

ANORECTAL SURGERY – DISCHARGE INSTRUCTIONS:

1. Take the pain medicine as ordered. **Do NOT supplement with Tylenol (acetaminophen)** if you are taking the narcotic pain med the same day as there is acetaminophen in your pain medication. You MAY use Ibuprofen or Aleve in addition to your pain meds if not allergic and if you have no ulcers.
2. **Take Colace (Docusate Sodium, over-the-counter) twice a day** until stools are soft while you are taking pain medication. If you are having loose stools, discontinue the stool softener. You may discontinue once you stop narcotic pain medication.
3. If you have not had a bowel movement within two days after surgery, start Miralax (polyethylene glycol), one tablespoon. Take one to three doses a day until your bowels move. You may add milk of magnesia if you are still unable to move your bowels. Call the office for further instructions if you are still unable to move your bowels.
4. Eat three meals per day as tolerated and drink plenty of water (at least 1 liter per day). Increase fiber slowly to 20 – 25 grams per day and/or take a fiber supplement such as Metamucil, Citrucel or Benefiber (or a generic equivalent) once or twice a day as directed.
5. If you are unable to urinate after 8 hours or experience extreme difficulty with urination call the office. If you have redness in your wounds, purulence (pus), or experience a temperature greater than 101.0 degrees call the office.
6. Symptoms such as mild bleeding, drainage, swelling, burning, itching, and pain with bowel movements are common and should not be alarming. If you have excessive bleeding, greater than 1 pad per hour, call the office. Use a dry gauze pad for drainage as needed.
7. You may be up and around the day after the surgery. You may return to work when you feel ready. You may drive a car when you are off prescription pain medicine. You may resume sexual activity at your comfort level.
8. You may have a packing in the anal opening. This will fall out with your first bowel movement. If it falls out earlier, that is OK.

Only the boxes that are checked apply to your surgery

- Take a “sitz bath” tonight, soaking the anorectal area in plain warm water, for 15-20 minutes, three to four times per day and as needed.
- Take a shower tomorrow, do not soak or submerge your wound for 1 week.
- Remove anal packing in the bath tub the morning following surgery. Grab the end of the packing and gently pull. If it falls out earlier, this is not a problem.
- Pack the wound with moist gauze as directed.
- If you have a seton**, pull seton back and forth one time per day to keep fistula tract draining
- If you have a drain**, return to the office in 1 week for drain removal
- No heavy lifting over 15 pounds for weeks.

If you are taking Norco, Vicodin, Lortab, or Percocet, do not take more than 8 tablets a day. Don't supplement these medications with Tylenol.

Prescriptions for narcotic pain medication can no longer be called in over the phone; a written prescription must be picked up in the office with a photo ID. Please make plans accordingly when you run low on medicine. Our office is open Monday – Friday from 8a.m. to 4p.m.

If you have any questions, concerns or to schedule your follow-up appointment please contact the office at (865)305-5335.

You will need a follow-up appointment in weeks. Please call the office at (865)305-5335 to schedule an appointment.

*****PLEASE READ PRIOR TO CALLING NURSE OR PHYSICIAN*****

ANORECTAL SURGERY POST-OP CARE INSTRUCTIONS - DETAILED

SOME ANORECTAL OPERATIONS ARE PAINFUL. In order to minimize your discomfort and maximize the rate at which you heal, the following instruction sheet has been prepared. Please read it through as it will help answer many questions you might have. **Any other instructions given to you at the hospital should not override these instructions.** If you have read these instructions pre-operatively and have questions, please call and get your answers before surgery.

ACTIVITY:

Go home and rest. Moderate activity is allowed, but no heavy lifting, straining, stooping or squatting. Sitting for long periods of time is not advised this includes riding in an automobile for long trips. **DO NOT** use a rubber ring for sitting or resting; use a pillow or soft cushion instead. Increase activity and stop above restrictions as pain and discomfort diminish. Healing rates vary from patient to patient and are also dependent on the extent of the procedure. Return to work or full activity when able to do so without significant pain. Depending on the type of operation you had it may be 3 to 7 days (i.e. fissure surgery, PPH [stapled hemorrhoidectomy]) or 3 to 6 weeks (i.e. standard hemorrhoidectomy, complex fistulotomy or sphincteroplasty). Fever and chills in the first 24 hrs. after general anesthesia is normal.

DIET:

Follow our high fiber diet. Drink at least 6 glasses of water or non-caffeinated beverages daily. **DO NOT** drink alcoholic beverages while taking pain medications. A high fiber diet and bulking agents like Metamucil, Konsyl or one of the high fiber cereals recommended will help avoid constipation and allow healing without stricture or increase scarring. Not eating or staying on a liquid diet will produce small hard bowel movements, which will cause problems, and more pain than is usually seen with large bulky soft movements. Please take 4 tablespoons a day of Konsyl, or Sugar-Free Metamucil or Benefiber per day for at least 6 weeks after surgery. If you are using the cereal instead (Bran Buds) it must be at least 1/2 cup per day. Please **DO NOT TAKE FIBER PILLS (LIKE FIBERCON) IN PLACE OF THE ABOVE FIBER POWDER SUPPLEMENTS OR BRAN BUDS CEREAL.**

MEDICATIONS:

Take your medication as prescribed. Remember that narcotic pain medications like Percocet (oxycodone)/Lortab (hydrocodone) are constipating, so do not take them if you don't need them. Pain medication is used to take the edge off the major pain during the first few post-op days, not to totally remove all discomfort. Too much narcotic pain medication is the main cause of post-op constipation. Refills on prescriptions will be handled ONLY through the office on weekdays between 8:00 a.m. and 4:00 p.m. when the patient's chart is available. **REFILLS CAN NO LONGER BE PHONED IN.** Please try taking non-constipating, non-narcotic over-the-counter medicines like Tylenol, Motrin or Advil to control post-op pain before using excessive narcotics or calling for a refill. Metronidazole, an antibiotic may also be prescribed to minimize inflammation and pain, not for infection. None of the above medications must be taken to heal. If they cause you problems like nausea or vomiting or concerns about allergic reactions, just stop taking them. Drinking alcohol with Metronidazole will cause vomiting. You may be given a topical cream which includes an antibiotic to help with inflammation. Please take as directed.

PAIN:

Immediately after surgery, apply an ice bag to the rectal area and continue using it until you begin your sitz baths or showers. Take your pain medication as needed, but only for significant pain in order to avoid constipation, which will cause more discomfort. Following a conventional hemorrhoidectomy the worst pain is on days 2 to 8. By day 9-15 pain should start becoming moderate. At the end of two weeks the worst should be over if you followed my instructions "to the letter". Total recovery may take another 1 to 3 weeks for a total of 3 to 6 weeks.

SITZ BATHS:

Starting the evening of surgery, sit in your bathtub with warm soapy water (Sitz bath). Continue this only as long as you feel they help. Repeat the sitz baths 2 to 3 times a day as desired for only 10 to 15 minutes each time. You may use a hand held shower at home if you have one. Strong shower pressure will work better for pilonidal cyst surgery. **DO NOT** stay in the sitz bath or shower greater than 15 minutes each time as this may cause stitches to break too early.

Certain reconstructions, anal flaps and sphincter repairs should not sit in the bathtub and should only shower for brief periods of time [no longer than 2-3 minutes 1 to 2 times a day as desired]. Too much water will cause sutures to break early. These patients **should not** use a sitz bath.

DRESSINGS & PERIANAL SKIN CARE:

Apply a small amount of the ***moisture barrier ointment*** (Calmoseptine, Desitin, etc.) ***inside*** the anus and around the ***outside*** with a finger after each sitz bath or shower and after each bowel movement. Start the evening of surgery. These ointments will help protect the operative site skin and help with itching and burning from temporary seepage, which is a normal part of healing. You may also be given a prescription cream to apply the evening of surgery as well. Please take as directed. Kleenex Cottonelle wipes may be used after toilet paper as needed for anal comfort and hygiene. **Do not try to wash or scrub off barrier protection ointment during showers or bathing.** You may also use a 4x4 gauze dressing or cotton ball on open wounds to further prevent itching and irritation of perianal skin from any drainage. Use loose cotton underwear; not tape to hold cotton ball or gauze dressing in place. Large dressings or pads can be used to protect clothing or underwear but **should not** replace 4x4 gauze or cotton ball placed within an open perianal wound. Use 1% Dibucaine (Nupercainal) **only** as needed for pain or itching. **Dibucaine is not a protective ointment, use only as needed.**

You may have some packing that falls out after surgery. This is normal.

BOWEL MOVEMENTS:

DO NOT BECOME CONSTIPATED. Take Docusate 100 mg twice per day after surgery and stop if you are having loose bowel movements. If you have not had a bowel movement by the second day, take 17 g (one capful) of Miralax daily until your first bowel movement. If you are still unable to have a bowel movement, take 30 ml of Milk of Magnesia in the morning and at bedtime. If this fails by the morning of the fourth day after surgery, call our office. If your bowel movements become loose after initially being formed and bulky at any time during the first two weeks, give yourself an enema. The loose stools may be caused by a fecal impaction. If you do not have an impaction which will be obvious on insertion of the enema tip, but are still having loose stools, then decrease your Metamucil, Konsyl or cereal dose. Please continue to take a high fiber diet and your sugar-free Metamucil or Konsyl at a lower dose for 6 weeks in order to avoid an anal stricture from too much scarring around small scanty tools. It is not uncommon (20-30%) to have minor bowel leakage (soiling) after anorectal surgery. The leakage resolves after all the healing has finished in 6-8 weeks (see Skin Care above).

URINATION:

It is not uncommon to have difficulty completely emptying your bladder after surgery. If this happens after you get home, try to encourage urination by sitting in a warm tub or standing in a warm shower. If you are still unable to empty your bladder and become painfully distended, you will need a Foley catheter. In this case you will need to go to U.T. ER or the closest Emergency Room to have them insert the catheter into your bladder. This Foley catheter will stay in 4 to 7 days. The ER will instruct you on how to remove the catheter at home. Have the non U.T. ER call my office if they need orders for the foley catheter.

BLEEDING:

Minimal, occasional bleeding with bowel movements for 6 to 8 weeks after surgery is common. If bleeding increases significantly, or if you notice bowel movements consisting only of clots and/or bleeding that does not stop, call our office or go to the Emergency Room. After PPH on day 7-14, you may experience one large episode of bleeding as the staples start to come out. This usually happens only one time and should never last more than 24 hours.

STITCHES/SWELLING:

You may have some stitches after surgery. These will dissolve on their own. Do not be alarmed by the swelling of the skin tags you may have around the anus. These are not hemorrhoids, but simply a response of the skin to the stitches and/or surgery you have had. The swelling will decrease daily. Sitz baths will help speed this process. Stitches may break apart, do not become alarmed. Healing will still proceed normally. Swollen skin tags will get smaller in time. Skin tags are the price one pays to avoid an anal stricture from removing too much perianal skin during a conventional hemorrhoidectomy. This is rarely a problem with the PPH. Any remaining bothersome skin tags can be easily removed at a later date once all healing is complete (approximately 6-12 months).

BE SURE TO KEEP YOUR FOLLOW-UP APPOINTMENT IN OUR OFFICE. IF AN APPOINTMENT WAS NOT MADE FOR YOU, PLEASE CALL THE OFFICE THE NEXT BUSINESS DAY AND MAKE AN APPOINTMENT TO BE SEEN IN 3 TO 4 WEEKS OR SOONER IF INSTRUCTED IN POST-OP ORDER.

Some common potential complications following anorectal surgery are in order of most frequent to least:

- 1) Urinary retention (10-30%)
- 2) Swollen skin tags after conventional hemorrhoidectomy (6%), not with PPH
- 3) Fecal Impaction (avoidable- 1%)
- 4) Anal stricture/stenosis (avoidable and may eventually need dilatation under anesthesia- 1%)
- 5) Significant bleeding (less than 1%)
- 6) Infection (rare and less than 1%)
- 7) Pruritis Ani "Monkey Butt" (avoidable if barrier ointment is used 24/7 as instructed).
- 8) Thrombosed external hemorrhoids after PPH or LIS (less than 1%)

Please ask about these if you have any concerns or questions or for more information call our office at (865) 305-5335. If you leave a message for the nurse before 4:00 p.m., she will return your call that day. Calls made after 4:00 p.m. will be returned on the next business day. If you are calling for a prescription refill, please leave the pharmacy's name and telephone number along with the name of the medication. Dr. Russ/Dr. Casillas or another surgeon covering for them will answer emergency calls after 4:30 p.m. and on weekends. In an emergency try to contact us for advice prior to going to the hospital (unless the problem is chest pain, difficulty breathing or non-stop major bleeding). A telephone call may save you a lot of time, money and discomfort.