



**NORTH
YORK
GENERAL**

*Making a World
of Difference*

A Guide to Enhancing Your Recovery After Bowel Surgery

**Please bring this booklet, a pen and
chewing gum with you to the
hospital**

**For further information, please visit
<https://www.nygh.on.ca/areas-care/cancer-care/colorectal-cancer-program>**



Introduction

The information in this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional healthcare practitioner, or substitute medical care. Contact your surgeon if you have any questions about your care.

This booklet is part of the Best Practice in General Surgery's (BPIGS) Enhanced Recovery after Surgery (ERAS) program. The goal of this program is to increase your satisfaction, decrease postoperative complications and speed your recovery. BPIGS' goal is to make sure that you receive the best care by standardizing general surgery practices based on the best evidence.

The Implementation of an Enhanced Recovery After Surgery (iERAS) Program

iERAS is a joint program which involves many academic hospitals across Ontario. The iERAS program includes surgeons, anesthesiologists, nurses, dietitians, physiotherapists and other allied health personnel who are working together to provide you with the best care. The goal of the program is to improve your recovery so you can go home sooner after surgery. A second goal of the program is to improve your satisfaction with the care that you receive.

Included in this booklet are pages where you will be able to keep track of your activity and what you ate everyday while you are in the hospital.

Table of Contents

What is the Bowel?.....	4
What is Bowel Surgery.....	5
Preparing for My Surgery.....	6
How Long Will You be in the Hospital?.....	7
Things to Bring to the Hospital.....	8
Things to Leave at Home.....	8
Your Pre-Admission Visit.....	9
Day Before and Morning of Your Surgery.....	11
Your Surgery.....	12
After Your Surgery.....	14
Day of Your Surgery on the Ward.....	15
How You Might Feel.....	16
While You are in the Hospital: Activities.....	17
Leg Exercises.....	18
Deep Breathing and Coughing.....	19
Activity Table.....	20
While You are in the Hospital: Food and Drink.....	24
Pain Management.....	25
Different Ways to Manage Your Pain.....	26
Your Checklist for Going Home.....	28
Before You Leave, You Need to Know.....	29
At Home.....	30
Signs and Symptoms to Watch For.....	31
Your Follow-up Appointment.....	31
Daily Activity Log.....	32

What is the Bowel?

When eating, food passes from your mouth, through the esophagus into your stomach.

From there it passes into the small bowel (small intestine). This is where your food and nutrients are absorbed.

What is left of the food then goes to your large bowel (large intestine), which is about 6 feet long. This is where the fluid is absorbed from the food and stool (your bowel movement) is formed.

The stool is then stored in your rectum, until it is passed out of your body through the anus.

What is Bowel Surgery?

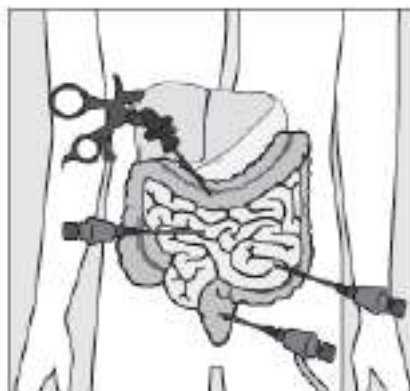
Bowel surgery (also known as colorectal surgery) is the removal of the diseased section of the bowel between your stomach and your anus.

Your surgery can be done in 2 ways:

□ Laparoscopic

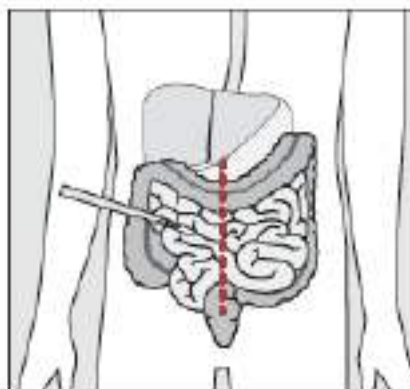
If your surgery will be done laparoscopically, the surgeon will make 4 to 6 small cuts (incisions) in your abdomen.

Your surgeon will use instruments and a camera to loosen (free-up) the diseased bowel and then make a small incision to remove it. The healthy ends of your bowel will then be sewn or stapled back together or a stoma will be created.



□ Open

If the surgery is done openly, your surgeon will make one 10 to 20cm cut (incision) in your abdomen to perform the surgery. The surgeon will remove the diseased bowel and sew the healthy ends of your bowel back together or a stoma will be created.



Preparing for Your Surgery

Plan ahead. Make sure that you know who is going to take you home. Also, make sure that everything is ready for you when you go home after your surgery. You should be able to walk and eat food and care for yourself as usual. You will likely need some help from friends and family when you first get home from the hospital.

You may need help with:

- ◆ Driving
- ◆ Making meals
- ◆ Laundry
- ◆ Cleaning
- ◆ Paying bills
- ◆ Caring for pets
- ◆ Watering plants
- ◆ Bathing and self care

Fill your freezer and cupboards with easy to prepare meals so that when you return home, you will not have to go to the grocery store.

If you smoke, we strongly suggest that you stop smoking completely for 3 weeks before your surgery. This will reduce the risk of lung problems afterwards. There are many resources available to help you. Talk to your doctor, nurse or pharmacist if you would like information to help you quit smoking.



Remember...

If you stop smoking 3 weeks before your surgery, this can decrease any breathing problems, increase your healing and decrease any infection after surgery.

Talk to your doctor or nurse about quitting smoking!



How Long Will I be in the Hospital?

If you are having colon surgery and you do not have any problems after your procedure, you may go home 3 days after your surgery.

If you are having rectal surgery and you do not have any problems after your procedure, you may go home 4 days after your surgery.

Things to Bring to the Hospital

- This booklet and a pen to complete the Patient Activity Log
- OHIP card, hospital card and insurance information (if you were told to do so)
- All the medications, including vitamins, you are currently taking (if you were told to do so)
- A bathrobe and loose comfortable clothing (if you were told to do so)
- A credit card (if you want to rent a television or telephone in your room)
- Non-slip slippers or shoes
- Earplugs (if you wish)
- Reading glasses in a case labelled with your name
- Magazines or books to read
- Personal hygiene items like a toothbrush, toothpaste, hair brush, mouthwash, deodorant, lip balm and hand cream
- Cane, crutch or walker if you use these for walking. Label them with your name
- A sleep apnea machine if you use it for sleeping. Label it with your name
- Non-perishable, easily digestible food like cookies, crackers, cereal or pudding cups. Do not bring food that needs to be refrigerated as it will go bad
- 2 packs of chewing gum. Chewing gum will help you recover from your colorectal surgery.

Things to Leave at Home

- Large amounts of money
- Valuables (jewellery, including rings)
- Remove all nail polish
- Remove all body piercings

Please speak with the staff in the pre-admission clinic about what you can and cannot bring to the hospital. Different hospitals may have different policies.

Your Pre-Admission Clinic Visit

You will be seen in a pre-admission clinic several days or weeks before your surgery. This is a place where information is shared: we will learn more about you and your health, and you will learn more about your surgery. You will be seen by a nurse and possibly an anesthesiologist (pain doctor) or other doctors or health care professionals if needed.



A nurse will go over the following with you:

- ◆ **Medications:** Your past medical history and current medications
- ◆ **Bowel preparation:** Your nurse will help you learn how to clear out your bowel before your surgery if you are required to do so
- ◆ **Body cleansing:** Do not remove any body hair before your surgery (no waxing, shaving or clipping) because it can increase your risk of infection. You may be asked to shower with special soap before your surgery
- ◆ **Diet:** When you should stop eating and drinking before your surgery and what and when you can eat after surgery
- ◆ **Activity level:** How much you should be moving around after your surgery
- ◆ **Going home after surgery:** You will be asked about your home and any supports you already have in place (family, friends). This will help to plan for your return home with the services you may need

An anesthesiologist will go over the following with you:

- ◆ Which anesthetic will be given to put you to sleep for your surgery
- ◆ Your options for pain management

Remember...

Shaving before surgery can increase your chance of getting an infection. If hair needs to be removed for your surgery, a clipper will be used once you get to the hospital.

Do not remove any body hair before your surgery.



Day Before and Morning of Your Surgery

You can eat solid foods until 12 midnight the night before your surgery unless you had a bowel prep. If you had a bowel prep, please follow the instructions that were given to you.

- You can drink clear liquids up to 2 to 3 hours before your surgery or until you leave for the hospital
- A clear liquid is any liquid you can see through. Examples of clear liquids are water, apple juice, or tea without milk. Milk and orange juice are not clear fluids and should not be taken

High carbohydrate (sugary) drinks before your surgery

A drink that is high in carbohydrates are drinks that have a lot of sugar. It is important to have sugary drinks before your surgery because it will help you feel stronger after your surgery and recover faster.

- Drink up to 3 glasses (800ml) of a high carbohydrate drink at bedtime the night before surgery
- Drink 1.5 glasses (400ml) up to 2 to 3 hours before your surgery or until you leave for the hospital

Examples of high carbohydrate drinks are:

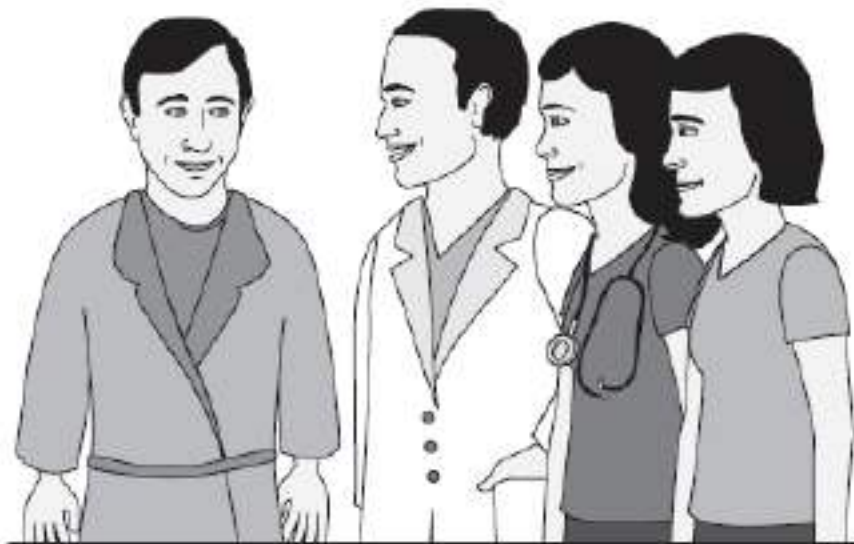


Apple juice Cranberry cocktail Iced tea

Your Surgery

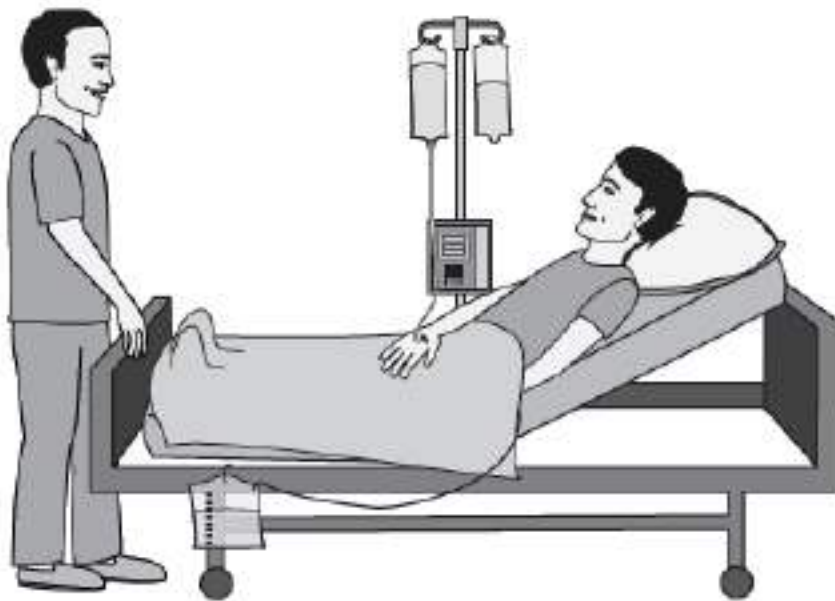
When you arrive at the hospital:

- You will be admitted
- You will see a surgeon, a nurse and an anesthesiologist. They will answer any questions you may have. They will ask you a few questions to make sure you are safe to have your surgery
- You may be given pain medicine to take by mouth before your surgery
- You may get cold, so ask the preadmission staff if you can bring your bathrobe and slippers or shoes



In the operating room:

- You will walk into the operating room with a nurse or be wheeled in on a stretcher (bed)
- If you are to receive an epidural (small tube in your back) or spinal anesthetic it will be inserted before you are put to sleep
- The anesthesiologist will put you to sleep. This is not painful
- Antibiotics and anticoagulants (blood thinners) will be given to help decrease your chance of infection and blood clots
- While you are asleep, you may have a tube (catheter) put into your bladder to drain your urine



After Your Surgery

In the recovery room, you may have:

- An intravenous (IV) drip to give you fluid and medicine
- Pain medicine: either an epidural or IV pain medicine
- A nurse ask about your pain level. Please tell the nurse if your pain changes or gets worse
- Oxygen through an oxygen face mask
- A catheter to drain the urine out of your bladder
- Your vital signs checked very often (heart rate, blood pressure)
- Your nurse check your bandage (dressing)
- A family member be able to visit you once the nurses have finished checking you and you are awake



You will leave the recovery room and go to your room when the nurse and doctors are sure you are awake, breathing properly and that your pain is well managed.

Day of Your Surgery on the Ward

Lying in bed without moving may cause many problems like pneumonia, blood clots and muscle weakness. It will also slow down your recovery. The more often you get up, the better you will feel!

Leg exercises If right for you, you will be helped to do the following exercises by your healthcare team:

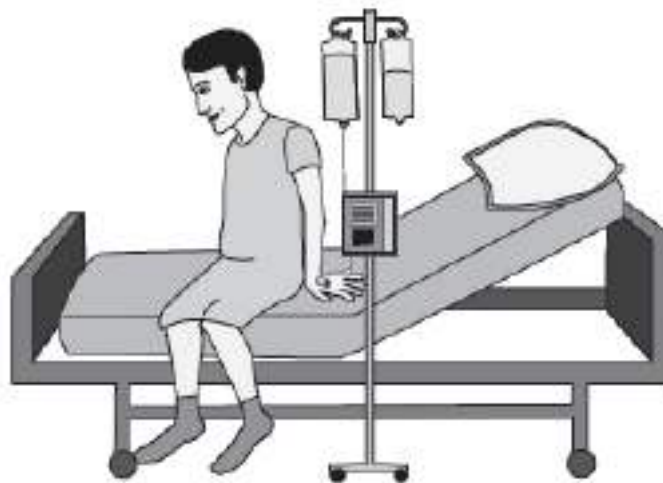
- ◆ Sit up and dangle your legs at the side of the bed
- ◆ Start your leg exercises — see leg exercises on page 18

Breathing exercises If right for you, you will be shown how to do deep breathing exercises by your healthcare team.

- ◆ Perform 10 sets every hour when you are awake — see breathing exercise on page 19
- ◆ Try coughing 2-3 times after your breathing exercises. Hug a pillow when you try to cough

Drinking As soon as you are on the ward after your surgery, you can have sips of clear fluids.

Catheters A catheter may be put into your bladder during your surgery to drain your urine. Your catheter should be removed on Day 1 if you had a colon operation, and Day 3 if you had a rectal operation. The catheters should be removed as soon as possible. Early removal of the catheter decreases your chance of a bladder infection. It also helps you move around more easily.



You Might Feel...

1) Nervous about getting up

This is a normal feeling. Your nurse will help you to walk with the IV pole and tubes.

2) Hungry or Not hungry

It is safe to have fluids the night of your surgery and food the day after surgery. You may eat and drink what you feel like. You will usually feel like eating and drinking more each day.

3) Tired

This is normal because your body is trying to heal. After your walks, it is important to rest.

Why is Moving Around After Surgery Important?

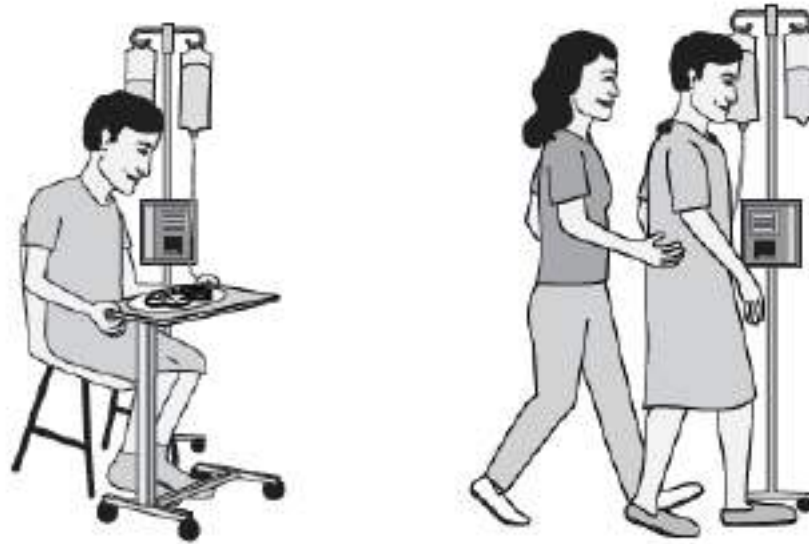
After bowel surgery, your bowel may stop working. This is called ileus [i-lee-uhs]. When this happens, people feel bloated and may have nausea and vomiting. If you have an ileus, this will increase your surgery recovery time.

Pain medicine which contain opioids, like morphine, increase the chance of ileus. Walking and chewing gum help the bowel work faster and speed your recovery.

While You are in The Hospital: Activities

With the help from nurses, physiotherapists, a volunteer or your family members, you will:

- Sit up in a chair for all of your meals
- Be out of bed, either walking or sitting frequently for increasing periods of time
- Do your deep breathing exercises
- Do your leg exercises



Remember...

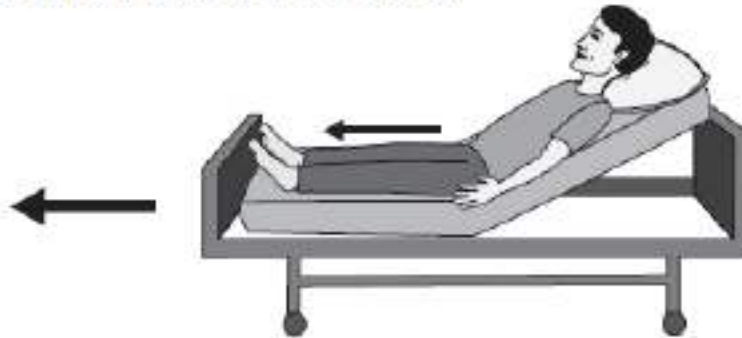
If you move around as much as you can after your surgery, this will help reduce the chance of a blood clot in your legs or lungs.

Do your leg exercises every hour you are awake!

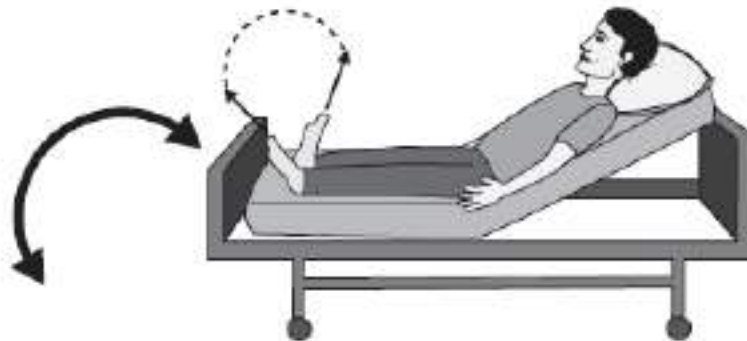


Leg Exercises

These will help blood circulation in your legs. Repeat these 4-5 times every hour while you are awake.



Stretch your legs out straight



Wiggle your toes and bend your feet up and down



Wiggle your toes and rotate your ankles

Deep Breathing and Coughing



Breathe in slowly and deeply through your nose, then breathe out slowly through your mouth with your lips pursed. Repeat 10 times every hour.

While holding a pillow against and supporting your incision, give 3 strong coughs. If your cough is wet, try to cough more and clear the phlegm.






Remember...

Breathing exercises and coughing help to prevent pneumonia or other infections in your lungs.







Remember to do your breathing exercises every hour!







Activity Table

	Day/Evening of surgery	Day 1 After Surgery
Food	 <p>Clear Fluids</p>	 <p>Solid food, Chew gum</p>
Activities: Movement	 <p>Sit up in bed and dangle your legs</p>	 <p>Up in chair for all meals, Walk in hallway</p>
Activities: Heavy Breathing and Coughing	 <p>10 times every hour you are awake</p>	 <p>10 times every hour you are awake</p>

Activity Table

Day 2 After Surgery	Day 3+ After Surgery
 <p data-bbox="483 640 633 709">Solid food, Chew gum</p>	 <p data-bbox="922 640 1071 709">Solid food, Chew gum</p>
 <p data-bbox="446 1060 673 1180">Up in chair for all meals; Walk in hallway</p>	 <p data-bbox="885 1060 1112 1180">Up in chair for all meals; Walk in hallway</p>
 <p data-bbox="454 1543 673 1663">10 times every hour you are awake</p>	 <p data-bbox="893 1543 1112 1663">10 times every hour you are awake</p>

Activity Table

	Day/Evening of surgery	Day 1 After Surgery
Pain Control	 <p>Your pain should be under 4, based on a 0-10 scale</p>	 <p>Your pain should be under 4, based on a 0-10 scale</p>
Tubes and Lines		

Activity Table

Day 2 After Surgery	Day 3+ After Surgery
 <p data-bbox="402 926 769 1010">Your pain should be under 4, based on a 0-10 scale</p>	 <p data-bbox="855 926 1222 1010">Your pain should be under 4, based on a 0-10 scale</p>
	

While you are in Hospital: Food and Drink

You will be given your first meal the day after your surgery.

You can eat as much or as little of whatever you want. You should not push yourself. Eat only when you are hungry or feel ready. Your family can bring you food if you prefer, but check with your nurse first about what is right for you. You can bring non-perishable foods to eat when you are hungry.

You should always sit in a chair at meal time, even if you eat very little.

You should chew gum starting the day after your surgery. You should chew one stick of gum, for at least 5 minutes, 3 times per day. Do not chew more than three pieces of gum per day. Chewing too much gum is not good for your recovery.

Chewing gum after surgery will help you pass gas, which is a sign that your bowels are working. Again, if you cannot chew gum for any reason, talk to your surgeon or nurse.

Tell the nurse if you are sick to your stomach (nauseous) or if you feel bloated during or after eating. If so, you should not eat.

Remember...

Chewing gum after surgery will help you pass gas, which is a sign that your bowels are working.

Chew gum at least 3 times a day!



Pain Management

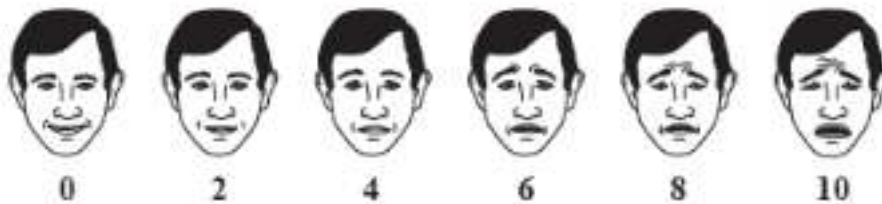
Pain is an unpleasant feeling that is different for every person. There are many words people use to describe pain like: 'soreness', 'discomfort', or 'aching'.

Having your pain well controlled is important because it helps you to:

- ◆ Decrease the stress in your body so you can recover faster
- ◆ Breathe and cough more easily
- ◆ Move more easily
- ◆ Sleep better
- ◆ Recover faster
- ◆ Do things that are important to you

When do I treat my pain? A pain rating scale can help you decide when to do something to relieve your pain. You can use a scale from 0 to 10 to determine how much pain you are having.

You may find that your pain is less when you are resting and more when you are moving. If your pain is 4 (moderate) or more you should treat your pain. If the pain is stopping you from moving, you should treat your pain.



Different Ways to Manage Your Pain

There are different medicines you can take after surgery to help manage your pain. There are also different ways of receiving your medicine. You and your pain team will discuss your different options before your surgery and together you will decide which options are best for you. Sometimes, you may receive more than one type of medicine and more than one way of receiving it. The most common ways to receive medicine are:

Intravenous (IV) Pain Medicine

Pain after surgery is frequently treated with strong medicine (opioids) given through your intravenous (IV). Most likely you will be given a pain pump to use. This method of pain relief is called PCA (Patient Controlled Analgesia). Pain medicine from the PCA pump goes into your IV and then into your body. When you use PCA, you are in control of how much pain medicine you get and when you get it. If you are having pain, you push a button that is attached to the pain pump. You can push the button at any time you think that you need more pain medicine. You will hear a beep from the pump to let you know that the pain medicine is going into your intravenous. After the beep, it takes only a few minutes for the medicine to work. You do not need to call the nurse to get pain medicine. The pump is set up to make sure that you do not get too much. However, it is very important that only you and no one else push the button on the pain pump. Do not let your family or friends push the button!

If you have a PCA pump, your nurse in the recovery room will give the pain medicine to you until you are awake enough to use it yourself. If you choose a pain pump, you will have it until you are able to drink fluids and swallow pills by mouth.

If for some reason you are unable to use your pain pump, your nurse will give you the pain medicine that you need. Your nurse will check with you if you are in pain and will give you medicine if needed. If you are in pain call for a nurse to request your IV pain medication.

You may also be given pain pills by mouth in addition to using the IV pain pump. The IV pain medicine will be given until you are able to drink fluids.

Epidural Pain Medicine

An epidural is a small tube placed in your back by an anesthesiologist. It is placed in a space outside your spinal cord to give you medicine to reduce your pain after surgery.

Medicine is given through the tube to provide pain relief. This medicine is usually local anesthetic or "freezing" plus an opioid. Epidurals are usually inserted before your surgery.

After your operation, your epidural will be connected to an epidural pump, which will deliver a steady dose of pain medicine. Sometimes, you may be able to control the pump yourself (PCA). If you choose an epidural, you will have it for the first 48-72 hours after your surgery.

Oral Pain Medicine

You will be given different types of pain medicine on a regular basis after your surgery, including acetaminophen, to help manage your pain. Each pill works differently in your body and reduces the need for large amounts of strong pain medicine, such as opioids. If the medicine does not control your pain, please tell your nurse. Additional or different pain medicine can be given. Examples of oral pain medicine include: extra strength Tylenol and anti-inflammatory pills.

Your Checklist for Going Home:

- You should have no nausea or vomiting
- You should be able to eat and drink as usual
- You should be passing gas
- You do not have to have a bowel movement before you go home
- You should be passing your urine well
- You should be able to resume your usual activity like you did before surgery. You may not be able to walk far and that is fine
- You should have everything organized at home (for example, food to eat)
- All of your questions or concerns about your ongoing recovery at home have been answered by your healthcare team

Remember...

Passing gas is a better sign that your gut is working than having a bowel movement.

You do not need to have a bowel movement before you leave the hospital.



Before You Leave, You Need to Know:

- About the medicine you were on before your surgery and any new medicine you will need to take now
- If you need a prescription for any pain medicine or other medicine you may need to take at home
- About what to eat and drink
- How to take care of your surgical incision (cut)
- When to go back to regular activities (for example, driving, exercise, lifting)
- What symptoms are considered medical emergencies and what signs to watch for (page 31)
- Your surgeon's contact information if you have questions or concerns

Discharge Information:

Time and date you will be discharged from the hospital:

Name and contact information of person picking you up from the hospital:

At Home

What I cannot do

- ◆ Do not lift more than 10 pounds (1 laundry bin or 2 small bags of groceries) for the first 4-6 weeks after surgery
- ◆ Do not do abdominal exercises, high intensity aerobic activities or weight training for 4-6 weeks after surgery



What I can do

- ◆ When you get home, you should continue to be active (walk, participate in personal care, socialize). Gradually increase your activity level over the next several weeks, including sexual intercourse
- ◆ It is normal to feel tired after surgery. Listen to your body and take frequent rest breaks as needed throughout the day
- ◆ You may resume your regular diet unless your healthcare team told you differently. Try to eat small frequent meals throughout the day. Drink four to six extra glasses of fluid per day
- ◆ You may start to drive when you are no longer taking opioid pain medicine
- ◆ Your surgeon will tell you when you can return to work. This will depend on your recovery and your type of work
- ◆ Daily showers are permitted starting your first day home. You do not need to cover your surgical incision to have a shower. Do not scrub the incision. Pat dry the incision with a clean towel after your shower
- ◆ You might go home with staples in your skin that hold your surgical incision (cut) together. Or the incision might be covered with steristrips (paper tape). The steristrips will begin to fall off on their own 7-10 days after discharge. Your surgeon or family physician will take the staples out when you return for your follow up appointment.

Ask your family and friends to help you with:

- ◆ Getting meals ready
- ◆ Grocery shopping
- ◆ House cleaning and laundry

Signs and Symptoms to Watch For

Call your surgeon or go to the nearest emergency room right away if you have any of the following symptoms:

- ◆ A fever (temperature greater than 38°C or 100°F)
- ◆ You are vomiting, bloated or feeling nauseous all the time
- ◆ Redness, swelling, odour, pus or increasing pain from your surgical incision (cut)
- ◆ Bright red blood from your anus
- ◆ Severe or uncontrolled abdominal pain that your medicine does not help
- ◆ You have not had a bowel movement after 7 days from your surgery
- ◆ Chest pain or shortness of breath
- ◆ Swelling in your arms or legs

My Follow-up Appointment

I have a follow-up appointment booked:

Date:

Time:

Location:

These are people I might have to call:

Name:

Phone number: _____

My Activity Log

Please use the following pages to keep track of your daily activities after surgery. You can check yes or no for each activity.

Night of Surgery (with help)

I sat at the side of my bed for 10-15 min.... Yes No

I did deep breathing and coughing exercises 10 times every hour while

I was awake..... Yes No

I was offered sips of clear fluids..... Yes No

Pain– Circle a number from 0 to 10 that best describes your current pain



Day 1 After Surgery (with help)

Activities

I sat in the chair for my meals:

- Morning..... Yes No
Afternoon..... Yes No
Evening Yes No

I sat in the chair during other times..... Yes No

I walked down the hall _____ times today (fill in the blank with the number of times you went for a walk today)

Food/Drink

I had:

- Nothing..... Yes No
Liquids..... Yes No
Solid Food..... Yes No

I chewed gum:

- Morning..... Yes No
Afternoon..... Yes No
Evening..... Yes No

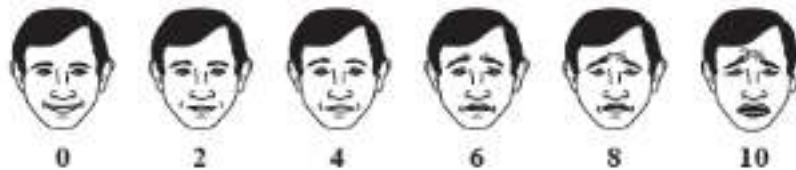
Elimination

My catheter came out today Yes No

I am peeing on my own..... Yes No

I am passing gas..... Yes No

Pain- Choose a number from 0 to 10 that best describes your current pain



Day 2 After Surgery (with less help)

Activities

I sat in the chair for my meals:

Morning.....	Yes	No
Afternoon.....	Yes	No
Evening.....	Yes	No
I sat in the chair during other times	Yes	No

I walked down the hall _____ times today (fill in the blank with the number of times you went for a walk today)

Food/Drink

I had:

Nothing	Yes	No
Liquids.....	Yes	No
Solid Food.....	Yes	No

I chewed gum:

Morning.....	Yes	No
Afternoon.....	Yes	No
Evening.....	Yes	No

Elimination

My catheter came out today	Yes	No
I am peeing on my own.....	Yes	No
I am passing gas.....	Yes	No

Pain- Choose a number from 0 to 10 that best describes your current pain



Day 3 After Surgery (without any help OR using a cane/walker)

Activities

I sat in the chair for my meals:

Morning..... Yes No
Afternoon..... Yes No
Evening..... Yes No
I sat in the chair during other times Yes No

I walked down the hall _____ times today (fill in the blank with the number of times you went for a walk today)

Food/Drink

I had:

Nothing Yes No
Liquids..... Yes No
Solid Food..... Yes No

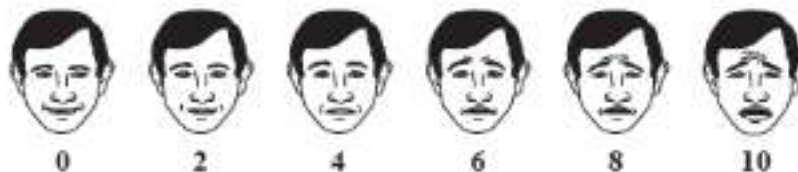
I chewed gum:

Morning..... Yes No
Afternoon..... Yes No
Evening..... Yes No

Elimination

My catheter came out today Yes No
I am peeing on my own..... Yes No
I am passing gas..... Yes No

Pain- Choose a number from 0 to 10 that best describes your current pain



Day 4 After Surgery (without any help OR using a cane/walker)

Activities

I sat in the chair for my meals:

Morning..... Yes No
Afternoon..... Yes No
Evening..... Yes No
I sat in the chair during other times Yes No

I walked down the hall _____ times today (fill in the blank with the number of times you went for a walk today)

Food/Drink

I had:

Nothing Yes No
Liquids..... Yes No
Solid Food..... Yes No

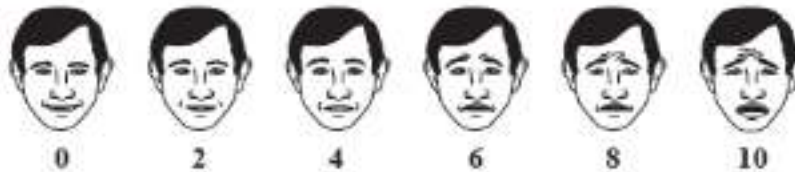
I chewed gum:

Morning..... Yes No
Afternoon..... Yes No
Evening..... Yes No

Elimination

My catheter came out today Yes No
I am peeing on my own..... Yes No
I am passing gas..... Yes No

Pain- Choose a number from 0 to 10 that best describes your current pain



Day 5 After Surgery (without any help OR using a cane/walker)

Activities

I sat in the chair for my meals:

Morning..... Yes No
Afternoon..... Yes No
Evening..... Yes No
I sat in the chair during other times Yes No

I walked down the hall _____ times today (fill in the blank with the number of times you went for a walk today)

Food/Drink

I had:

Nothing Yes No
Liquids..... Yes No
Solid Food..... Yes No

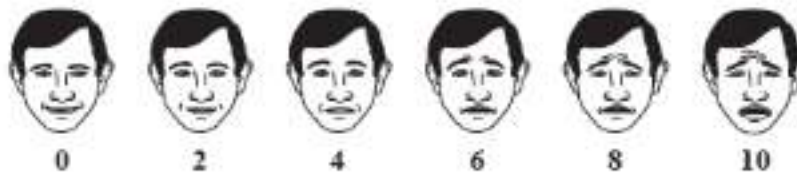
I chewed gum:

Morning..... Yes No
Afternoon..... Yes No
Evening..... Yes No

Elimination

My catheter came out today Yes No
I am peeing on my own..... Yes No
I am passing gas..... Yes No

Pain- Choose a number from 0 to 10 that best describes your current pain



Day 6/7 After Surgery (without any help OR using a cane/walker)

Activities

I sat in the chair for my meals:

Morning.....	Yes	No
Afternoon.....	Yes	No
Evening.....	Yes	No
I sat in the chair during other times	Yes	No

I walked down the hall _____ times today (fill in the blank with the number of times you went for a walk today)

Food/Drink

I had:

Nothing	Yes	No
Liquids.....	Yes	No
Solid Food.....	Yes	No

I chewed gum:

Morning.....	Yes	No
Afternoon.....	Yes	No
Evening.....	Yes	No

Elimination

My catheter came out today	Yes	No
I am peeing on my own.....	Yes	No
I am passing gas.....	Yes	No

Pain- Choose a number from 0 to 10 that best describes your current pain

