery.

Private Duty Nursing Office
212-639-6892
You may request private nurses or companions. Call for more information.

Resources for Life After Cancer (RLAC) Program
646-888-8106
At MSK, care doesn’t end after active treatment. The RLAC Program is for patients and their families who have finished treatment. This program has many services, including seminars, workshops, support groups, counseling on life after treatment, and help with insurance and employment issues.
Sexual Health Programs
Cancer and cancer treatments can have an impact on your sexual health. MSK’s Sexual Health Programs can help you take action and address sexual health issues before, during, or after your treatment.

- Our **Female Sexual Medicine and Women’s Health Program** helps women who are dealing with cancer-related sexual health challenges, including premature menopause and fertility issues. For more information, or to make an appointment, call 646-888-5076.

- Our **Male Sexual and Reproductive Medicine Program** helps men who are dealing with cancer-related sexual health challenges, including erectile dysfunction. For more information, or to make an appointment, call 646-888-6024.

Social Work
212-639-7020
Social workers help patients, family, and friends deal with issues that are common for cancer patients. They provide individual counseling and support groups throughout the course of treatment and can help you communicate with children and other family members. Our social workers can also help refer you to community agencies and programs, as well as financial resources if you’re eligible.

Tobacco Treatment Program
212-610-0507
If you want to quit smoking, MSK has specialists who can help. Call for more information.

Virtual Programs
www.mskcc.org/vp
MSK’s Virtual Programs offer online education and support for patients and caregivers, even when you can’t come to MSK in person. Through live, interactive sessions, you can learn about your diagnosis, what to expect during treatment, and how to prepare for the various stages of your cancer care. Sessions are confidential, free, and led by expert clinical staff. If you’re interested in joining a Virtual Program, visit our website at www.mskcc.org/vp for more information.

For more online information, visit the Cancer Types section of www.mskcc.org.

External support services
There are many other support services available to help you before, during, and after your cancer treatment. Some offer support groups and information, while others can help with transportation, lodging, and treatment costs.

For a list of these support services, visit www.mskcc.org/pe/external_support_services. You can also talk with an MSK social worker by calling 212-639-7020.
Educational Resources

This section has the educational resources mentioned in this guide. These resources will help you get ready for your surgery and recover safely after surgery.

As you read through these resources, you can use space below to write down any questions you want to ask your healthcare provider.

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Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E
Herbal Remedies and Cancer Treatment