

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/capful. 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. No diet restrictions, but high fiber diet (with a goal of 25-35g/day) is recommended. Drink plenty of water (at least 1 liter per day).
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. It is also ok if your sutures rip or fall out.

Only the boxes that are checked apply to your surgery

- Taking a sitz bath, soaking in the tub, or handheld shower can be used 3-4x/day for comfort or after bowel movements
- 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 pull.
- 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 have any questions, concerns or to schedule your follow-up appointment please contact the office at (865)305-5335.

Generally, your follow-up appointment will be 6 weeks after surgery. It may be sooner, depending on the surgery that was performed.

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

ACTIVITY:

- Go home and rest. No activity restrictions, but heavy lifting or squatting WILL be painful. Moderate activity is recommended. 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.
- 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.

DIET:

- High fiber diet is recommended with a goal of 25-35g/day. This can be with diet or supplemented (Metamucil, Konsyl, Citrucel, Benefiber, tablets, or gummies)
- Drink at least 6 glasses of water or non-caffeinated beverages daily.
- 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.

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.**
- Please try taking non-constipating, nonnarcotic over-the-counter medicines like Tylenol, Motrin or Advil to control post-op pain before using excessive narcotics or calling for a refill.

PAIN:

- Immediately after surgery, apply an ice bag to the rectal area and continue using it until you begin your sitz baths or showers.
- Pain from hemorrhoid interventions (especially hemorrhoidectomy) will cause pain with sitting and bowel movements for at least 1-3 weeks. The pain should improve each day/each week. The first week has the most severe pain
- A numbing agent (Exparel) will be used intraoperatively, and will reduce pain for the first 2-3 days. After this wears off, your pain will likely increase.

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:

- After showering/soaking/sitz bath, the area needs to be dried with pat drying or a hair dryer.
- Apply a small amount of the **moisture barrier ointment** (Calmoseptine, Desitin, etc.) **inside** the anus and around the **outside** after for soothing.
- You may also be given a prescription cream to apply as well. You can alternate these creams for comfort.
- You may have some packing that falls out after surgery. This is normal.
- Gauze or peri-pads may be used to collect drainage.

BOWEL MOVEMENTS:

- Avoid constipation.
- 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.

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 no urination in 8 hours after surgery, call office or surgeon on call.

BLEEDING:

- Minimal, occasional bleeding with bowel movements for 6 to 8 weeks after surgery is common.
- If you are saturating a peri-pad every hour, then call the office or surgeon on call.

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.

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. **The surgeon on call will be available for emergency calls only after 4:30pm 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).