

ADRIAN POLGLASE

Professor of Surgery

MB BS (Hons), MS, FRACS, FRCS (Eng), FRCS Ed, FACS

CABRINI MONASH UNIVERSITY DEPARTMENT OF SURGERY

COLORECTAL SURGERY
LAPAROSCOPIC SURGERY
COLONOSCOPY

A. L. POLGLASE PTY. LTD. A.C.N. 062 956 843

Colorectal - Malvern

SUITE 20, CABRINI MEDICAL CENTRE
ISABELLA STREET, MALVERN 3144
TELEPHONE 9509 8233 FACSIMILE: 9509 0812
PROVIDER NO 216484K
AFTER HOURS: HOME 9824 7525
CALL SERVICE: 9387 1000

EMAIL: alp@colorectalmalvern.com.au
WEBSITE: www.colorectalmalvern.com.au
www.colonoscopymalvern.com.au
www.laparoscopymalvern.com.au

IMPORTANT INFORMATION ABOUT YOUR OPERATION.

PRE-OPERATIVE:

- Admission:** The day of operation or one to two days before.
- Investigations:** Some tests may be necessary and may include a chest x-ray, blood tests and electrocardiography.
- Preparation:** If the operation is related to the bowel, it may be necessary to ensure the bowel is empty at the time of operation and therefore you may be given an aperient liquid to drink the day before which results in diarrhoea.
- Physiotherapy:** Certain operations predispose to chest problems which can be prevented by chest physiotherapy, and this treatment is therefore considered as an integral part of the pre and post-operative management.
- Nebulizer:** A nebulizer (air humidifying mask) may be used to assist your breathing in both the pre and post-operative period if necessary.
- Anaesthetist:** The specialist anaesthetist will visit you pre-operatively to discuss the anaesthetic, to examine you and to order the pre-medication.
- Physician:** In some circumstances a pre-operative visit by a specialist physician may also be necessary.

POST-OPERATIVE:

- High Dependency Nursing:** For the first 24 hours on returning from the operating theatre, you may be cared for in the High Dependency Nursing Unit. This is a unit where there is constant specialized nursing supervision. Sometimes patients require post operative admission to the Intensive Care Unit.
- Intravenous Drip:** A drip will be inserted in the operating theatre and will remain for 3-5 days, or as necessary until the intestine begins to function normally. This stage is often recognized by hearing "wind noises" in the abdomen or the passing of gas from the rectum.
- Pain Relieving Drugs:** These may be administered by injection or through the intravenous drip or through a tiny catheter (thin plastic tube) inserted into the lower back for the first 2-3 days or as necessary. Oral medication will be substituted when discomfort has diminished.
- Anti-clotting Drugs:** A small almost painless injection blood thinning medication may be given just under the skin of the thigh and be administered to prevent blood clots (thrombosis) developing in the legs.

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Word on Poweredge (W): information sheets/bowel surgery information/important information about your operation

- Urinary Catheter:** In the operating theatre a urinary catheter (a small diameter rubber tube) may be inserted into the bladder and remain in place for 3-4 days so urine volume can be measured.
- Drainage Tubes:** Small rubber or plastic tubes are sometimes placed in or beside wounds for drainage purposes and should not be a cause for concern. These are usually painlessly removed within a few days of operation.
- Pathology:** In most cases pathology specimens are taken in the operating theatre and sent to the pathologist for analysis. It may take several days for the results to be available.
- Mobility:** You will be helped to sit out of bed after 24 hours or so, then to commence to walk for short but increasing distances as you become more comfortable.
- Diet:** You will be able to suck pieces of ice from a few hours post-operatively. When the bowels begin to function, other liquids are permitted and then a light diet as tolerated.
- Skin Stitches or Staples:** These will be taken out within a week or ten days post operatively, and small paper steristrips are substituted to support the wound.
- Visitors:** Immediate family initially, and usually it is necessary to adhere to specified visiting hours.
- Discharge:** Generally not before 7-10 days but may earlier depending on the nature of your operation. Any home assistance, such as the District Nurse, Council Home Help, Meals on Wheels or as deemed necessary, will be organized by Cabrini Home Care before you leave. A follow up appointment will generally be arranged by ward staff.
- Queries:** My office staff, as well as the ward staff, will be happy to discuss any queries you or your family may have.