

# Recovering After Emergency Laparotomy





# Recovering After Emergency Laparotomy

Patient Name \_\_\_\_\_

Surgeon Name \_\_\_\_\_

Surgery Date \_\_\_\_\_

After surgery, find out what procedures were done.

Ask your surgeon to write them here:

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This booklet is intended to provide general information. It is not a substitute for instructions or surgery-specific education provided by members of your healthcare team.

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# Welcome

Surgery can be overwhelming. Everyone is different. Your care team will create a recovery program just for you.

This booklet is based on research that helps everyone recover better and faster after surgery. For example, walking and moving soon after surgery is important. So, if you had surgery before, some information may be new or different.

This booklet will help you:

- Plan for recovery in the hospital
- Plan for recovery at home

Near the end of the booklet there are planners and checklists to help you and your family.



## Read this booklet as soon as you can.

- Write down any questions to ask your surgical team when you see them. Or call with any questions.

We want you, your family, and friends to understand what to expect so everyone can help you recover.

*Signed, Your Surgery Team*

# Emergency Laparotomy Surgery

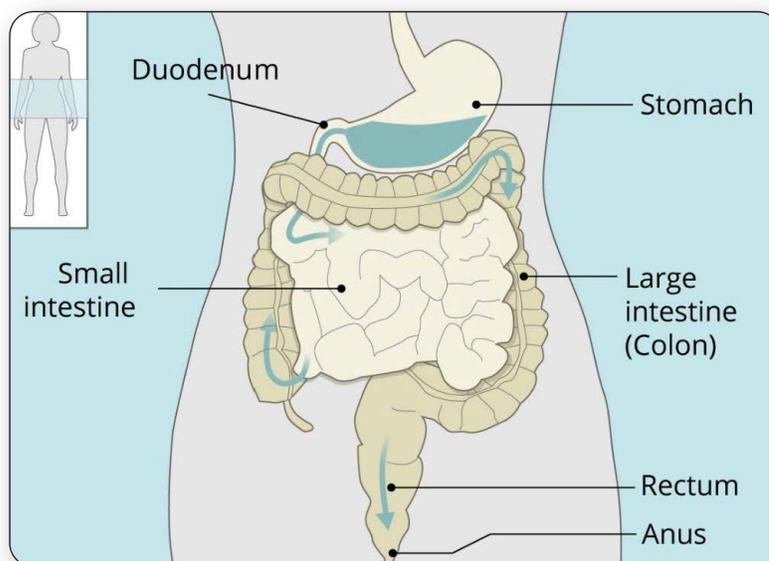
When surgery needs to happen suddenly, it's stressful. And while you couldn't plan for emergency surgery, knowing what to expect and what to do will help you ask better questions and give you a sense of control.

A **laparotomy** [LAP-uh-ROT-uh-mee] is a surgical procedure in which a large opening is made in the abdominal wall (the belly area) to take a look at what is wrong inside and needs to be repaired. This guide will tell you about surgery and recovery in the hospital and at home. To understand what may happen during surgery, let's take a look at some diagrams of the belly area.

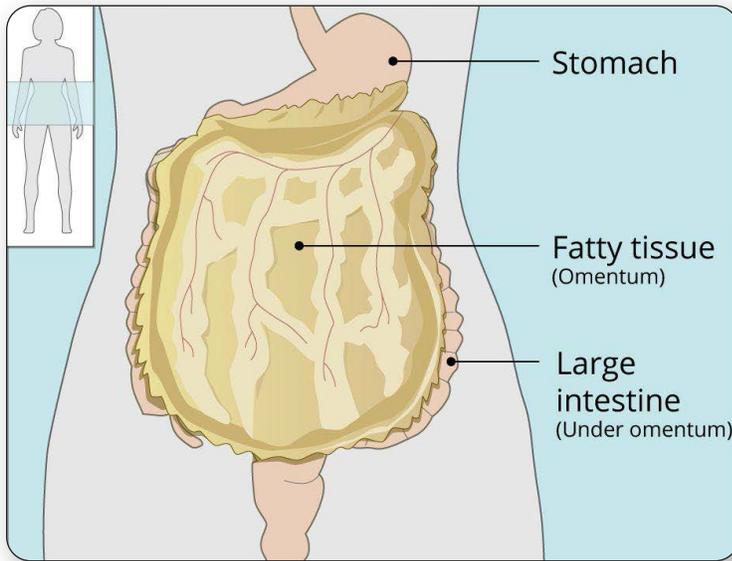
## Your Body

Food starts to get broken down in your **stomach**. Next, it moves into the very first part of the small intestine: the **duodenum** [doo-ow-DEE-nuhm]. More nutrients are absorbed as food moves through the rest of your **small intestine**. Next, it moves into your **large intestine (colon)**. The colon absorbs water, and the leftover waste becomes feces (poop).

At the end of the colon is the **rectum** [REK-tuhm]. When waste moves into the rectum and it feels full, your body knows it's time to go to the bathroom. And the rectum pushes feces (poop) out through an opening at the bottom, called the **anus** [AY-nuhs].



As shown below, there's also a large piece of **fatty tissue** that hangs down from the stomach. This is called the **omentum** [OH-men-tem]. It covers the intestines and other organs.

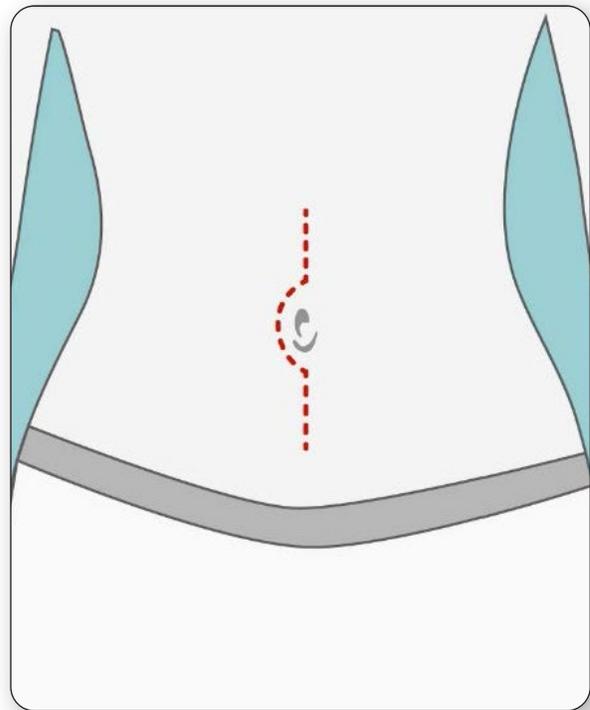


## What Happens During an Exploratory Laparotomy?

A large opening is made in the belly (abdomen). Then, the surgeon takes a look to see what's wrong and repair it.

While this surgery is done for many reasons, some of the most common are:

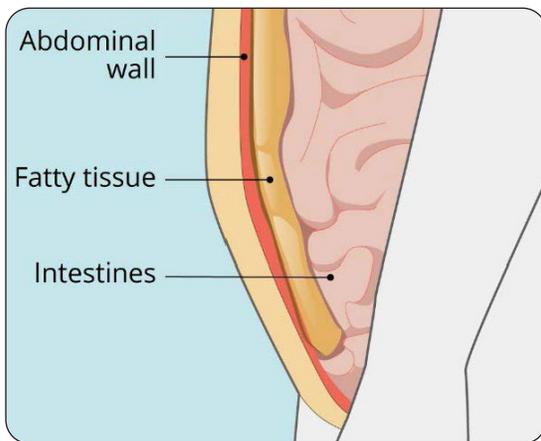
- Hernia
- Ulcer
- A problem in the intestines



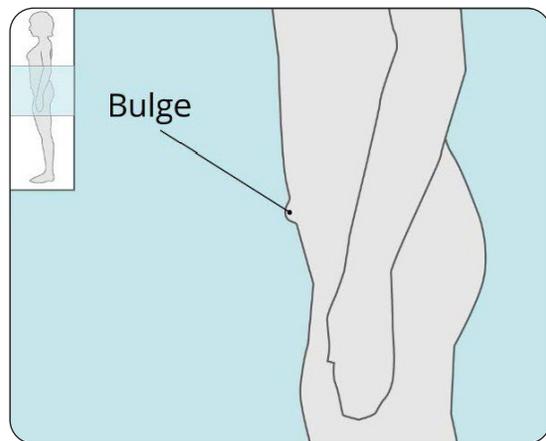
## Surgery for an Abdominal Hernia (uhb-DAA-muh-nuhl HUR-nee-uh)

Sometimes, there's a weak area or an opening in the **abdominal wall**. This may be from a past surgery. This opening is called a **hernia**. Some of the fatty tissue or part of the intestines can poke through the opening, creating a bulge. Take a look at the diagrams below showing the bulge from the side.

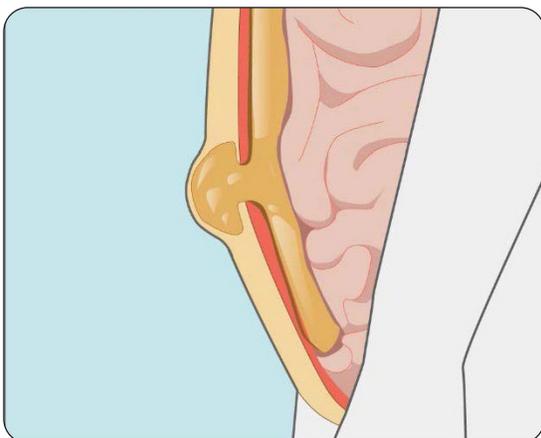
**1** This shows the abdominal wall, the fatty tissue behind it, and the intestines behind that.



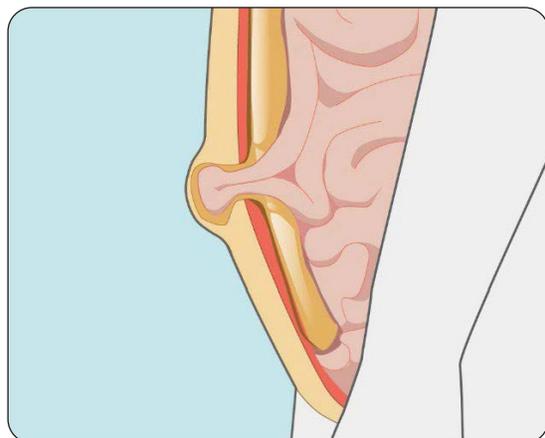
**2** This shows how a hernia may create a bulge in the belly.



**3** Fatty tissue may poke through the opening and cause a bulge.

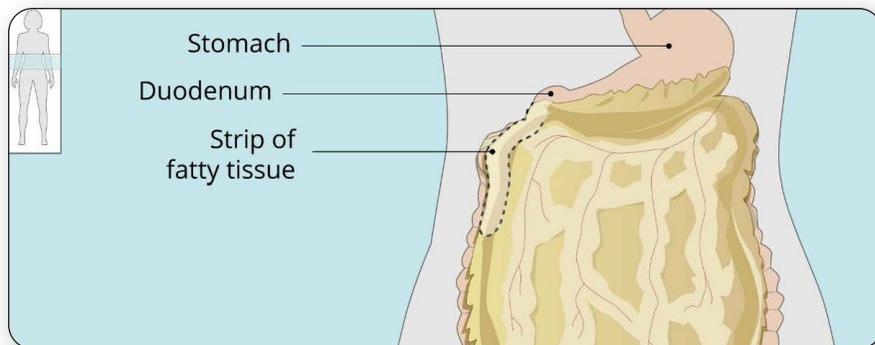


**4** Or fatty tissue and some of the intestines may poke through the opening and cause a bulge.

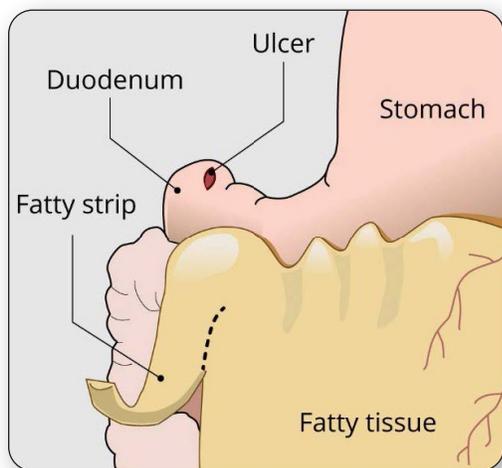


## Surgery for an Ulcer [UHL-ser]

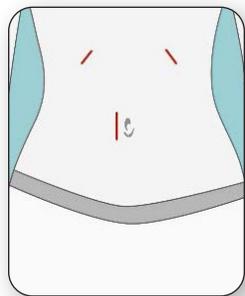
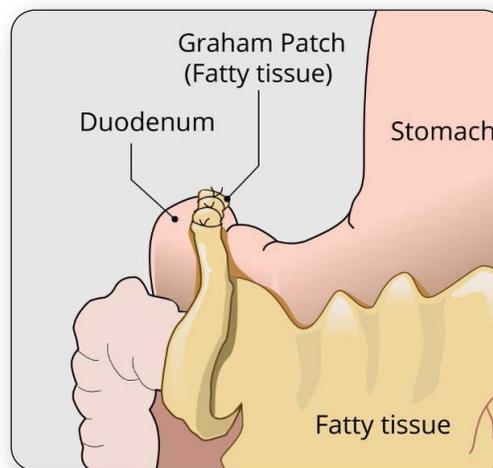
An **ulcer** is a wound in the wall of the stomach or any part of the intestines. Surgery is done if an ulcer becomes a hole in the wall of the stomach or duodenum. To repair the ulcer, first the surgeon may separate a strip of the fatty tissue as shown below (this strip is still attached at the top).



You can see how the strip of fatty tissue is still attached at the top (below the duodenum).



The bottom of the strip is flipped up over the ulcer to cover the hole. It's stitched in place. This is called a **Graham patch**.



This procedure may be done through a few small openings as shown at left.

Other times, a larger opening needs to be made in the belly to repair the hernia.

## Surgery for a Problem With the Intestines

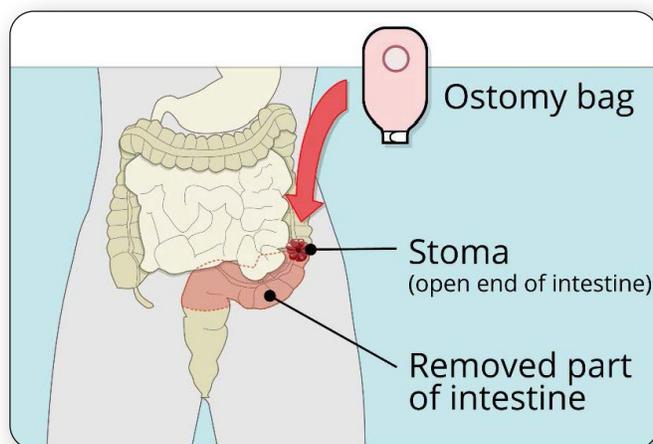
- The intestines may be blocked. This can be very painful.
- They may be inflamed because of something like an infection or a hole (perforation) in the intestines.
- There may be serious bleeding inside the intestines.

Sometimes part of the intestines may need to be removed. And an **ostomy** [OS-tuh-mee] may be done.

### If an Ostomy Is Done

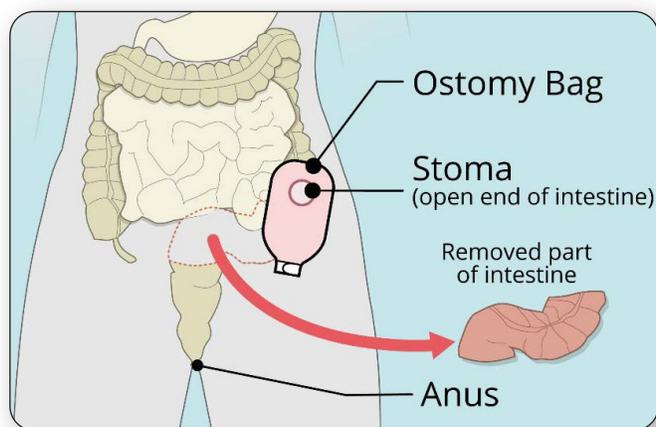
As shown in the diagrams at right, with an ostomy, part of the **intestines** is removed. Then a small opening is made in the belly. This opening can be in different places. It depends on what part of the intestines is removed.

The open end of the intestines is attached to this opening in the belly. This opening is called a **stoma** [STOH-muh].



As waste leaves the body, it empties into a small bag (pouch). So, when people have an ostomy, waste (poop) no longer leaves their body through their anus.

Some people have an ostomy for a few months. Other times, it's permanent.





## Timing of Surgery

Once the decision is made to do emergency surgery, it's done as soon as possible. Surgery may be done later that day or the next day.

Surgery may take many hours. So, family and friends may need to wait a while until the surgeon can talk with them.

It's a lot to take in. And things may happen very fast. Your doctor can tell you how serious this is and what the risks are. With any surgery, there's a risk of death during or after a procedure. This risk is often higher with emergency surgery. So, talk with your doctor to understand your risks.



## Your Wishes

Most of the time, surgery goes fine. But everyone should make sure their doctor and family know their wishes. If a decision needs to be made about your care during surgery or if you cannot speak for yourself after surgery, your team needs to know who speaks for you.

Since this is emergency surgery, make sure your doctor knows who in your family knows your wishes and can speak for you if you cannot speak for yourself during or after surgery. This person is called your healthcare power of attorney or healthcare proxy.

Make sure this person knows what treatments (like cardiopulmonary resuscitation, otherwise known as CPR, an emergency lifesaving procedure performed when the heart stops beating) you would or would NOT want if there was a serious problem.

It's best to create an **advance directive** (living will) to document what you would or would not like done to keep you alive. It's a good idea for everyone to have this and to talk with their family about it. You can change it any time.



### TIP

- If you have an advance directive, bring a copy to the hospital.
- If you don't have one, we may be able to help you create this before surgery.

Find a sample advance directive from your state on the internet here:  
<http://bit.ly/StateForm>

# Recovery in the Hospital



Recovery is different for everyone. It depends on what happened during surgery and on your health before surgery. You may be in a regular hospital room or in the intensive care unit (ICU).

- When you wake up, you may have a tube in your mouth and throat to help you breathe.
- You may have a tube in your nose.
- You'll still have a small **intravenous** [in-truh-VEE-nuhs] tube (an IV) in your arm for fluids.
- There may be tubes to drain fluid from your belly and a tube to drain urine from your bladder.
- Don't worry if you don't feel like eating. Your doctor will keep an eye on this. And there are ways to give you nutrition if needed.

You'll get a small plastic tube (shown at right) to help you practice taking deep breaths in. This helps prevent serious lung infections, like **pneumonia** [noo-MOHN-yuh].



## Moving Helps You Recover

This will help you get better and go home on time. While it may seem hard, moving is one of the best things you can do to recover.

It helps prevent serious problems like blood clots and pneumonia.



A nurse or assistant will help you do things like get out of bed, sit in a chair for meals, and get up and walk. If your blood pressure is low, we may have you wait so you don't faint or fall.



## Call, Don't Fall!

- Do NOT get up on your own the first time!
- You may be lightheaded and could fall.
- Press the call button. And a nurse will help you get up.

Only close friends or family should visit during your recovery. You'll still be tired and need rest.

Computers, tablets, and cellphones are allowed. Have a family member or friend bring yours if desired, since there is Wi-Fi (internet access) in the hospital.



## Possible Confusion After Surgery (Delirium)

Sometimes people are confused after surgery. This is called **delirium** [dih-LEER-e-uhm]. It's more common in older people.

### With delirium, people:

- May not know who or where they are
- May not remember recent events
- May have trouble understanding others
- May be hard to understand
- May not recognize friends and family

### Family and friends can help recognize delirium.

Ask those who accompany you to let the nurses know if you seem different or if any confusion is worse than usual.

### To help prevent or treat delirium:

- Have a family member or friend bring any glasses or hearing aids you may have.
- Ask a family member or friend to stay overnight when confusion can be worse.
- Have a family member or friend turn the TV off, especially at night so you can sleep.
- Have a family member or friend share photos or familiar objects to help with your memory.



## Pain Relief After Surgery

This is major surgery, and most people have pain after surgery. To guide your pain relief, we'll ask you about your pain regularly. You'll still have some pain, but we want to make sure your pain isn't too bad. You should be able to take deep breaths, cough, move, and walk without a lot of pain.



### To help manage your pain:

- Let us know if you already take any pain medications.
- If a small tube was placed in your back to deliver medication (called an epidural [EP-i-DOOR-uhl]), you may get pain medication through it.
- You may get a pain patch to help with pain by the surgical area.
- You may get medications like acetaminophen (Tylenol®) or ibuprofen (Advil®).
- Opioid [OH-pee-oid] pain medications are only used if needed.

### Why avoid opioid pain medications?

Opioids are strong pain medications like morphine, oxycodone (Oxycontin® or Percocet®), Vicodin®, Norco®, Dilaudid®, and many others. **Only take opioids if you need them because:**

- They can be addictive
- They can make people feel sick to their stomach
- They can make it hard or painful to have a bowel movement or poop (constipation)

Problems like constipation can be painful and serious. So, we'll use other pain medications when possible.



Let us know if you or anyone in your family has an addiction to drugs, including prescription medications or alcohol. This information helps us create the best pain management plan for you.



### **IMPORTANT**

**We want to manage your pain and help prevent the problems some pain medications cause. Please tell us if you have any concerns about pain medications or pain control.**



Focus on things you enjoy. Listen to music, watch a movie, read a good book, or talk to a friend on the phone. This can help take your mind off any pain you still have.

Prescriptions for medication can often be filled while you are in the hospital. Ask if you can do this.

## **You May Need To Stay in the Hospital Longer**

**You may need to stay in the hospital if you feel sick to your stomach or you're throwing up.**

You'll get medication for this. If you still feel sick, eat and drink small amounts throughout the day. As long as you can drink and stay hydrated, feeling sick will probably go away. If you keep throwing up, we'll stop your food and drink for a while until it's under control.

Sometimes people feel sick or have pain if food and gas stop moving through the intestines. This called an ileus [IL-ee-uhs].

If this happens, a person cannot eat until it gets better. A small tube may be placed down the nose and into the stomach to treat this.

The best way help get food and gas moving again is to:

- Avoid opioid pain medications
- Get up and move around after surgery

**You may need to stay in the hospital if your surgical wound or the area inside your belly get infected.**

You'll get medications to help prevent infections. Sometimes people still get an infection in the days after surgery. Most of the time, an infection is easy to treat. But sometimes more surgery may be needed to treat it.

# Leaving the Hospital (Discharge)



## You'll be ready to leave the hospital when:

- You can get around on your own
- Your pain is well controlled with pills
- You can eat and drink
- You don't burp a lot or feel sick to your stomach
- You can pass gas: this is normal and expected
- You can care for any wounds or drains
- Your team thinks you're ready

## To help you at home, you'll get:

- Directions for medications and wound care
- Prescriptions for medications
- An appointment to see your surgeon or doctor in 1 to 2 weeks
- Ostomy supplies, if you need them



Arrange for someone to take you home. If that's not possible, let your healthcare team know so they can help you get home safely.



## Before you leave, ask how your surgery may affect:

- Hobbies and activities
- Driving
- Return to work or school
- Your sex life
- Living with an ostomy, if this was needed
- Nursing home, rehab, or home care
- Caring for your surgical wound
- Belly pain
- Showering
- Going to the bathroom
- Eating and drinking
- Exercising, walking, and lifting
- Your mood

Issues you may want to ask about include:



## Hobbies and Activities

You can get back to most activities soon after surgery. Do things you enjoy. It's good for your mood and well-being.

If you feel tired and worn out at first:

- Take afternoon naps.
- Set small goals. Try to do a little more each day.



## When Can I Drive Again?

**Do NOT drive until your surgeon says it's OK.**

Ask when you can drive again. Pain pills (like opioids) slow down your reaction time.



**For your safety and the safety of others, driving while taking opioids is NOT recommended and is illegal in some states.**



## When Can I Go Back to Work or School?

Talk with your doctor. It depends on what kind of work you do and what was done during surgery. It may be a few days or many weeks. Also let your doctor know if your job involves a lot of physical work, like lifting.

- Ask your doctor and your employer if there are any rules about when you can return to work.
- If you need a return-to-work form or short-term disability papers, we can help you fill these out before you go home.



## When Is It OK To Have Sex?

Ask your surgeon when it's OK to have sex or any questions you have about sexual function after surgery.

It's often fine to have sex once your pain goes away. It depends on what kind of surgery you have and any other conditions. It's important to get your questions answered.



## What Is It Like To Live With an Ostomy?

Getting used to an ostomy can take some time.

- Most of the time, others won't notice the bag under your clothes.
- It should not smell or leak.
- People can still be active.
- People can still have sex.

If an ostomy is done, we will:

- Show you how to change the bag
- Show you how to order supplies
- Talk to you about getting used to it
- Make sure you know when to call us



Sometimes people like to connect with others who are getting used to having and caring for an ostomy. Let us know if you or anyone in your family would like us to connect you with others who have an ostomy or care for someone who does. They can give you insights and support.



## Nursing Home, Rehab, or Home Care

We'll talk with you to figure out if a nurse should visit you at home, or if you need help getting your strength back at a nursing home.

If your insurance approves home care, people with medical training will visit you at home to help with things like wound care. Bandages may need to be changed two times a day. So, even with home care, you or a family member may need to change some bandages.

If you need to go to a nursing home while you recover, we'll help find one that's right for you and is covered by your insurance. Sometimes people need to wait for an open bed or for insurance to approve it.



**Find out if you should get anything like:**

- **A shower stool**, so you can sit down in the shower.
- **A seat for your toilet to raise the height**. This can make it easier to sit and get back up.
- **A special large band or "binder" to wear around your belly**. This can be helpful if an opening was made in the belly during surgery.

# Recovery at Home



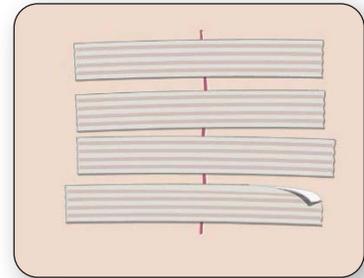
If you start to run low on any medications, call your surgeon's office a few days before you run out.

## Caring for Your Surgical Wound

It varies, but for the first few weeks, the scar may feel hard. It can be uncomfortable. Sometimes it takes months for the scar to "soften."

The skin on one side of the scar may feel numb. This is normal and may not go away.

To keep the area closed, there may be small strips of medical tape (Steri-Strips™) (shown at right) or surgical glue.



**Do NOT pick at the surgical tape or glue. Over time, these will come off on their own.**

If you have surgical staples, these will be removed at your follow-up appointment.

If there was an infection in your belly, the skin may be left open and packed with gauze. This may sound strange, but it helps the wound heal from the inside out. We'll show you how to care for it.

Let us know if there's any fluid or pus coming from the area.



## Belly (Abdominal) Pain

You may have cramps the first week after surgery. These usually last a few minutes and then go away. **But call if pain gets worse, doesn't go away, or if you have any signs of infection:**

- Severe belly pain for more than 1 or 2 hours
- Pus or bad-smelling fluid coming from your wound
- A fever of 101.5 degrees F or higher

And if you just don't feel well, please call. The phone numbers are at the end of this booklet.



## Showering

Find out when it's OK to shower. Until then, you may need to take sponge baths for a while. **Once your doctor says it's OK to shower:**

- Gently wash the wound with soap and water.
- Pat the surgical scar area dry with a clean towel.



**Do NOT sit in water (like a bathtub or hot tub). And do NOT go into a pool, lake, or the ocean until your doctor says it's OK.**



## Urinating

After surgery, sometimes people feel like they still have to urinate (pee) even after going to the bathroom. This usually goes away in a few days. **If it doesn't go away or if you have any pain or burning when you urinate, please call your doctor. Pain or burning can be signs of infection.**



## Getting Your Bowels Moving After Surgery

After surgery, some people get constipated (when it's difficult or painful to poop). If you still have problems with constipation in the weeks and months after surgery, talk with your doctors. Don't suffer in silence!

If any of your intestines were removed, talk to your surgeon about what to expect when going to the bathroom.

### During the first 2 weeks at home:

- Drink plenty of fluids.
- Ask your doctor what to eat and what to avoid.
- Take regular walks. Walking and activity can help get things moving.



## Eating and Drinking

Your body will heal better if you get good nutrition and protein (like cottage cheese, eggs, fish, chicken, etc.).

Find out if you can talk to a nutritionist who can help put together a plan that makes sense for you.

### **In the weeks after surgery:**

- Avoid soda and fizzy drinks. These can cause gas.
- You may feel like you want to eat, but you may get full easily.
- You may not feel like eating because food doesn't taste or smell right to you.

### **Trouble eating should go away. But if it does not:**

- Eat a lot of small meals throughout the day.
- Have protein drinks and high-protein foods you've eaten in the past, like cottage cheese and peanut butter.



### **Possible Weight Loss**

Sometimes people lose 10 to 15 pounds in the weeks after surgery. You should stop losing weight 4 or 5 weeks after surgery. If you don't, let your doctor know.



### **Eating After You Heal**

Find out if you can eat the same foods you have been eating, or if there's anything you should avoid. If eating certain foods causes any pain or problems, let your doctor know.



### **Exercise, Walking, and Lifting**

Get exercise a few times a day. Walking is good. Exercise a little more each day over the next 4 weeks until you're back to your normal level of activity.

- Ask if you can go up and down stairs.
- **Do NOT lift anything heavy that would cause you to strain.**
- **Do NOT play sports where you could get hit or knocked down (like football, basketball, soccer, baseball, or martial arts [like karate]).**



### **Ask your surgeon when it may be safe for you to lift things or play any sports.**

If you have pain, slow down! Pain is your body's way of telling you it's not ready to do something.





## Your Mood

Keep in mind, you just had surgery you didn't expect. You may feel grateful that you were treated quickly, but it can also be an upsetting experience.

It may take a while before you feel like yourself again. You may feel sad or upset. And you may feel alone after your time in the hospital. These feelings usually go away as you heal.

- Counselors and chaplains are available to talk while you're in the hospital.
- Call friends and family to talk.
- Invite people over to keep you company and help out.



**If you feel very sad, overwhelmed, or helpless after surgery, please call your doctor.**

It's important for us to know so we can make sure you feel better and recover well.

# Recovery Planners and Checklists

## Planners

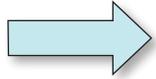
- Recovery Planner

## Checklists for Recovery

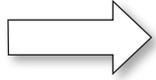
- After Surgery
- Before You Go Home
- At Home
- Notes

## My Recovery Planner

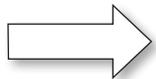
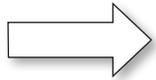
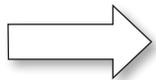
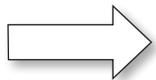
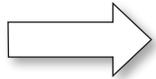
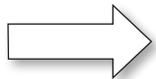
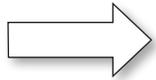
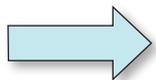
Use this calendar grid to write down important dates.



**In the top row**, add your surgery date on the appropriate day of the week. Then mark what day you expect to go home from the hospital.



Add any follow-up appointments to the calendar.



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

## Checklist for After Surgery

You'll get pain medication. You will have some pain, but talk to your nurses if:

- You're worried about taking pain medication
- You still have too much pain
- We'll help you get up and walk. Do NOT get up on your own the first time.
- You may start physical therapy the day of surgery.
- To help prevent blood clots, regularly point and flex your feet and squeeze the muscles in your legs.
- To help prevent lung infections, you'll get a device to help you take deep breaths in. Ask how often to do this. It's very important to do this every hour or so.
- If you need help getting your strength back at a rehab facility, a social worker will help with this.

## Before you go home, make sure you have:

- Prescriptions for any new medications. You can get these filled at the hospital. Ask a nurse.
- Directions for how and when to take any medications.
- Directions about taking showers.
- Any home healthcare scheduled.
- An appointment to see your surgeon in about 1 month.
- Find out when to remove your bandage.
- Make sure you know when to call.

## At Home

- Follow instructions about what to eat and drink.
- Get exercise, like walking, a few times a day. Do more each day.
- Do NOT sit for long periods of time.**
- Ask when it's OK for you to drive again.**
- Do NOT smoke, vape, or chew tobacco for at least 4 weeks.**
- Do NOT drink alcohol while you still take any pain medication.**
- Do NOT lift anything heavy that would cause you to strain.**
- Do NOT play any contact sports like football or basketball.**



# Hospital Information and Contact Numbers

Write down hospital information about instructions, hours, phone numbers, etc., here.

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## **Parking and Check-In**

Write down parking information here.

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## **Visiting Hours**

Write down visiting information here.

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## **Contact Numbers**

Write down important numbers for the patient here (e.g., physician's office, main hospital number, operating room).

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## When To Call

If you are worried or have a question, please call. Also let us know if any medications make you feel bad or cause any side effects. If we know, we can help.

### Call **RIGHT AWAY**:

- If you have a fever of **101.5 degrees F or higher**
- If your wound is red
- If your pain is **WORSE**
- If your pain medication doesn't control your pain enough
- If you have very bad pain in your belly (abdomen) that lasts for more than 1 or 2 hours
- If pus or fluid is coming from your wound
- If it burns when you urinate (pee)
- If you get diarrhea
- If you feel sick to your stomach or you are throwing up

**Call as soon as you think something is wrong. Don't wait!**



### Call 911 or go to the Emergency Room:

- **If you have chest pain**
- **If you become short of breath or have trouble breathing**
- **If you have any other severe problems**

**Have the emergency team call us when you are stable.**



**You can print or tear this sheet out and put it on your refrigerator.**





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