



Comprehensive Recovery Pathway for Lower Intestinal Surgery

Cooperman Barnabas
Medical Center

RWJBarnabas
HEALTH

Welcome

Welcome to the Comprehensive Recovery Pathway for lower intestinal surgery. The Comprehensive Recovery Pathway for lower intestinal surgery was designed to empower our patients and their family members on their path to a quick recovery and optimal outcome after intestinal surgery. We are honored that you have chosen our physicians and our program to facilitate your treatment plan.

The physicians, nurses, rehabilitation staff, and administration of Cooperman Barnabas Medical Center have worked together to assemble a multi-disciplinary team of specialists to create the Comprehensive Recovery Pathway for lower intestinal surgery. The Comprehensive Recovery Pathway for lower intestinal surgery is more than a specialized surgical program within Cooperman Barnabas Medical Center; it is also a comprehensive patient-centered care model for the surgical treatment of intestinal ailments. What separates the Comprehensive Recovery Pathway for lower intestinal surgery from other programs is how we prepare and guide our patients and their families through the entire process of treatment from:

- Preparation for surgery
- Specialized post-operative care
- Preparation for after hospital care/discharge

We know for most patients that coming to the medical center for surgery can be an anxiety ridden process. The Comprehensive Recovery Pathway for lower intestinal surgery is designed to address each patient's fear and concerns about his/her surgical treatment and empowers each patient with information and support in order to have the best possible outcome.

Thank you again for choosing the Comprehensive Recovery Pathway for lower intestinal surgery at Cooperman Barnabas Medical Center. It is our hope to deliver the best care for our patients and their family members during all phases of treatment for your intestinal condition. Our goal is to support you and your family through your treatment so that you can recover quickly and get back to the activities that you love.

What's Inside?

Preoperative Care	3
Hospital Care	5
Postoperative Care	11
Appendix A	13
Appendix B	17

Preoperative Care

Schedule Preadmission Testing

All patients who undergo surgery must go through a series of tests that determine a patient's readiness for surgery from a medical standpoint. You will be scheduled for these tests by your surgeon or his/her office staff. The basic set of preadmission tests includes:

- Fasting blood work (2 hour fast)
- Electrocardiogram (EKG)
- Chest X-ray

Your surgeon or primary care physician may require further testing due to any chronic medical conditions that you currently have. Please check with your surgeon or your primary care physician if you need further preadmission testing.

Preadmission testing will be completed at Cooperman Barnabas Medical Center's Preadmission Testing Area in the Cooperman Family Pavilion on the 1st floor. Appointments are available by calling 973-322-8883. Please bring any prescriptions that were given to you by your surgeon or primary care physician and give them to the staff in preadmission testing upon your arrival.

Your preadmission testing should be completed within 30 days of your surgery date. Any testing that is completed before 30 days of your surgery cannot be accepted.

Preoperative Education

Prior to your surgery you will be contacted by the Comprehensive Pathway Recovery Coordinator about your Lower Intestinal Surgery Preoperative Education. This preoperative education class can be viewed online at, rwjbh.org/cbmccrp, or take picture on your smartphone of QR code below. Many topics will be discussed including:

- How to prepare for surgery
- What to do the morning of surgery
- Agenda for your hospital stay
- Pain management options
- Information on discharge options after you leave the hospital
- A question and answer session



It has been proven in medical literature that a prepared and educated surgical patient has a better outcome than one without any preparation. We have found this to be true in our own experience.

Please call the Comprehensive Pathway Recovery Coordinator if you have any questions:

Jen Stein at 973-322-9845

Day Before Surgery

Preparation

Facing surgery can be a frightening experience filled with questions, doubts and uncertainties. However, most surgeries are elective, meaning that you decide if surgery is the best option for you and you elect to have the procedure. This decision process often gives you needed time to prepare, which is an important step.

Preparing Emotionally

Surgery also has an emotional impact. Regardless of what kind of surgery you are having, stress is involved. Hormones released in response to stress can cause symptoms ranging from headaches to high blood pressure. Stress hormones can also weaken the immune system and disrupt the body's ability to manage pain and infection. Some experts advocate preparing for surgery through a series of relaxation techniques such as deep breathing, positive thinking and visualization-imaging or mentally seeing. Doing so can lead to improved outcomes and a quick recovery period from surgery.

Preparing Physically

While emotional preparation is necessary and often-overlooked, the physical preparation for surgery is also important for a successful surgical outcome. In the weeks before your surgery, you should: Stop smoking and avoid excessive alcohol. Consume a well-balanced diet including plenty of foods rich in protein and vitamin C, which promotes tissue and wound healing. Exercise regularly to build energy and maintain strength. Ready your home, preparing food and rearranging furniture as needed. Arrange for help at home after discharge.

When will I find out what time to report for surgery?

On the day before you are scheduled for surgery, you will receive a call from the Same Day Surgery Center. Calls will begin at 9 am and will continue until 9 pm Monday through Friday.

If your surgery is scheduled on a Monday you could receive a call on Friday. During this call, the Surgery Center staff member will give you the time of your surgery as well as the time to report to Cooperman Barnabas Medical Center so that the staff can prepare you for surgery.

All calls will be made to your home phone number. On the occasion that you can only be reached at an alternate number, please inform the Comprehensive Recovery Pathway Coordinator of the alternative number. If you are not at home when the staff member calls, they will leave a message. The number to call them back for your time of surgery is 973-322-5130. Please do not call the Surgery Center prior to the day before your surgery regarding your time for surgery as the staff will not have accurate information until 4pm on the day before your surgery.

Night Before Surgery

It is important the night before surgery that you eat a healthy balanced meal, unless otherwise directed by your physician. Solid food can be eaten up to 6 hours before surgery and clear fluids can be consumed up to 2 prior to surgery.

Morning of Surgery

The morning of surgery you can take a shower and you can brush your teeth. After you have prepped your skin, please do not apply any skin creams, lotions, or deodorant. Applying these products to the skin after it has been

prepped will only contaminate the skin. Also wear freshly laundered clothes after prepping your skin. Wearing soiled clothes from the day before will contaminate your skin. Lastly, it is important that you not wear any make-up to the hospital. You can wear nail polish on your finger nails and toe nails if you wish, but please remove any nail tips.

It is important that you check with your physician as to which medications you can take the day of surgery. If there are medications that your physician would like you to take the day of surgery, you can take them with water.

Please remember that you can drink clear liquids up to 2 hours before your procedure. Clear liquids include:

- Water
- Fruit juices without pulp
- Carbonated beverages
- Clear tea
- Black coffee

It is important to stay hydrated before your surgery as it will quicken your return to normal bowel function after surgery.

Ensure[®] Preoperative Beverage

Our anesthesiologists suggest that each patient undergoing lower intestinal surgery drink one bottle of Ensure[®] Preoperative Beverage the night before surgery and one bottle 2 hours prior to their surgery. This high carbohydrate drink with help curb thirst and hunger and keep you comfortable in the hours leading to surgery. You will be supplied with two bottles of Ensure[®] at your pre-admission testing appointment.

Please bring the following to the medical center:

- Your Guidebook
- A copy of your Living Will or Advanced Directives
- Your driver's license, insurance card, prescription drug plan card, and any co-payment required by your particular insurance plan
- Loose fitting clothing (enough for 3 days) /comfortable walking shoes
- Personal toiletries
- Cell Phone/laptops/tablets
- Chewing gum (at least 15 pieces)

** Please do not bring valuables, jewelry or large amounts of cash to the hospital.*

Hospital Care



Arriving to the Hospital

Please arrive to the hospital at the time specified by the Surgery Center staff. In most cases you will be asked to arrive to the hospital two hours before your surgery is to take place. It is important to arrive on time for your surgery. If you do not report on time, your surgery can be delayed or in some cases postponed.

When arriving to the medical center, please park in the medical center's Visitor Parking. For your convenience, your family member could drop you off at the main entrance to the medical center. Once you are at the main entrance to the medical center, you can proceed to the Information Desk. Please let a staff member know that you are at the medical center for surgery and the staff member will direct you to the registration desk.

Registration

When you arrive at the registration desk, you will be greeted by a staff member and asked to complete some registration information. Please have your photo identification and insurance cards ready for verification. You will then receive a patient identification bracelet and be directed to the Surgery Center welcome desk.

Surgery Center

The Surgery Center is the location where you will be prepared for surgery. A nurse from the Surgery Center will come and get you and take you to the Surgery Center. When you arrive to the Surgery Center, you will be assigned a bed and a nurse who will get you ready for surgery. Getting changed into a hospital gown, having an IV placed in your arm, and reviewing an informed consent are few of the things that will be completed while you are in the Surgery Center. If your surgeon would like to see you while you are being prepped for surgery, he/she could certainly see you there.

OR Holding

Once your nurse is satisfied that you have been prepped for surgery and the operating room staff is ready for your surgery, you will then be transported to a staging area in the operating room called OR Holding. OR Holding is on the same floor as the Surgery Center. OR Holding is the final place where you will go before you are transported into the OR suite where your procedure will take place. Once it is time for you to be transported into the OR, your family member will be asked to wait for you during your procedure in the waiting area.

PACU / Recovery

The Post Anesthesia Care Unit (PACU) or Recovery Room is where you will be transported after your surgery has been completed. In the PACU you will be assigned a bed space and a nurse. Your nurse will be monitoring you very closely as you begin your recovery from surgery and the anesthesia that you were administered during surgery. As the nurse is performing his/her duties, a pain management specialist will come see you to begin the management of your pain/discomfort. Please do not hesitate when rating your level of pain or discomfort to the pain management specialist. During this time you can also begin chewing gum. Chewing gum after intestinal surgery will help promote the return of normal bowel activity. The simple act of chewing signals to the stomach to begin the production of digestive juices. You will be asked to chew gum 3 times per day for 20 minutes from now until the day that you are discharged.

When the PACU team is satisfied with the progress of your initial recovery after surgery, they will make arrangements for you to be transferred to a surgical nursing unit. In the majority of cases, patients will be transferred after their stay in the PACU to post surgical unit; however a few patients will require further monitoring in a telemetry unit before arriving to post surgical unit. Your surgeon will be able to let you know if he/she suspects that you may need to go to a telemetry unit before arriving to post surgical unit.

Pain Management

It is important to understand that with intestinal surgery just like any surgery that a patient would undergo there will be pain and discomfort. The Comprehensive Recovery Pathway team comprised of your surgeon, anesthesiologists, nurses, and staff is committed to managing the postoperative pain and discomfort in order to ensure a complete and positive recovery from intestinal surgery. With that commitment in mind we have developed a pain management protocol for the Comprehensive Recovery Pathway that will manage your pain so that you can meet the goals that we have set for you for discharge and a smooth transition to home. This next section will describe how we will measure the level of pain your are having and list your options from pain management.

Pain Rating Scale

In order to measure the level of pain that our patients are experiencing after surgery and during the days recovering at the medical center we utilize a pain rating scale. Our pain rating scale begins with the number 2 and goes to the number 10. A rating of 2 would mean that you are experiencing mild discomfort and a rating of 10 on the scale would mean that you are in severe pain. Our team will begin asking you for a pain rating immediately after surgery once you wake up from anesthesia in the PACU, and we will continue to ask you for a rating on a regular basis until you are discharged from our unit. Please be completely honest with our staff when they ask you to give them a pain rating. The last thing that we want is for our patients to “grin and bear it.” We would like to be a proactive as possible with managing your pain please do not wait to see if the pain will get better before letting us know that you are in pain.



Hospital Care *cont.*

Options for Pain Management

You have two options available for pain management after surgery. The options include medications and pain interventional procedure. The medication regimen that we have designed is low in opioids or narcotics in order to reduce the number of side effects that you will encounter as well as help return your bowels to normal function as quickly as possible. The medications that we use are oral acetaminophen (Tylenol®) and intravenous ketorolac (Toradol®). You will be administered these medications on a regular schedule beginning in the PACU. In addition to the medications that you will receive to ease the pain after surgery you may undergo a pain interventional procedure called a TAP block. A TAP block or transversus abdominis plane block is an injection of a local anesthetic in the muscles of your abdomen and it is administered in the PACU after surgery by an anesthesiologist that is a part of our pain team. When the pain team arrives at your bedside to administer the TAP block they will have an ultrasound machine. The ultrasound machine is used to help guide the injection in order to better target the nerves of the abdomen. Once the nerves of the abdomen are located the anesthesiologist will administer an injection of local analgesic medication into the area surrounding the nerves. When the injection is complete you may feel a cooling sensation and then within a few minutes your abdomen will feel numb. The numbness will last up to 12 hours and should lead to you needing less additional medication for your pain.

Pain Management Goal

Our goal in the Comprehensive Recovery Pathway when it comes to pain management is twofold. We want to keep you as comfortable as possible while utilizing little to no opioid or narcotic medication. Achieving this goal will allow you to complete the activities that we have planned for you in order to meet the goals that we have set for discharge from the medical center.

Surgery Day - What to expect

Once you arrive on the unit, you will be placed in your bed space and assigned a nurse. Your nurse is fully trained in the Comprehensive Recovery Pathway for lower intestinal surgery as well as the rest of the staff and they will continue your care. Upon arrival, your nurse will give you an incentive spirometer and instruct you how to use it. It is important that you use the incentive spirometer each day



of your recovery. Your nurse will ask you to perform 10 deep breaths with the incentive spirometer each hour that you are awake during the day. The incentive spirometer is not a breathing treatment or supplemental oxygen but a tool to help you perform some deep breathing exercises. These deep breathing exercises help you expand your lungs and breathe easier after surgery. Without it, you are at risk for pneumonia and a delay in your recovery. Your nurse will also order your diet. It is important to know that your diet after surgery will be a slow progression to solid food. As a part of the Comprehensive Recovery Pathway for lower intestinal surgery protocol your surgeon will order a clear liquid diet on the day of surgery. A clear liquid diet consists of foods like broth, clear juices, and gelatin. Most patients will continue on a clear liquid diet the day after surgery. Solid food will be introduced on postoperative day 2 and continue on postoperative day 3. It is important to note that at some point after your arrival to the unit your nurse will want to assist you out of bed



and into a chair. A high back chair will be placed at your bedside for you to sit in. It is important that you begin to move and sit out of bed after surgery. Getting out of bed with help you feel better and begin returning normal bowel function. It is our goal for you to be out of bed for at least 30 minutes. When you are ready to get back into bed, please call your nurse and he/she will assist you back into bed. Based on what time you arrive to the unit you may be asked to get out of bed one more time during the day. Once you are in bed for the night, please try to get some rest because there will be more physical activity tomorrow.

After Surgery - Day One

In the morning you can expect to be assisted out of bed and into the high back chair. When you are ready to you can also take a shower. Typically, your surgeon will see you in the morning the day after surgery. Your diet will

progress today. You will still be on a clear liquid diet; however a protein supplement drink will be added to your diet. You will receive the protein supplement drink from you nurse twice today. Also you will be asked to chew gum 3 times today for at least 20 minutes each time. It is important to remember to continue use the incentive spirometer (10 efforts every hour that you are awake). It is our goal that you spend at least 180 minutes or 3 hours out of bed. The 180 minutes does not have to be spent in the chair, we encourage you to stand, walk around your hospital room, and in the hallways of the unit. We suggest spreading out your activity throughout the day rather than all at once so you do not get too fatigued. A good tip is to spend time out of bed before and after every meal. When you are ready to get back into bed please ask your nurse or the nurse's aide for assistance.

After Surgery - Day Two

In the morning you can expect to be assisted out of bed and into the high back chair. When you are ready to you can also take a shower if you would like to. Your diet will progress again today with the introduction of solid food. You will be place on a low fiber diet that is specially designed for Comprehensive Recovery Pathway patients. Eating a low fiber diet after intestinal surgery is important because it puts less stress on the bowels as they health and begin normal function. A guide to a low fiber diet is found in Appendix A of this guidebook. You will also continue chewing gum today 3 times for at least 20 minutes each time. It is important to remember to continue use the incentive spirometer (10 efforts every hour that you are awake). Your activity will also increase today. It is our goal that you spend at least 240 minutes or 4 hours out of bed today. Remember that the 240 minutes does not have to be spent in the chair, we encourage you to stand, walk around your hospital room, and in the hallways of the unit. We suggest spreading out your activity throughout the day rather than all at once so you do not get too fatigued. Our suggestion is that you walk 3 times today in the hallway after each meal. When you are ready to get back into bed please ask your nurse or the nurse's aide for assistance.

Hospital Care *cont.*



After Surgery - Day Three to Discharge

In the morning you can expect to be assisted out of bed and into the high back chair. When you are ready to you can also take a shower if you would like to. You will continue on a low fiber diet that is specially designed for Comprehensive Recovery Pathway patients. Remember eating a low fiber diet after intestinal surgery is important because it puts less stress on the bowels as they health and begin normal function. You will also continue chewing gum today 3 times for at least 20 minutes each time. It is important to remember to continue use the incentive spirometer (10 efforts every hour that you are awake). Your activity will increase today. It is our goal that you spend at least 360 minutes or 6 hours out of bed today. Remember that the 360 minutes does not have to be spent in the chair, we encourage you to stand, walk around your hospital room, and in the hallways of the unit. We suggest spreading out your activity throughout the day rather than all at once so you do not get too fatigued. Our suggestion is that you walk 3 times today in the hallway after each meal. When you are ready to get back into bed please ask your nurse or the nurse's aide for assistance. Your surgeon will be in to see you today as the majority of patients on the Comprehensive Recovery Pathway will be discharged on day three.

Discharge Criteria

Patients are discharged from the Comprehensive Recovery Pathway for intestinal surgery after they have met specific criteria. This criteria has been developed by your surgeon, anesthesiologists, and staff in order to ensure your safe transition out of the medical center. Each patient before they leave the medical center will have to have their pain well controlled by oral medication, urinating without difficulty, passing gas or stool, and walking independently. Once this criteria is met then your nurse will recommend to your surgeon that it is time for you to be discharged from the medical center. It is our goal that the majority of our patients meet discharge criteria by postoperative day 3.

If you are going home

If you are going home after your discharge from the hospital, you will need someone that is available to drive you home. You will also receive discharge instructions from your nurse before leaving the hospital. The discharge instructions include information about medications, continuing the low fiber diet, and precautions.

It is important that you plan for a stop to the pharmacy on the way home. Your surgeon will write you prescriptions for medications that he/she would like you to take after leaving the hospital. Included in these prescriptions are prescriptions for pain medications, so it is important to fill them to continue your pain management. For your convenience and the convenience of your recovery coach we have a retail pharmacy on the ground floor of the medical center. If you would like to have your prescriptions filled by our retail pharmacy just tell your nurse. Your nurse will contact the retail pharmacy and your prescriptions will be delivered to you at the bedside before you leave. Our retail pharmacy operates just like your neighborhood pharmacy so please remember to bring your prescription drug plan card if you have one to the medical center.

If you are going to skilled nursing facility, one of our Case Managers will be assigned to coordinate your discharge plan. The Case Manager will come to see you at your bedside to begin the process on postoperative day one after an initial evaluation from the physical therapist. If you would like to go a skilled nursing facility after your hospital stay, let the Case Manager know of your intentions. Please give the Case Manager at least two choices of skilled nursing facilities that you would like to go to once you are discharged from the hospital.

Postoperative Care

Prevention and Recognition of Potential Complications

There are some complications that patients are at risk for following spine surgery. It is important for you to be aware of the signs and symptoms of these conditions so that you can quickly recognize them and seek treatment. If you think that you are experiencing any of the signs and symptoms of these conditions, you should call your doctor and seek treatment immediately. These potential complications include:

- Blood Clots
- Pulmonary Embolus
- Infection
- Pneumonia

Blood Clots

Blood clots or deep vein thrombosis (DVT) is a condition in which a clot forms in the blood vessels of the legs. A clot forms when a patient had been sedentary for a period of time either lying in bed or sitting in a chair. Surgical patients are commonly at risk for blood clots because it can be more challenging to get up and walk after surgery. A blood clot is very painful and needs to be treated immediately in a hospital with intravenous blood thinners. An overwhelming majority of patients in the Comprehensive Recovery Pathway do not experience blood clots due to the fact that you will be expected to get up and walk very quickly after surgery which will move the blood through your legs preventing clotting. However it is still important to be able to recognize the signs and symptoms of a blood clot in order to seek treatment quickly.

Blood Clot - Signs and Symptoms

- Swelling in calf, thigh, or ankle that does not go down with elevation
- Pain or tenderness in calf
- Can be in either leg

Blood Clot - Prevention

- FlowTrons®
- Physical therapy
 1. Ankle pumps
 2. Early ambulation

Pulmonary Embolism

A pulmonary embolism is a serious and potential life threatening condition where a blood clot forms in your legs and travels to your lungs. If you think you have the signs and symptoms of a pulmonary you should call 911 and get to a hospital for treatment.

Pulmonary Embolism - Signs and Symptoms

- Sudden chest pain
- Difficulty or rapid breathing
- Shortness of breath
- Sweating
- Confusion
- Call 911

Pulmonary Embolism - Prevention

- Prevention of a blood clot
- Recognition of a blood clot
- Quick treatment of a blood clot

Infection

Having any surgery performed puts you at risk for surgical site infection however surgical site infection can be prevented. It is important that, after you leave the hospital, you keep your incision clean and dry.

Infection - Signs and Symptoms

- Red incision
- Increase pain or swelling
- Draining of the incision
- Temperature elevation > 101°

Infection - Prevention

Keep your incision clean and dry

Pneumonia

All surgical patients are at risk for pneumonia especially those who spend a long time under anesthesia. Pneumonia is an inflammation of the lungs and can be caused by an infection from bacteria or a virus. Fortunately pneumonia can be prevented by using a device called an incentive spirometer after surgery as well as getting out of bed and walking after surgery with the assistance of your nurse, a family member, or friend.

Pneumonia – Signs and Symptoms

- Cough
- Fever
- Shortness of breath
- Painful breathing

Pneumonia – Prevention

- Breathing exercises
- Walk

Post-discharge Milestones

7 to 10 days (after leaving the hospital)

- Schedule a postoperative appointment with your surgeon
- Continue pain management
- Take medications prescribed to you by your physician as directed
- Continue to walk to increase stamina
- You can begin driving at this time once you have stopped taking pain medication
- Plan for a follow up call from the nursing staff on post surgical unit



Appendix A

Fiber Restricted Nutrition Therapy

Tips

- Limit foods and beverages that contain sugar, lactose, fructose, high-fructose corn syrup, and sorbitol.
- Avoid beverages with caffeine.
- Eat a small meal or snack every 3 or 4 hours.
- Avoid spicy foods if they make symptoms worse.
- Limit foods and beverages that contain sugar, lactose, fructose, high-fructose corn syrup, and sorbitol.
- Avoid beverages with caffeine.
- Eat a small meal or snack every 3 or 4 hours.
- Avoid spicy foods if they make symptoms worse.

Foods Recommended

Note: These suggestions are suitable for most people. However, if your symptoms get worse after eating specific foods on this list, you should stop eating them until you recover.

Food Groups	Food Choices
Dairy	<p><i>Note: If you have lactose intolerance, drinking milk products may aggravate diarrhea. Try lactose-free products.</i></p> <ul style="list-style-type: none"> • Buttermilk • Soy milk • Evaporated, skim, and low-fat milk • Powdered milk • Yogurt with live active cultures • Cheese <p><i>Avoid yogurts with nuts or dried fruit</i></p>
Grains	<ul style="list-style-type: none"> • Choose grain foods with less than 2 grams (g) dietary fiber per serving • White flour • Bread, bagels, rolls, crackers, and pasta made from white or refined flour • Cold or hot cereals made from white or refined flour
Fruits and Vegetables	<p><i>See the Foods Not Recommended chart for fruits and vegetables to avoid.</i></p> <ul style="list-style-type: none"> • Fruit juice without pulp, except prune juice • Ripe bananas • Canned soft fruits • Lettuce • Melons • Potatoes without skin • Strained vegetable juice • Most well-cooked vegetables without seeds or skins
Proteins	<ul style="list-style-type: none"> • Tender, well-cooked meat, poultry, fish, eggs, or soy foods made without added fat • Smooth nut butters
Beverages	<p><i>Healthy people need 8 to 10 cups of fluid each day. You may need to drink more to replace fluids lost to diarrhea.</i></p> <ul style="list-style-type: none"> • Decaffeinated coffee • Caffeine-free teas • Soft drinks without caffeine • Rehydration beverages
Fats	<ul style="list-style-type: none"> • Limit fats to less than 8 teaspoons a day. • Fats include oil, butter, cream, cream cheese, margarine, and mayonnaise

Foods Not Recommended

Food Groups	Food Choices
Dairy	<ul style="list-style-type: none"> • Whole milk • Cream • Regular (whole milk) ice cream • Yogurt with berries, dried fruit, or nuts • Half-and-half • Sour cream
Fruits	<ul style="list-style-type: none"> • All raw fruits, except banana and melons • Dried fruits, including prunes and raisins • Fruit juice with pulp • Canned fruit in heavy syrup • Any fruits sweetened with sorbitol prune juice
Grains	<ul style="list-style-type: none"> • Whole wheat or whole grain breads, rolls, crackers, or pasta • Brown or wild rice • Barley, oats, and other whole grains • Cereals made from whole grain or bran • Breads or cereals made with seeds or nuts • Popcorn
Proteins	<ul style="list-style-type: none"> • Fried meat, poultry, or fish • Hot dogs • Nuts • Luncheon meats, such as bologna or salami • Sausage and bacon • Fatty meats • Chunky nut butters
Vegetables	<ul style="list-style-type: none"> • Raw vegetables (except for lettuce) • Beets • Brussels sprouts • Cauliflower Collard, mustard, and turnip greens • Corn • Fried vegetables • Broccoli • Cabbage • Potato skins
Beverages	<ul style="list-style-type: none"> • Beverages containing caffeine, including regular coffee, regular tea, colas, and energy drinks • Limit beverages containing high fructose corn syrup to 12 oz per day • Avoid beverages sweetened with sorbitol • Alcoholic beverages
Fats	<ul style="list-style-type: none"> • Limit fats to less than 8 teaspoons per day
Other	<ul style="list-style-type: none"> • Sugar alcohols such as xylitol and sorbitol; honey

A Patient Calendar

Comprehensive Recovery Pathway Lower Intestinal Surgery Calendar

	Evening Before Surgery	Day of Surgery	Immediately Following Surgery
Pain Management	Follow surgeon's instructions	Follow surgeon's instructions	<ul style="list-style-type: none"> • Pain management and consultation • IV medications • Oral medications
Nutrition	<ul style="list-style-type: none"> • Follow surgeon's instructions until night before surgery • Drink Ensure pre-surgery carb-loading drink 	<ul style="list-style-type: none"> • Drink Ensure pre-surgery carb loading drink 2 hours prior to surgery start time 	Ice chips and clear liquid diet
Activity	In the weeks before surgery, try to build up to 150 minutes of moderate-intensity activity (like walking) a week		Approximately 3 hours after surgery, you will be expected to get out of bed for at least 30 minutes
Respiratory	If you smoke, STOP!		Incentive Spirometer 10 times each hour when awake
Skin	Shower	Shower	Follow health care team instructions
Oral	<ul style="list-style-type: none"> • Brush and floss teeth • Rinse with mouthwash 		<ul style="list-style-type: none"> • Brush and floss teeth • Rinse with mouthwash • Chew gum 3X daily for 20 minutes

Day one Following Surgery	Day Two Through Discharge	At Home
Oral medications	Oral medications	<ul style="list-style-type: none"> • Oral medications • Follow healthcare team instructions
Post-Op clear liquid diet with a protein supplement	Continue with liquids and protein supplements. Diet will progress to solid foods upon team approval	Follow low fiber diet with plenty of fluids and protein
Get out of bed for at least 3 hours per day walk with assistance at least 3 times a day after meals	Get out of bed for at least 4 hours per day walk with assistance at least 3 times a day after meals	Continue with walking and returning to activities of daily living
Incentive Spirometer 10 times each hour when awake	Incentive Spirometer 10 times each hour when awake	Incentive Spirometer 10 times each hour when awake
Follow health care team instructions	Follow health care team instructions	Follow health care team instructions
<ul style="list-style-type: none"> • Brush and floss teeth • Rinse with mouthwash • Chew gum 3X daily for 20 minutes 	<ul style="list-style-type: none"> • Brush and floss teeth • Rinse with mouthwash • Chew gum 3X daily for 20 minutes 	<ul style="list-style-type: none"> • Brush and floss teeth • Rinse with mouthwash

Appendix B

Smoking Cessation

If you have used tobacco within the last year, during your hospital stay you will receive a customized plan to help you quit smoking. This plan will target the needs of you, as an individual, by offering counseling, tips for behavior modification and providing clinical treatment, such as nicotine replacement, prescription medications, etc. It also might be helpful to participate in group or individual therapy outside of the hospital to help reinforce this plan. Below are some resources to help you quit smoking.

Websites

smokefree.gov

Online support

becomeanex.org

Become an Ex Smoker

ffsonline.org

Freedom From Smoking; online support

quitnet.com

The Quit Net

nicotine-anonymous.org

A 12-step approach to quitting

Phone Numbers

1-800-QUITNOW

Institute for Prevention and Recovery

833-795-7848

quitcenter@rwjbh.org

rwjbh.org/nicotinerecovery



Scan our QR code to watch the pre-operative education video for your upcoming surgery.

Cooperman Barnabas | **RWJBarnabas**
Medical Center HEALTH

94 Old Short Hills Road
Livingston, NJ 07039
973-322-5000

rwjbh.org/cbmccrp

23121131-12/21

Revised 12-2021