HEALTH SHEET

Taking care of yourself after a rectal resection

CHUM

You've had part or all of your rectum removed (resection). This fact sheet explains what to do after the operation for a good recovery.

How long does it take to recover?

You've just had a rectal resection. See the health fact sheet ***Rectal resection - Preparing for the operation***. In general, it takes 4 to 6 weeks for you to make a full recovery.

Is it normal for my stools to be different?

Yes. After the operation, you'll have:

- softer and more frequent stools (3 to 4 times a day)
- more frequent bowel movements (fragmented stools)
- more urgent needs
- small leakages

These problems will clear up gradually. If they continue after 6 weeks, talk to your care team.

Is it normal to feel tired?

Yes, this is normal after an operation. Your energy will return gradually.

Here are some tips:

Voici quelques conseils :

- Take **short** naps during the day, as needed
- Take a rest break after any tiring activity

I feel pain. Is that normal?

Yes, the pain may last for several weeks after your surgery, but it should gradually decrease. **Take action as soon as you feel pain.** Take the pain medications that your doctor has prescribed for you.

These medications can make you constipated. Talk to your health care team about this. After a few days, an over-the-counter pain reliever, such as acetaminophen (Tylenol), may be enough.

Despite the pain, it's important to keep moving. This will help to relieve pain, regain strength, and avoid problems.

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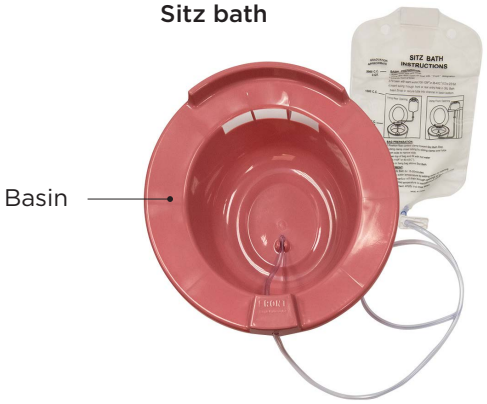
What care should I take if my entire rectum has been removed?

To avoid irritation, after each bowel movement:

- Wet a soft washcloth (not a disposable towel) and gently blot your anus. Don't rub.
- Apply a cream (such as Critic-Aid) to protect the skin around the anus for as long as you have 5 bowel movements a day.

It's also recommended to take a sitz bath 2 to 3 times a day.

Sitz bath



You should:

1. Fill the basin of the sitz bath with lukewarm water.
2. Fill the bag provided with the sitz bath with warm water and position it high up.
3. Place the basin on the toilet bowl and sit on it.
4. Open the clamp on the tube coming out of the bag. The water will flow into the basin and make a stream of water. This lasts about 15 minutes.

You can use a telephone showerhead instead of the sitz bath, as long as the water flow is kept low.

You should not insert anything into your anus (suppositories, thermometer, enemas, etc.) without your doctor's approval.

Are there other precautions to take?

INCISIONS AND DRESSINGS

- If your lower abdominal incision is closed and not leaking at all, leave it exposed to the air with no dressing.
- If there is still some discharge, or if one of your incisions is open and requires dressings, a request will be made for a CLSC nurse to provide care when you go home.

Your incisions may be closed in different ways:

- **Strips.** These will gradually come unstuck by themselves. Remove any remaining ones after 10 days.
- **Glue.** This will gradually dissolve. Don't scrape it off.
- **Staples (pins) and non-dissolving stitches.** These will be removed by the CLSC nurse or by your surgeon at your follow-up appointment.

OSTOMY

Sometimes, during the operation, an opening is made in your abdomen to connect to your intestine (ileostomy). A bag is then attached to the opening to collect your stool. If this is your case, a ostomy nurse will give you the necessary documents and materials.

A request for service 24 hours a day, 7 days a week is made to your CLSC so that a nurse can help you if necessary.

HYGIENE

You may shower if your incisions are closed and you have no drain. Showering is allowed with an ostomy.

To wash your incisions, run water over them without directing the stream directly at them. To dry them, blot with a towel without rubbing. Don't put soap or cream on your incisions.

BATH

You can take a bath only after the incision is completely healed.

ACTIVITIES

You can start right away to:

- take walks outdoors
- go up and down stairs
- do light housekeeping (dishes, dusting, mopping, etc.)

For 6 to 8 weeks, you should avoid:

- making any brusque movements, such as forcefully closing a car door, shaking out a rug or playing golf.
- lifting heavy weights, such as bags of groceries, children or laundry detergent containers.
- pulling heavy objects, like vacuum cleaner or children in a sled.
- pushing heavy objects, such as a lawnmower, a stroller or furniture.

SEXUAL ACTIVITY

Wait at least 2 to 3 weeks before resuming sexual activity. After that, do it when you feel ready. Adapt your sexual activities to your physical condition and the sensitivity of your incisions.

Talk it over with your doctor. A sex therapist is also available to help you.

DRIVING

You can't drive as long as:

- you're taking very strong pain medication (e.g. Dilaudid, Statex)
- your mobility isn't yet back to normal

Talk it over with your doctor.

EATING

Follow your doctor's advice. If you didn't receive any, you can eat as usual when you get home.

It's normal for your appetite to decrease after surgery. Here are some tips:

- Eat healthy and well-balanced meals.
- Eat 3 meals a day and snacks between meals.
- To help your incisions heal, eat a diet **rich in protein:** lean meats, poultry, fish, tofu, legumes, eggs, dairy products. See the health fact sheet ***Eating a Protein-Rich, Energy-Dense Diet***.
- Drink **6 to 8 glasses of liquid** a day to prevent dehydration.

If you have an ileostomy, follow the advice of the nutritionist you saw at the hospital.

Following this advice will help to:

- avoid dehydration
- prevent blockages in the digestive tract
- reduce the number of stools and improve their consistency

Avoid high-fibre foods (e.g., brown bread, brown rice, bran cereal) for 3 to 4 weeks. Then, depending on your tolerance, you can start eating them again gradually.

ALCOHOL

Don't drink alcohol if you're taking narcotic painkillers or antibiotics. Talk to your doctor or pharmacist if you have any questions.

Will I have any follow-up after my operation?

You'll see your surgeon and, if needed, the ostomy nurse. Make sure the appointments are scheduled before you leave the hospital.

It's normal to have a lot of emotions following a rectal resection. Don't hesitate to ask your healthcare team for a referral to psychological support services.

What signs should I watch for?

Call a nurse at the CHUM Patient Health Line, at **514-890-8086**, if you have:

- Signs of infection at the incision (pain, redness, heat, swelling, yellowish or greenish discharge)
- A fever higher than 38°C (100.4°F) for more than 24 hours

- Pain that is increasing and not relieved by painkillers
- No bowel movements for several days with nausea, vomiting, and abdominal swelling
- Watery, excessive stools with less urination
- Unusual pain or swelling in a leg (possible sign of a blood clot)

This service is available 7 days a week, 24 hours a day. When calling, be sure to have your health insurance (RAMQ) card on hand.

Who can I call for help or to ask questions?

You can call the CLSC if you're being followed by them. For any questions related to your rectal resection, you can call the CHUM Patient Health Line.

514 890-8086

USEFUL RESOURCES

L'Association québécoise des personnes stomisées (AQPS) (French only):
aqps.org

Colorectal Cancer Canada:
colorectalcancercanada.com

Canadian Cancer Society:
cancer.ca
Click on Cancer information → Cancer types → Colorectal

Quebec Cancer Foundation:
fqc.qc.ca/en

Other CHUM health fact sheets are available. Ask your care team which fact sheets can help you.

You can also read them online.
chumontreal.qc.ca/fiches-sante

The content of this document in no way replaces the advice of your healthcare professional.

To find out more about the Centre hospitalier de l'Université de Montréal
chumontreal.qc.ca