

## PATIENT GUIDE FOR COLORECTAL SURGERY

### **What does colorectal surgery involve?**

Colorectal surgery includes a variety of surgical procedures intended to remove part or all of the colon or rectum. These procedures are performed to treat cancer (tumours or neoplasms), inflammatory conditions (diverticulitis, ulcerative colitis, or Crohn's disease), obstructive problems (volvulus or adhesions), and other diseases.

Colorectal surgery can be done using minimally invasive techniques (laparoscopic, robot-assisted with Da Vinci®, or transanal surgery) or open surgery (laparotomy). These procedures require hospital admission and general anaesthesia.

### **Preparing for Surgery**

If you are scheduled for surgery and have received instructions (medication changes, fasting, bowel preparation, etc.), make sure you understand and follow them correctly. Otherwise, your procedure may need to be postponed.

**Low-residue diet 3 days before surgery:** Follow a low-fibre diet. You may eat rice, pasta, broths, grilled or boiled meat and fish, low-fibre biscuits, toasted white bread, filtered juices, teas, coffee, and non-carbonated drinks. Avoid vegetables, legumes, fruit (except apple), sauces, and fatty foods.

### **Pre-operative bowel preparation for colorectal surgery:**

- **Oral antibiotics:**  
Neomycin 1000 mg at 14:00 – 18:00 – 22:00  
Metronidazole 500 mg at 15:00 – 21:00
- **Bowel preparation and liquid diet:**  
The day before surgery, take one sachet of CITRAFLEET® at midday and follow a clear liquid diet (filtered broths, strained juices, herbal teas, or electrolyte drinks without gas). Drink at least 1.5 litres of clear fluids.  
Take the second CITRAFLEET® sachet 6 hours later.

### **Fasting:**

Do not eat or drink anything for 8 hours before surgery, except medications your surgeon, physician, or anaesthetist has instructed you to take.

### **Hygiene:**

Shower the night before or the morning of surgery (2 hours before arriving at the hospital), washing skin, hair, and mouth thoroughly.

### **Personal items:**

Do not bring valuables or metal objects (rings, chains, earrings, piercings). Remove contact lenses and dental prostheses if you use them.

**Nails and cosmetics:**

Do not wear nail polish. Avoid perfume, lotions, and creams on the area to be operated on.

**Admission and Hospital Stay**

On the day of admission, come with a family member or companion and bring:

- Identity document (ID card, passport, etc.)
- Insurance card and authorization, if applicable
- Signed consent form (if not already submitted)
- Any external diagnostic tests
- Your usual medication (recommended)

Admission occurs either the same day (about 2 hours before surgery) or the day before. The average hospital stay is **5 to 7 days**, depending on how quickly bowel function recovers (tolerance to food and bowel movements).

After admission procedures, you will be taken to your room or, in some cases, to the day-hospital or operating area. Nursing staff will help you settle in and prepare for surgery.

**Duration of Surgery and Anaesthesia**

In the operating area, a nurse will place an IV line. Your anaesthetist will review your medical history and explain the general anaesthesia procedure. You may receive medication to help you relax before entering the operating room.

Colorectal surgery typically lasts **between 120 and 240 minutes**. After the procedure, your surgeon will inform your family about how the operation went.

You will then go to the recovery area for about **two hours**. In some cases, you may be transferred to the ICU for 24 hours for closer monitoring.

The ward nurses will follow the post-operative instructions and medications until your surgeon visits you the next day.

**Post-operative Treatment**

Your surgical team will explain the postoperative treatment, which generally includes:

- IV fluids
- Regular pain medication administered by nursing staff
- Additional pain relief if needed
- Anti-nausea medication
- Stomach protectors (e.g., omeprazole)
- Anti-thrombosis medication (low-molecular-weight heparin)
- Your usual medication, if appropriate

**Catheter and drains:**

A urinary catheter may be placed for the first few days to monitor kidney function and hydration. This should not limit your mobility.

A drain may be placed near the surgical area to remove fluid. Your surgeon will decide when it can be removed—this is a quick, painless procedure.

**Diet:**

If you have no nausea or vomiting, you may start drinking and eating a liquid diet on the day of surgery (soups, juices, teas). Solid food will be introduced gradually once bowel function resumes.

**Post-operative pain:**

Laparoscopic surgery often causes shoulder-tip pain due to residual CO<sub>2</sub> gas. This usually resolves within 24–48 hours and is manageable with pain medication.

Open surgery may cause more pain at the incision site; IV pain relief is provided during the first few days.

**Mobility:**

Once back on the ward, get out of bed as soon as advised by nursing staff. Begin with short walks in your room and hallway.

Practice regular breathing exercises to prevent lung complications, improve bowel recovery, and reduce clotting risk.

**Stoma Care:**

In some colorectal surgeries, a stoma (opening of the bowel onto the abdominal wall) may be required, temporarily or permanently. Nursing staff will teach you how to care for it and recommend involving family members.

You should also contact your local health centre to arrange community nursing support.

**Discharge:**

At discharge, you will receive a detailed report including:

- Information about the surgery
- Your hospital stay
- The treatment to continue at home

You must arrange a follow-up appointment with your surgeon for wound review and possible removal of stitches.

**Recovery at Home****Medication:**

Typical pain relief includes conventional analgesics (paracetamol, metamizole) every 6–8 hours.

**Wound care:**

Laparoscopic wounds are small and often require little care.

Larger incisions need more attention. Wash the wounds daily with soap and water, dry with cool air from a hair dryer, apply antiseptic (chlorhexidine or betadine), and use a clean dressing until your first visit.

If you notice redness, increased pain, or warmth, contact your surgeon or visit urgent care.

#### **Diet:**

Eat easily digestible foods such as bread, rice, pasta, cooked vegetables, and lean proteins. Avoid high-fibre foods, fried foods, and spicy dishes for the first two weeks. Drink at least 1.5-2 litres of clear fluids daily.

#### **Activity:**

Walk 30 minutes twice a day. Avoid strenuous activity for **6 weeks**.

Most patients return to normal life after about **1 month**.

#### **Work Leave**

Your primary care doctor will issue your sick leave certificate. Most patients can resume work after about **2 weeks**, depending on their job. Physically demanding work usually requires **4-6 weeks** of recovery.

#### **Follow-Up Visits**

At your first follow-up visit (usually 10 days after surgery), stitches are removed and the wounds and medications are reviewed.

A second visit takes place **one month** after surgery to assess your progress, review blood tests, and discuss the pathology results.

Subsequent visits occur every **3-6 months**, and later annually, as needed.

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#### **Contact Information**

For any concerns, please contact:

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#### **Your surgeon:**

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