

# Going home following your abdominal operation



## **Rest and activity**

Most people feel rather tired and insecure when they first go home, and are frustrated because they don't feel able to do all the things they want. Don't worry if this happens to you, as it is quite normal. Instead, make a plan to gradually increase the things you do over the next few weeks.

## **Eating**

After your operation you may find that you only have a small appetite and that you get a 'bloated' feeling and/or indigestion after meals. These symptoms usually go as you become more active. When eating try to relax, eat slowly and after meals sit quietly for a while before lying down or performing daily activities.

Try eating three small meals and three small snacks daily, rather than three larger meals.

If you can only manage a small amount of food, increase your calorie intake by adding fats to food. For example, add butter and/or cream to mashed potatoes and grated cheese to soup. Avoid drinking fluids before meals as they will fill you up.

Introduce fruit and vegetables into your diet slowly, by gradually increasing the size and number of portions. If you enjoy fruit juice, drink a small glass daily while fruit and vegetables are limited. When your appetite is back to normal, you might want to make some changes to your diet, such as increasing the amount of whole grain cereals and/or fruit and vegetables that you usually eat. However, a diet high in fibre does not suit everyone.

Fluids are important too. Aim to have at least six to eight cups each day. A small amount of alcohol can improve your appetite and is not usually harmful.

If you are in any doubt about the right sort of food to eat, ask the ward staff for advice. You may also ask to be referred to a dietitian for specific advice relating to your condition.

## **Moving**

A gradual increase in the amount of exercise you take is helpful. Start with a short walk two or three times a day and increase the distance over the next few weeks.

If special exercises are needed, we will tell you before you leave hospital. Most people find it more comfortable to sit in a higher chair than usual, as it can be difficult getting up from a low seat. Climbing stairs can be tiring, but it is a useful way of getting exercise and judging your progress.

## **Sexual relations**

There is no hard and fast rule about the time at which you can go back to your usual sexual relationships. As a rough guide, by the time you are ready to go back to work sexual activity can be resumed, although some people will feel ready earlier.

Ask for advice if your operation is related to this area, or if you are concerned about re-starting your usual contraceptive, especially the pill.

## **Household jobs**

The sort of movements that can cause discomfort are:

- bending or stretching, eg reaching high or low shelves
- lifting heavy weights, including small children
- pushing or pulling, such as hoovering or mowing the lawn.

Similarly, standing for long periods, eg washing up or cleaning vegetables, can be tiring.

It is useful if help is available for the first week or two after you go home.

## **General advice**

Many people are surprised at the length of time it takes to get over an operation, even if it is fairly minor. Time, nature and a lot of determination will help.

Don't be afraid to ask for advice, however small your worry may seem. A few words can often save a lot of anxiety.

## **Wound healing**

All wounds progress through several stages of healing, and you will be able to see changes in your wound. The following are frequently experienced:

- unusual sensations such as tingling, numbness or itching
- a slightly hard, lumpy feeling as the new tissues form
- slight pulling around the stitches as the wound heals.

Remember, gentle massage around the wound will help stop the new tissue 'sticking' to the underlying structures. This can happen particularly if your wound lies over a hard surface such as bone.

Contact your GP if:

- the amount of pain in your wound increases
- the redness and/or swelling increases
- there is any discharge from the wound.

## **Bowels**

Changes in diet, less activity, and the use of some drugs can lead to irregular bowel habits. This usually rights itself with time. Straining can be uncomfortable, particularly after abdominal surgery. It may be helpful to take a mild laxative, but if you are in any doubt about this, ask for advice.

## **Bathing and showering**

It is quite safe to get your wound wet two or three days after your operation, unless you are told otherwise. There is no evidence to show that adding salt to the bath helps healing, and in some cases it can make your skin feel dry and uncomfortable.

Some people feel a little insecure when they first get into and out of the bath. A bath mat helps cut down the risk of slipping. A towel hooked around the taps can be helpful in pulling yourself up.

Many people feel more secure if there is someone else in the house when they take their first bath, even if help is not actually needed.

## **Clothing**

Try to avoid tight belts. Close fitting underwear can rub, particularly if it has seams.

Loose clothing is generally more comfortable, and track suits are very suitable.

## **Sleeping**

Changes in routine and restricted movement can make it more difficult to sleep. Some people are woken by wound discomfort caused by sudden movement. If this happens, it may be helpful to take a painkiller at bedtime. Follow the instructions on the bottle or packet carefully.

## **Work**

The length of time before you can return to work depends on the type of operation you have had and what your job is. It is better to feel completely well before you return, as many people feel tired and find concentration difficult to start with. If you would like more advice about this, talk to the hospital staff or your local GP surgery.

## **Driving**

The time before you can safely start driving varies a great deal, and depends on the operation you have had. Ask for specific advice, but do remember that your movement and strength must be up to coping with an emergency stop, as well as normal driving.

## **Colorectal or bowel cancer**

### **Clinical trials**

The aim of clinical trials is to find better ways of treating cancer using current or new therapies. There are many different types of trials which can range from relatively simple surveys to complex chemotherapy studies. Each study is usually being run in many hospitals across the country and sometimes in other countries in Europe and around the world.

During your treatment, your consultant may ask if you would like to take part in a clinical trial. As new treatments have to be evaluated very carefully some trials may involve regular additional procedures such as filling in questionnaires, providing more blood samples and having more scans. Your involvement in any study is completely voluntary and your future treatment will not be affected in any way if you choose not to take part or withdraw part way through.

### **Before you go home – have you got:**

(Delete as appropriate)

- 2 pairs of anti-embolic white stockings?
- fragmin injections?
- catheter bags or wound dressings?
- tablets to go home?
- discharge leaflets on diet, anterior resection, pelvic floor exercises?
- contact card for the colorectal cancer nurses and Karen Cock and lower GI nurses?

### **Finances**

Following a diagnosis of cancer you will be eligible for **free prescriptions**. Please speak to your doctor (GP) who will complete an exemption form for you that you will need to send away.

If you have critical illness insurance cover please check with your insurance company to see if you can claim on this.

Benefits Advice Line: 01872 672090

### **Contact us**

If you have any questions after you go home please contact:  
Clare Ferris or Candy Coombe on 01872 252693

Out of hours, please contact St Mawes Unit on 01872 253032.

If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690

