

Postoperative Anorectal Surgery Instructions

Diet and Bowel Regimen

1. It is often difficult to move your bowels after anorectal surgery. Pain and narcotic medications are constipating, and it is important to keep the bowels moving.
2. Eat a diet high in fiber (25-30 grams per day; examples are fresh fruits and vegetables, whole grain breads, bran cereals).
3. Drink plenty of fluids (6-8 glasses per day), as pain medications and increased fiber in your diet can lead to constipation.
4. You should purchase a stool softener over the counter and take regularly to prevent constipation. Two examples are Colace 100 mg or Surfak 240 mg capsules twice a day. These should be taken with water and should be continued for at least one month after your operation. They will not cause diarrhea.
5. You should take a fiber supplement such as Metamucil, Citrucel, Konsyl, or Benefiber (1 teaspoon daily in 8 ounces of liquid) to keep stools bulky and soft.
6. Gentle stimulant laxatives (milk of magnesia—one ounce or dulcolax—3 tabs) may be added if you have not moved your bowels for two days.

Activity

1. Remain active and walk several times per day, gradually increasing time and distance.
2. Avoid strenuous activity or heavy lifting greater than 10 pounds (about a gallon of milk) for the first week.
3. You may walk and climb stairs without restrictions.
4. No driving while taking narcotic pain medication. You may ride in a car without restrictions. Frequent breaks are encouraged on long trips.
5. You may resume sexual relations two weeks after surgery. However, you should refrain from anoreceptive intercourse for six weeks.
6. You may return to work when you feel you are able. Your activity is mostly limited by your discomfort.

Pain Management

1. Pain is expected after anorectal surgery and can be severe around the time of bowel movements. Use pain medications as needed and keep stools soft.
2. You will be given a prescription for pain medication at the time of discharge. Take as instructed on the bottle. Pain pills take about 30 minutes to start working after they are swallowed, so take them before the pain becomes severe.
3. Many pain medications contain Tylenol (acetaminophen), and therefore Tylenol should not be taken in addition to the pain medication. You may take Ibuprofen 600 mg every 8 hours with food either in between narcotic pain medication or instead of it to help control your pain.
4. Avoid alcohol while taking narcotic pain medications

5. Many pain medications cannot be called in to a pharmacy. Watch the number of pills you have and let us know well before (2-3 days) you are due to run out.
6. Resume all home medications, unless specifically addressed by your physician.

Wound Care

1. Remove the dressing the morning after surgery or at the time of your first bowel movement.
2. You can expect some oozing or slight bleeding, especially after bowel movements. After the surgical dressing is removed, dressings are mainly to keep your clothes clean. You may use feminine mini or maxi pads, or plain gauze. Dressings do not need to be sterile.
3. After bowel movements, use a sitz baths (sit in warm tub soak for 15-20) or use warm showers to clean yourself. Nothing needs to be added to the water, but bubbles or epsom salts may be added if this improves your comfort and sense of cleansing. Sitz baths may be performed up to every 4 hours starting the morning after surgery, and are helpful to relieve discomfort by relaxing the muscles
4. Gentle cleansing with baby wipes or flushable adult wipes may also be done after bowel movements.
5. Avoid “medicated wipes” as they can contain witch hazel or alcohol and will cause discomfort. No topical medications are needed for these wounds.
6. Some wounds are closed and some are left open. A large percentage of wounds that have been stitched closed may separate or open up. The skin in this area does not always hold the stitches. The wounds heal whether it has opened or not. Stitches are dissolving and do not need to be removed.
7. No swimming for two weeks after surgery.

Special Instructions

1. Call the office at 864-675-4730 to schedule your follow up appointment in ***days/*** weeks.
2. Call the office for any of the following problems:
 - a. Fever greater than 101 degrees
 - b. Persistent nausea and/or vomiting for more than 24 hours, and an inability to keep down liquids
 - c. New or worsening pain, or pain uncontrolled by pain medications.
 - d. Spreading redness around the wound
 - e. Inability to urinate, or difficulty urinating. Pain and surgery can make it hard to void. Sometimes sitting in a warm tube may help to get started.
 - f. Passage of large amount of red blood in bowel movements, or passage of large clots (some bleeding is normal, and you may see blood on the paper or in the water, but concerning bleeding would be 3-4 bloody bowel movements within a few hour period)
 - g. Opening up of wound, or large amount of drainage from the wound
 - h. Large amount of loose stool, with concerns for dehydration. Your stools will be looser or more frequent than preoperatively, and this is normal.
 - i. Inability to move your bowels after 3-4 days
3. Call the office with any other questions about your surgery.