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COLON + RECTAL SURGERY

PERI-OPERATIVE INSTRUCTIONS Inpatient Colorectal Surgery

You are scheduled for _____ with Dr Sabrina Kidd and/or Dr Alexis Alexandridis

Your operation will be performed at **Sonoma Valley Hospital**, 347 Andrieux St., Sonoma, CA 95476

Date _____ **Tentative arrival time** _____

You will receive a phone call from the pre-op nurse at Sonoma Valley Hospital a few days in advance of your surgery date. The nurse will tell you exactly when to arrive at the hospital.

PREP INSTRUCTIONS AND PRE-OP TIMELINE

*For the best outcomes, your intestinal tract must be completely clean. This bowel preparation is somewhat different than the bowel prep used prior to a colonoscopy. We also want you to use specialized nutritional support in the days prior to your operation. **Please follow the following instructions very carefully to ensure that you are fully optimized for your operation.***

LESS THAN 30 DAYS PRIOR TO YOUR PROCEDURE:

- **Contact** your primary care physician to arrange a *pre-operative evaluation* including any necessary lab work and an EKG. If you regularly see a cardiologist, *cardiac clearance* may also be required.
- You will have a **prescription** for **METRONIDAZOLE** and **NEOMYCIN** sent to your pharmacy.
- **The following items need to be purchased** (No prescription is needed)
 - Miralax, 238 gram bottle (*also labeled as "14 doses"*)
 - 64 ounces of Gatorade or equivalent clear sports drink with electrolytes
 - 1 bottle Milk of Magnesia
 - Ensure Surgery Perioperative 5-Day Bundle (This bundle includes THREE (3) Ensure Pre-Surgery CLEAR Carbohydrate Drinks and TWENTY (20) Ensure Surgery Immunonutrition Shakes.) *You may purchase Ensure Surgery Perioperative Bundle on Amazon.com or Abbott.com.*

ONE WEEK PRIOR TO YOUR PROCEDURE:

- **Do not take any blood thinning medications.**
 - This includes over-the-counter Aspirin, Ibuprofen, Advil, Aleve, Motrin, Excedrin, Ecotrin, etc and prescription NSAIDs like Meloxicam, Celebrex, Mobic, etc.
 - Check with your surgeon if you are taking *Coumadin, Plavix, Heparin, Lovenox, Pradaxa, Eliquis, Xarelto*, or other blood thinners. These need to be stopped a few days prior to your operation.
 - You may take Tylenol.
- If you are **diabetic**, you may need to adjust your medications.

If you have any questions, please call the office at 707-938-7690

- If you are taking Glucophage/Metformin, stop this one day prior to the procedure.
- If you use **Insulin**, please get instructions from your surgeon about dosage reductions.
- If you are taking *Ozempic, Wegovy, Rybelsus, Trulicity* or other similar GLP-1 agonist medications (for weight loss or for diabetes) please contact your surgeon for specific instructions. These medications will need to be held in advance of your operation.

FIVE DAYS BEFORE YOUR PROCEDURE:

- Begin **Ensure Pre-Surgical Supplement Immunonutrition Shakes** *twice daily until prep day*.
- Do **not** eat nuts, seeds, popcorn, corn, beans, lentils, quinoa, or other high fiber (high roughage) foods until after surgery.
- Do **not** take fiber supplements, unless otherwise instructed.

ONE DAY BEFORE YOUR PROCEDURE: This is your *bowel prep* day. No solid food today!

Begin a **clear liquid diet** starting in the morning:

- Savory: Clear bouillon, broth, consommé
- Beverages: Gatorade, Crystal Light, juices without pulp, coconut water, coffee/tea without milk/cream
- Sweet: Italian ices, popsicles (no fruit chunks, no pulp, non-dairy), Jell-O.

- ⇒ **Noon:** Drink one (1) **Ensure Pre-Surgery CLEAR** drink.
- ⇒ **2 pm:** Take three (3) tablespoons of **Milk of Magnesia**. Drink at least one (1) 8 oz glass of water after taking the Milk of Magnesia.
- ⇒ **3 pm:** Mix the entire 238 gram bottle of Miralax with 64 oz. of Gatorade until the powder is dissolved. You may need to do this in a large bowl or pitcher.
 - Drink one (1) 8 oz. glass every 15 minutes until all of the solution is consumed.
 - You may find that walking around between 8 oz glasses can help if you experience bloating or cramping.
 - Please finish drinking this solution before 6 pm.
- ⇒ **3 pm:** Take **Neomycin 1 gram** and **Metronidazole 500 mg**
- ⇒ **4 pm:** Take **Neomycin 1 gram** and **Metronidazole 500 mg**
- ⇒ **7 pm:** Drink another **Ensure Pre-Surgery CLEAR** drink
- ⇒ **10 pm:** Take **Neomycin 1 gram** and **Metronidazole 500 mg**

You may continue clear liquids until midnight. **DO NOT EAT OR DRINK ANYTHING ELSE BY MOUTH AFTER MIDNIGHT.**

THE DAY OF YOUR PROCEDURE:

- Drink the remaining **Ensure Pre-Surgery CLEAR** drink **2 hours prior** to your confirmed hospital arrival time.
- If you take blood pressure or heart medications in the morning, please take these at the normal time with a small sip of water.
- Please arrive by the time that was given to you by the hospital nurse.

WHAT TO EXPECT DURING YOUR HOSPITALIZATION:

- Expect to stay 1-3 days.
- Usually your diet will be liquids immediately following surgery and then advanced to normal when you are ready.
- You might have a urinary catheter. This is usually removed the day following surgery.
- Pain control - you will be given a combination of medicines by mouth and through an IV to control your pain. You may be given a prescription for pain medicine when you are discharged if your pain is not well controlled with non-opioid medications.
- You must walk at least 5 times a day, be out of bed as much as possible, and use your incentive spirometer 10 times every hour while you are awake after your surgery. Start moving as soon as you are awake and able following your surgery. This will help prevent dangerous blood clots and pneumonia.
- You will be discharged home when you are tolerating food, passing gas, your pain is controlled with pills, and you do not require IV medications. It is not always necessary to have a bowel movement before you leave the hospital.

WHAT TO DO AFTER SURGERY:

- Resume usual medications unless instructed differently at the time of your hospital discharge.
- **Diet:** Plan on a well-balanced diet of foods that you know and like.
 - Chew your food well, eat slowly, and focus on 4-6 smaller meals rather than 2-3 large ones.
 - Finish the remaining **Ensure Surgery Immunonutrition** drinks; drink these twice daily.
 - *If you have significant diarrhea (more than 6 large watery stools in a day) please let your surgeon know.*
- **Post-operative Pain:**
 - If you are given Neurontin (Gabapentin), take this 3 times a day for 10 days.
 - If you are given Ibuprofen, take this every 8 hours with food as needed for pain.
 - If you are given Tylenol, take this every 8 hours (alternate with Ibuprofen).
 - If you are given a narcotic medicine (Vicodin, Percocet, Norco, Tramadol) take this as instructed for pain unrelieved by the Neurontin and Ibuprofen. Do NOT take additional Tylenol with these medications.
- **Wound Care:** You will either have dissolvable stitches covered with "glue," or staples. The glue does not have to be removed and will flake off in 2-3 weeks. If you have staples, they will be removed in the office 7-14 days after your procedure. Steri-strips should be left in place for 10 days or until they begin to peel off.
- **Bathing:** It is ok to shower beginning 24 hours after your procedure. No baths, swimming, or soaking for 2 weeks following your surgery.
- **Exercise / Activity:** You may resume any "leg activities" (e.g. walking, running, bicycling) as soon as you feel you are able, however refrain from lifting more than 20 pounds, core abdominal exercises such as sit-ups, push-ups, yoga, Pilates, or strenuous sexual activity for 6 weeks. *If it hurts, don't do it!*
- **Pathology Results:** These normally return in 4-6 business days. We will notify you of any concerning results when they are obtained and will review results at your follow-up appointment.
- **Working / School:** You may return to work or school as soon as you feel able as long as you comply with the activity restrictions listed above.
- **Follow-up Appointments:** You will be given instructions on when to follow up with your surgeon (if not already scheduled) and any other necessary physicians at the time of your discharge.