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## **ANAL AND RECTAL SURGERY POST-OP INSTRUCTIONS**

FISTULOTOMY, FISSURECTOMY, SPHINCTEROTOMY, HEMORRHOIDECTOMY, ANAL WART REMOVAL, ANAL BIOPSY, ANAL DILATION, ANAL SETON REMOVAL, RECTAL BIOPSY, RECTAL PROLAPSE, RECTAL MASS REMOVAL, ANAL CANCER REMOVAL, ANAL SKIN TAG REMOVAL, LASER ABLATION OF HPV OR AIN OR CIS

### **WHEN YOU RETURN HOME FROM SURGERY**

- **Diet:**
  - Consume only liquids or light food (soups, jello) if your stomach feels OK
- **Pain:**
  - The local numbing injection given in surgery will last approximately 2-4 hours. You have also been given prescriptions to help with pain and swelling.
  - Ice the area for the first 4-6 hours after surgery to reduce pain, swelling and bleeding. We recommend either a bag of frozen peas or an individual wrapped and frozen hot dog. DO NOT insert the hot dog; just lay it on the anal area.
  - Toradol (Ketorolac) 15mg #12. Take one pill every 6 hours until they are gone. These pills are for pain and swelling, you should take them even if you don't have pain to help with the swelling. If you have diabetes, kidney disease, or are taking Lisinopril or are allergic to non-steroidal anti-inflammatories (NSAIDS) you will not be given this medication.
  - Percocet (Oxycodone/Acetaminophen) 5/500mg #28. Take 1-2 tablets every 4-6 as needed. DO NOT wait until the pain is severe before taking this medication. Take this medication with food to avoid nausea. Do not drink alcoholic beverages or drive while taking this medication. Because narcotics can cause constipation you should only use this medication if you have pain that is not relieved with Toradol, ice, and baths. If you have a pain doctor they will need to provide you the narcotic or if you are allergic to narcotics you will not be given this medication.
  - Lidocaine-Prilocaine 2.5%-2.5% topical cream. Use if the pain is severe and not well controlled with the other medications. Apply around the anus or near the incision up to 4 times a day.
- **Dressing/Wound Care:**
  - Keep the dressing that was placed on the wound in surgery on for the first 4 to 6 hours while you ice the area (see instructions above on ice). After this you may remove the dressing.
  - Do not keep removing the dressing if bloody as this just removes the clot and prevents the area from stopping the bleeding and drainage which can last up to 3 months after the procedure.
  - Use a mini pad, light day pad, or gauze on the area to keep it dry.
  - Keep the area of the surgery completely dry. Moisture and wetness will slow your recovery. If you don't have to stool don't force yourself to stool. Ideally avoid stooling the day of your surgery.

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- If you need to stool you must remove the dressing. To clean after stooling you may wash the area with a shower head, as this is the best way to clean. If you are having pain after stooling or pain that will not go away despite the pain medication try local dry heat and ice alternately.
- Only as a last resort for pain: Once the dressing or pad remains dry or only has a few spots of blood you may begin to take a 5 to 10 minute warm bath or sitz bath every 4 hours during the first 24 to 48 hours after surgery. This will help decrease the pain. Keep the baths short; soaking for more than 10 minutes can increase the chance of infection. If you have little or no pain do the warm baths only after stooling to keep the area clean. Remember moisture and wetness slow your recovery.
- Keep the anus clean and dry, you may use a warm flow hair dryer for total drying.
- **Elimination:**
  - It is important that you urinate (stooling is not a requirement) the evening of the day of surgery. DO NOT wait until your bladder feels uncomfortably full. If you cannot urinate normally, try to do so in the shower or bath tub. This will not hurt the wounds. DO NOT overhydrate yourself trying to urinate, drink only your usual amount of liquids.

**WHEN TO SEEK TREATMENT**

If you experience any of the symptoms below, call the doctor or nurse so we can determine if you will require additional treatment. If you are unable to reach either the doctor or nurse go to the nearest emergency room for evaluation.

- If you have more than a cup of clotted blood from your rectum at any time
- If you have not urinated within 6 hours of your procedure, even after trying the methods above.
- If your pain is increasing and not responding to treatment.
- If you are having fevers, chills or sweats.

**DAYS FOLLOWING SURGERY**

- **Diet:**
  - Eat a regular diet as tolerated. Remember to eat plenty of fiber (oatmeal, fresh fruits and vegetables). This will help give your stool bulk and prevent diarrhea. Diarrhea and thin stools can be as bad or worse than hard stool.
  - Drink plenty of water, at least 6 to 8 glasses a day (unless you have been specifically instructed to limit fluids by a physician).

- **Pain:**
  - Continue to use ice and warm baths for 5 to 10 minutes at a time.
  - Take your medication as prescribed. If you are out of Toradol use Ibuprofen and try not to take the narcotic Percocet as it causes constipation and nausea.
- **Dressing/Wound Care:**
  - Some bloody discharge is normal for 2 weeks to 3 months; continue to use the light day pads.
  - Keep the area clean and dry, gently pat to clean or apply medications, and do not rub.
  - There will be some irregularities in the skin tissue around the area of surgery, this is swelling not hemorrhoids and will resolve within 6 weeks to 3 months.
- **Elimination:**
  - You may experience some difficulty urinating, this is not unusual. Sit in a warm tub and run warm water over the palms of your hands. If the difficulty persists call the office.
  - Take one teaspoon of mineral oil in juice every evening until your follow-up visit.
  - On the day after surgery start taking Metamucil, Konsyl or an equivalent bulk stool softener. Take one tablespoon twice a day in the morning and evening. If you have had a large bowl of oatmeal you do not need to take the Metamucil or Konsyl.
  - DO NOT begin taking laxatives after surgery. If you have not stoolled for 3-5 days consider taking a stool softener, but you do not want to have diarrhea or soft stools as this will make the pain worse.
  - If your stools are too hard, you may substitute a 240 mg capsule of Surfak stool softener for one of the doses of Metamucil and increase your fluid intake.
  - If you do not move your bowels in 3 to 5 days, take Milk of Magnesia. It takes 24 hours to work. If this is not successful take 2 or 3 tablets of Senokot at bedtime. If you go another 2 days without a bowel movement, or feel as though you need to have a bowel movement, you may use a plain Fleet enema.
  - The narcotic pain medication (Codeine, Vicodin, Percocet) can cause constipation. If you are taking the narcotic pain medication regularly, take Senekot-S twice a day in the morning and evening along with the stool softeners to avoid constipation.
  - If you are having diarrhea add more fiber to your diet or take Pepto-Bismol or Kaopectate. Thickening agents such as apple sauce and bananas are also helpful.



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**GENERAL INSTRUCTIONS:**

- Call the office and schedule a post-operative appointment for 1 to 2 weeks after your surgery.
- You will be called with any abnormal pathology results. Normal results will be discussed at your post-operative visit.
- Other than the pain medications, all of the medications listed in these instructions are available at your local drug store without a prescription.
- DO NOT DRIVE if you are taking the narcotic pain medications.
- DO NOT MIX alcohol or other medications with the narcotic pain medicines.
- If you have any questions or concerns do not hesitate to call the office at **602-253-4271**.

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