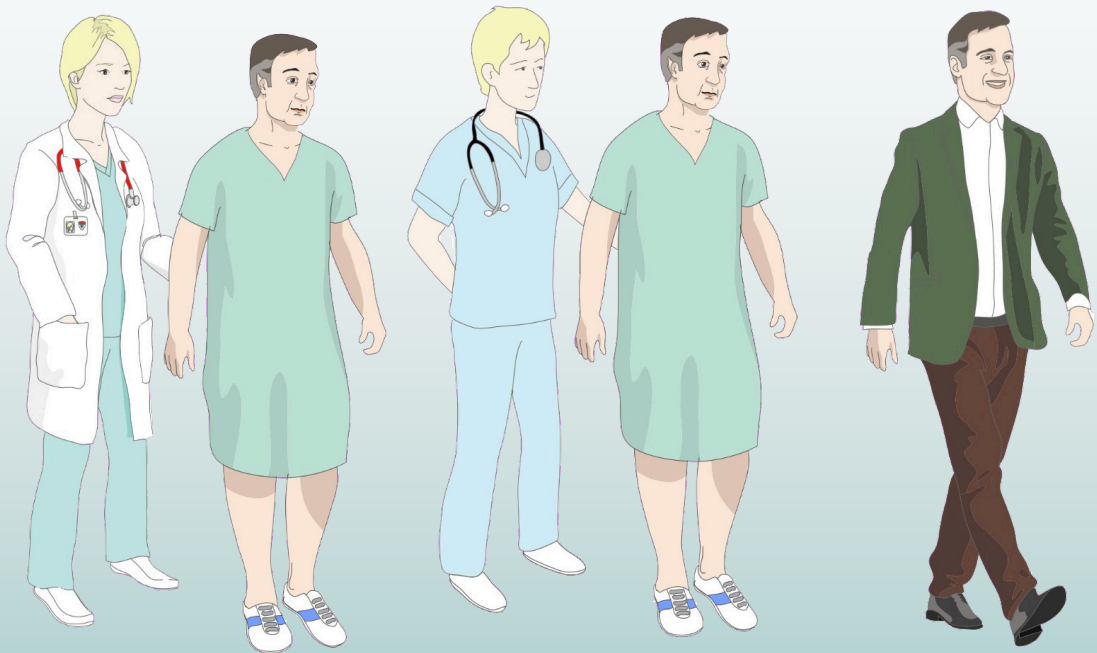


A guide to your emergency surgery to the belly

Having emergency surgery and not being able to prepare in advance can be stressful. This booklet is to help you understand your surgery, your hospital stay, and what to expect after leaving the hospital.



PRET/SURE

Parcours de rétablissement chirurgical du CUSM
MUHC Surgery Recovery Program

Centre universitaire
de santé McGill



McGill University
Health Centre

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IMPORTANT

The Information provided by this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional healthcare practitioner, or to substitute medical care. Contact a qualified healthcare practitioner if you have any questions concerning your care.



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Table of Contents

Introduction	4
What is a Care Pathway?	4
What is an emergency surgery to the belly?	5
What are the organs in your belly?	6
What is an injury to your belly?	7
What happened during your surgery?	8
After your surgery.	10
What to ask friends or family to bring to the hospital	10
Useful places and information	11
Tips for preventing infection	12
Pain control	13
Exercises	15
Goals for the day of surgery	19
Goals for 1 day after your surgery	20
Goals for 2 days after surgery	21
Goals for 3 days after surgery	22
Goals for 4 days after surgery: Going home	24
At home	25
Managing pain	25
Caring for your cuts	26
Diet	27
Exercises and activities	28
When to get help	29
Follow-up appointments	30
Contact information	30
Resources.	31
Map of Montreal General Hospital	32

What is a Care Pathway?

When you have your surgery, you will be part of a Care Pathway program.

The Care Pathway program helps you get better quickly and safely. Your health care team worked together to create this pathway.

This booklet will:

- Help you and your family understand your surgery and what happens when you are admitted to the hospital for an injury to the belly.
- Explain how you can play an active part in getting better after your injury.
- Give you goals for each day that you are in hospital.
- Give you information for when you go back home.

Research shows that you will recover faster if you do the things covered in this booklet. There are instructions about eating and drinking, physical activity, and controlling your pain. These will help you to feel better faster.

Keep this booklet with you during your hospital stay. Use it as a guide for your hospital stay and when you leave the hospital. Your health care team will review the information with you and your family before you leave the hospital.

Having surgery can be stressful for you and your family. The good news is that you are not alone. We will support you each step of the way.

Please ask us if you have questions about your care.

Your MUHC surgery team

If you do not speak French or English:

Bring someone with you during your visits and hospital stay who can help you understand.

What is an emergency surgery to the belly?

Getting hurt in the belly can be an unexpected event in your life.

It can be quite stressful for you and your family. Coming to a hospital emergency room and then having to get operated on can be a very stressful and confusing time.

Emergency surgery to the belly happens when we need to decide quickly to operate on you to save your life. Sometimes you may not be able to decide whether you want the surgery.



What are the organs in your belly?

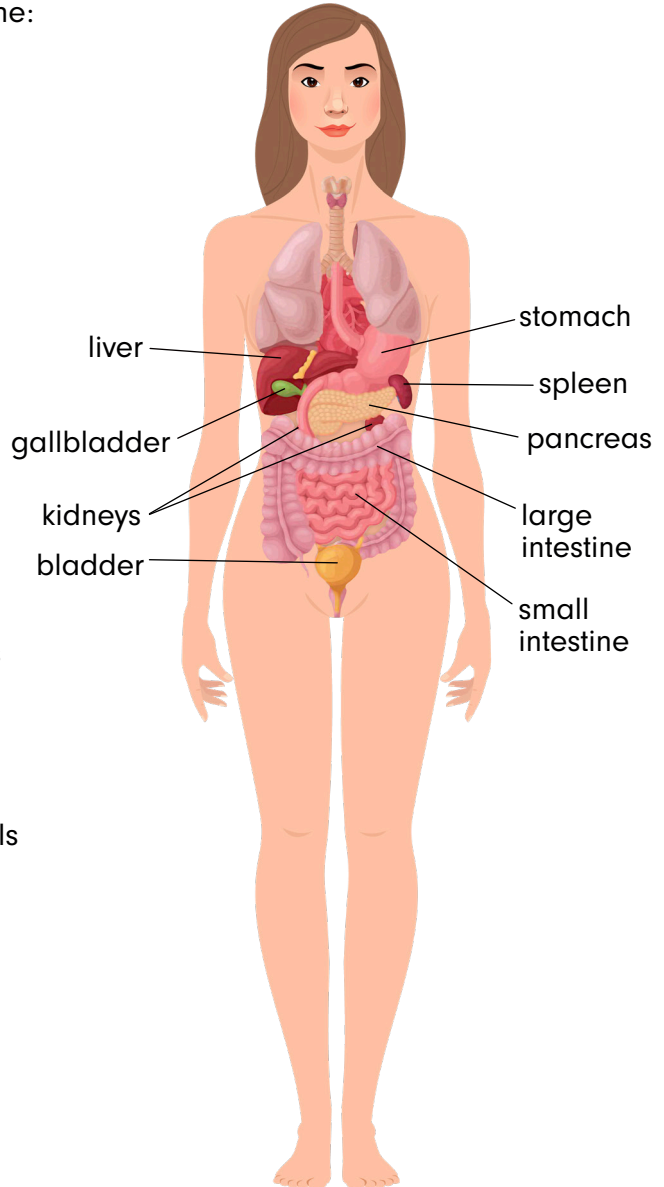
The organs in your belly are also known as abdominal organs.

The belly is the part of your body between your chest and your hips. Some of the organs in your belly are the:

- stomach
- liver
- gallbladder
- pancreas
- spleen
- kidneys
- bladder
- bowel
- important blood vessels such as the aorta and inferior vena cava

These organs help with:

- breaking down food and sending nutrients to where your body needs them most
- removing waste from the body
- making hormones
- making sure your blood sugar levels are normal



What is an injury to your belly?

An injury to your belly, also known as abdominal trauma, is when you get hurt in the area between your chest and hips.

There are 2 types of injury that can happen to your belly:

1. Blunt injury: this happens when something hits your belly with force but does not break through the skin.

For example:

- Getting hit by a car.
- Falling from a high place.
- Being hit with a hard object like a baseball bat.

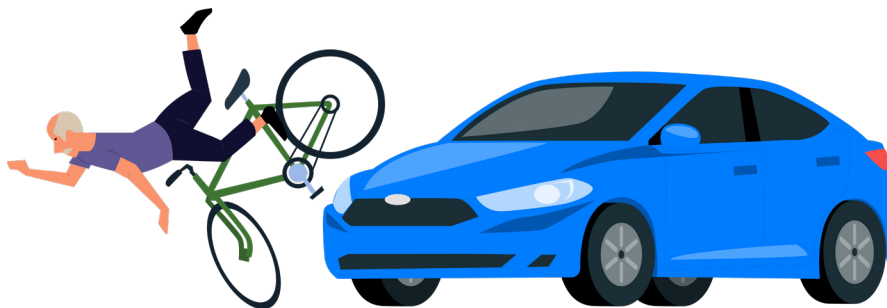
2. Penetrating injury: this happens when an object breaks through the skin and enters the belly.

For example:

- A gunshot wound.
- Getting stabbed by a sharp object (example: knife, metal rod, stake, etc.).

An injury to your belly can cause damage to one or more of the organs in your belly, such as the liver, spleen, or bowels (see page 6 "[What are the organs in your belly](#)").

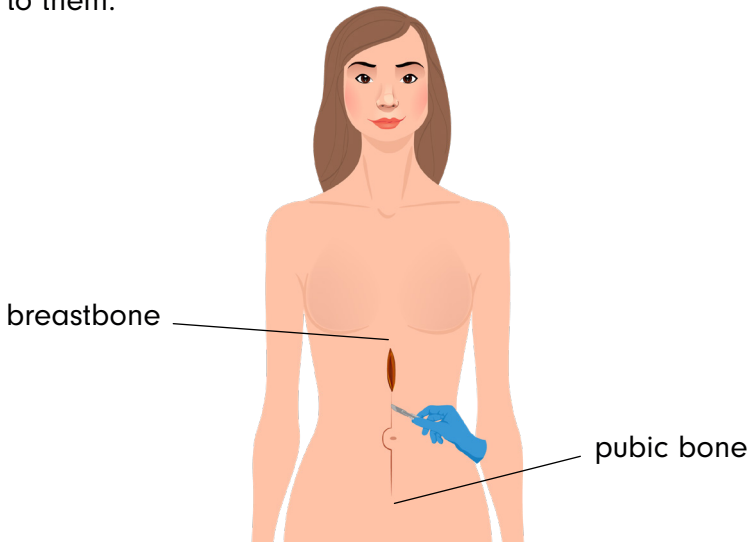
You may have pain, swelling, nausea, vomiting, or a hard time breathing. It can be a very serious and life-threatening event.



What happened during your surgery?

A laparotomy is a surgery to repair damage to the organs in the belly caused by a blunt or penetrating injury.

The surgeon made a cut in the middle of the belly, from the bottom of the breastbone to the pubic bone. The length of the cut depends on the injury. This type of cut allows the surgeon to see the organs and how much damage was done to them.



After the cut, the surgeon may have done one or more of the following:

- repaired or removed the damaged organs
- stopped any bleeding
- taken out any objects (like a knife) or dirt in the belly

After the surgery, the cut was closed with staples or stiches.



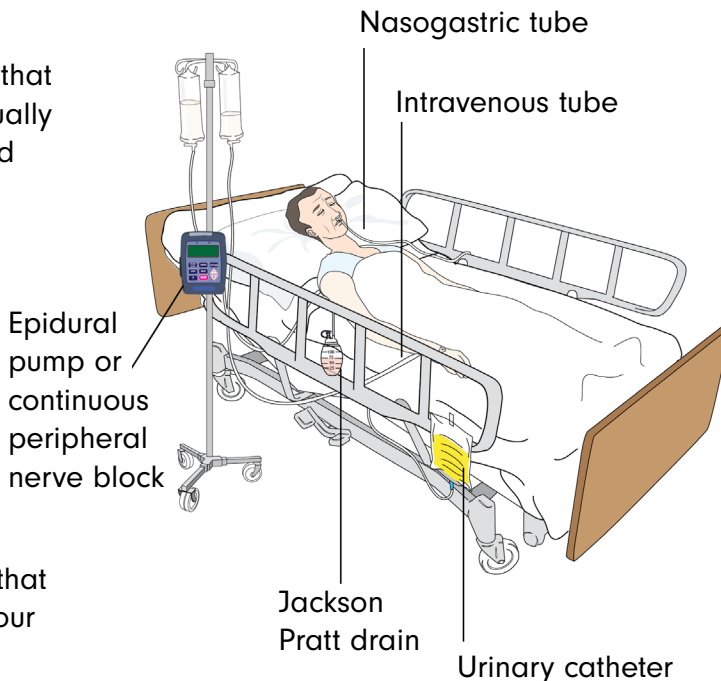
What happened during your surgery?

Your surgeon may have needed to put in 1 or 2 drains.

These drains are called Jackson Pratt drain or JP drain. They are made of plastic. They are placed into the belly through a small cut in the skin. These drains remove any extra fluid or blood that might collect in your belly after the surgery (see picture). The drains may be left there for a few days. Your medical team will remove them.

Other tubes that may have been inserted in your body:

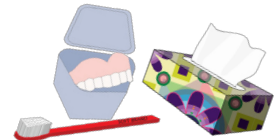
1. Intravenous tubes are tubes that are placed into any vein, usually in the arm. It carries fluid and medication into your body.
2. A nasogastric tube, also called an NG tube. This tube is put into your nose. It drains the stomach contents and allows your bowels to rest. You cannot eat or drink anything while the tube is in.
3. A urinary catheter is a tube that will help drain urine out of your bladder.



Your surgical team gave you the best care you needed. The team will explain the surgery in detail, answer any questions you may have, and give you the support you need throughout your recovery.

What to ask friends or family to bring to the hospital

- ✓ Medicare card, if you have any
- ✓ List of the medications you take at home (your pharmacist can give you one)
- ✓ Non-slip slippers or shoes, loose comfortable clothing for when you go home
- ✓ Toothbrush, toothpaste, hairbrush, deodorant, mouthwash, soap, tissues, shaving tools if needed, and earplugs to help you sleep, or other needed personal care items
- ✓ Glasses, contact lenses, hearing aids or dentures with their storage cases, labelled with your name
- ✓ Cane, crutches, or walker, labelled with your name
- ✓ CPAP machine if you have sleep apnea



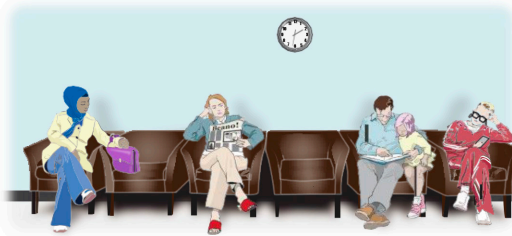
Bring these items in a small bag with your name on it. There is very little storage space.

Do not bring anything of value, including credit cards and jewelry. The hospital is not responsible for lost or stolen items.



To rent a TV in your room you will need to pay with a credit card or cash. Ask someone to take the credit card home after paying or have them make the payment for you.

Useful places and information



Free Wi-Fi	How to connect: Network: CUSM-MUHC-PUBLIC Username: public Password: wifi
Coffee shops	<ol style="list-style-type: none"> 1. Café bar (6th floor, near the main entrance on Cedar Ave) 2. Le cafe Hospitality Corner (small restaurant) (D6.125 - D wing, 6th floor, room 125)
Meditation and prayer room	D6.165 - D wing, 6 th floor, room 165
Cafeteria	D4 - 4 th floor, D wing
Bank machines (ATMs)	6 th floor, near the main entrance on Cedar Ave
Gift shop	6 th floor, near the main entrance on Cedar Ave (D6.145 - D wing, 6 th floor, room 145)
Parking	Rates: muhc.ca/patient-and-visitor-parking Accessible from Cedar Ave. see map on page 32.

Tips for preventing infection

Visitors: Hang coats and bags on the hook; do not put them on the floor.

Do not sit on the bed.

Do not use the bathroom in the patient's room.



Do not touch your tubes, dressings or equipment.

Do not share your food or utensils.



Wash your hands:

- after going to the bathroom
- before eating
- before and after touching the ice machine
- when going in and out of your room

Ask all visitors to do the same

Pain control

It is normal to have some pain after surgery.

You might not be completely pain-free, but you should be able to do your breathing exercises, get out of bed, sit in your chair, or walk in the hallway after your surgery.

You will have pain in the first few days after surgery. Your nurses and doctors will help you to manage the pain.

Our goal is to control your pain so that you can:

- Breathe deeply and cough well
- Move about and get out of bed
- Eat well
- Sleep well
- Recover properly

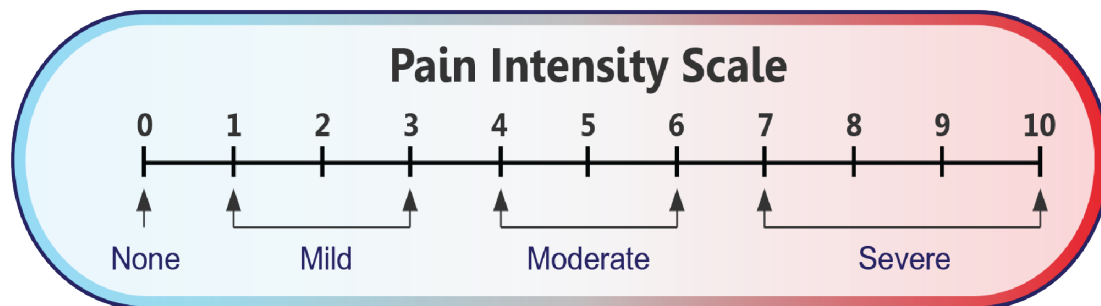


Pain intensity scale

Your nurse will ask you to rate your pain on a scale from 0 to 10.

0 means no pain and 10 is the worst pain you can imagine.

This number will help your nurse know how to best manage your pain.



If you are in a lot of pain, tell us right away. When you have pain, you may not want to move around. This can slow down your recovery.

Pain control



Options to control your pain

An anesthesiologist, a doctor who puts you to sleep and helps you not feel any pain during your surgery, will take care of your pain after the surgery.

You may have only one or all these options:

1. Epidural or peripheral nerve block

A small tube, also called an epidural catheter, will be placed in your back. This will numb part of the pain you may feel along your chest and belly. Your skin may also feel numb. This is normal. The small tube is usually removed 3 days after your surgery.



2. Patient-Controlled Analgesia (PCA) pump

A PCA pump is a machine that will give you a dose of pain medication when you press a button. The pump is attached to an intravenous (IV) in your vein. Nurses will teach you how to use this pump to control your pain.



3. Pills

Some patients may be prescribed only pills after the surgery to control pain. These pills are usually acetaminophen, also called Tylenol, and an anti-inflammatory pill to decrease swelling such as Celecoxib or Naproxen. If this is not enough to control the pain, we will give you a stronger pain medication such as an opioid.



4. Other ways to control your pain

Examples:

- Distraction
- Music
- Meditation

Exercises

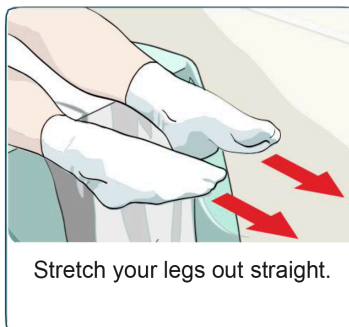
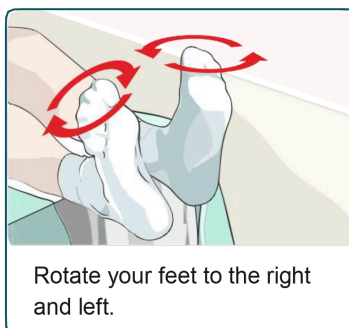
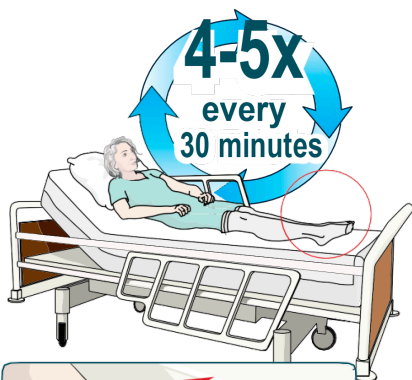
You must move around after your surgery. This will help prevent lung problems like lung infection, blood clots forming, and your muscles getting weak.

Start doing these exercises after you wake up from surgery. Keep doing them while you are in the hospital.

Leg exercises

These will help blood flow in your legs. Do each exercise 4 to 5 times every 30 minutes while you are awake. Stop if you feel pain.

- Stretch your legs out straight.
- Wiggle your toes and bend your feet up and down.
- Rotate your feet to the right and left.

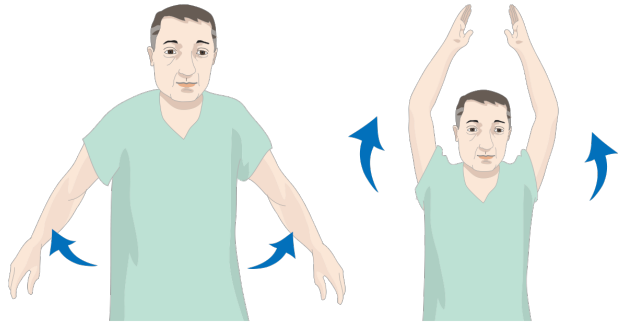


Exercises

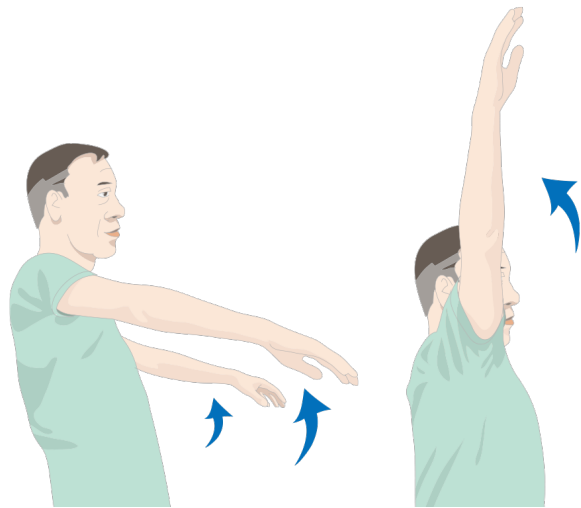
Arm exercises

Do exercises a and b, 3 times a day. For example, in the morning, afternoon and evening.

- a) With your elbows straight, lift your arms out to the side until your hands touch above your head. (pic) Repeat 3-5 times. Stop if you have pain.



- b) With your elbows straight, lift your arms in front of you and try to reach above your head. (pic) Repeat 3-5 times. Stop if you have pain.

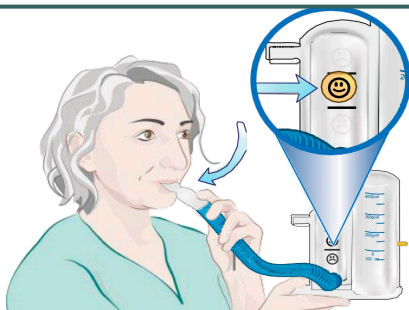


Exercises

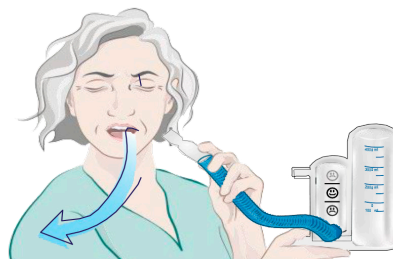
Deep breathing and coughing exercises

An inspirimeter is a machine that helps you breathe deeply. It helps you cough out secretions also called mucus, to prevent lung problems like pneumonia. Being able to cough is important. If you are in too much pain to cough, ask us to adjust your pain medications.

To use your inspirimeter:



1. Put your lips around the mouthpiece
2. Breathe in deeply for 2 to 3 seconds
3. Try to hold the breath



4. Remove the mouthpiece and breathe out
5. Rest for a few seconds



Repeat this exercise 10 times every hour while you are awake.

It is very important to breathe deeply and cough strongly after your surgery to prevent pneumonia.



Take a deep breath and cough. If you have some secretions, cough them up. Talk to your nurse or physiotherapist if ever you have questions on how to use your inspirimeter.

Exercises

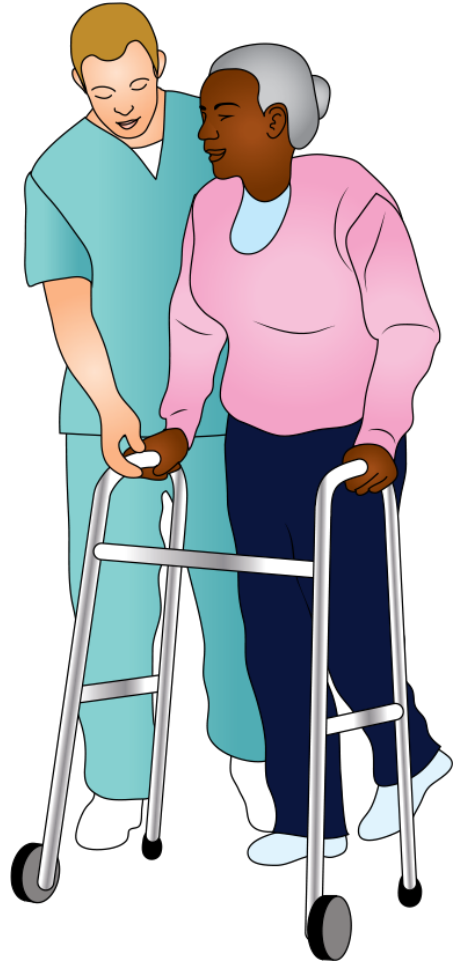
Physiotherapy

If your surgical team feels it is needed, a physiotherapist may visit you after your surgery while you are still in the hospital. The physiotherapist will look at how you move and get around after your surgery.

The physiotherapist may have you practice, as needed:

- getting in and out of bed
- walking and climbing stairs

This will help to make sure that you are moving safely when you go home.



Goals for the day of surgery

Activities



Do your breathing exercises (see page 17).

Do your leg exercises (see page 15).

Get out of bed. Sit in a chair with help.

If you are not allowed to get out of bed due to your injury, do your breathing and leg exercises in bed.

You may have stockings on your legs. The stockings are to prevent blood clots. Keep them on until your nurse tells you it is ok to take them off.

Diet



You may have a nasogastric tube also called NG. Do not eat or drink anything while the tube is in.

If no NG tube is placed, you can eat regular foods and drink. Unless your doctor tells you not to.

You will be given a protein drink. Protein helps heal your cut and make your muscles stronger. It is important that you eat or drink only what you feel you can.

Pain control

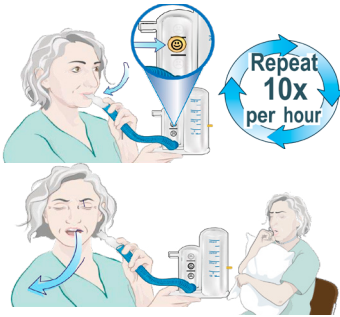


Tell your nurse if your pain reaches a 4 out of 10 on the pain scale. Your pain medication will be adjusted to keep you comfortable but not too drowsy.

Always keep your call bell beside you when in bed or sitting in your chair.

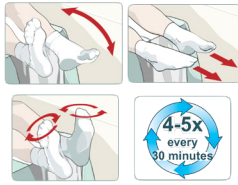
Goals for 1 day after your surgery

Activities



Do your breathing exercises (see page 17).

If you are not allowed to get out of bed due to your injury, continue your breathing and leg exercises in bed.



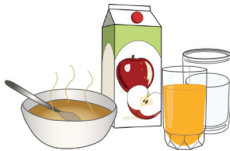
Do your leg and arm exercises (see page 15-16).



With help, do the following at least 3 times per day:

- Try to get out of bed and sit in a chair for about 30 to 60 minutes
- Walk in the hallway at least

Diet



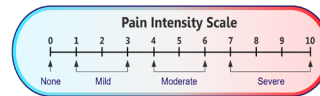
Once the NG tube is removed; you may eat regular foods and drink.

When you start eating regular food, include foods with fiber such as fruits, vegetables and whole grains.

Continue to drink liquids, including your protein drinks.

Always have your meals outside of bed while sitting in a chair.

Pain control



Tell your nurse if your pain is a 4 or more out of 10 on the pain scale.

Your pain medication will be adjusted to keep you comfortable but not too drowsy.

Tubes and drains

Your urinary catheter will be removed. The NG tube will be removed, if you still have one.

Test

You will have a blood test in the morning.

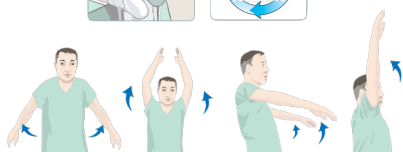
Always have your call bell at your side when in bed or sitting in a chair.

Goals for 2 days after surgery

Activities



Do your breathing exercises (see page 17).



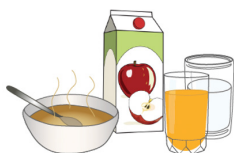
Do your leg and arm exercises (see page 15-16).



Walk in the hallway at least 4 times. Ask for help if needed

- Try to stay out of bed as much as you can
- The bandage on your belly will be removed

Diet



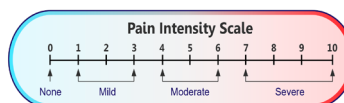
Once the tube in your nose is removed; you may eat regular foods and drink liquid.

When you start eating regular food, include foods with fiber like fruits, vegetables, whole grains

Continue to drink liquids, including your protein drinks.

Always have your meals outside of bed while sitting in a chair.

Pain control



Tell your nurse if your pain is a 4 or more out of 10 on the pain scale.

Your pain medication will be adjusted to keep you comfortable but not too drowsy.

Tubes and drains

If you still have the tube in your nose, it will be removed.

If you have drains in the belly, they may be removed (see page 9).

Always have your call bell at your side when in bed or sitting in a chair.

Goals for 3 days after surgery

Activities



Do your breathing exercises (see page 17).



Do your leg and arm exercises (see page 15-16).



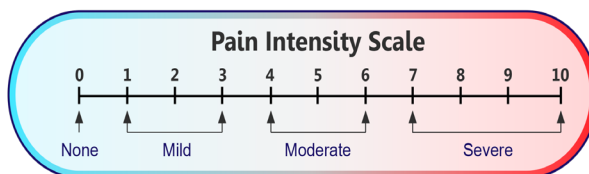
Walk in the hallway and try to stay out of bed as much as you can

Diet



- Eat and drink whatever you want. Include foods with fiber like fruits, vegetables, whole grains.
- Continue to drink liquids, including your protein drinks
- If possible, always have your meals outside of bed while sitting in a chair.

Pain control



Tell your nurse if your pain is a 4 or more out of 10 on the pain scale. Your pain medication will be adjusted to keep you comfortable but not too drowsy.

Goals for 3 days after surgery

Tubes



If you have an epidural catheter, a peripheral nerve block or a PCA pump to help with pain (see page 14), it may be removed today.

For an epidural: You will have a “stop test” to see if pills are enough to control your pain before we take out your epidural catheter.

This is how a “stop test” is done:

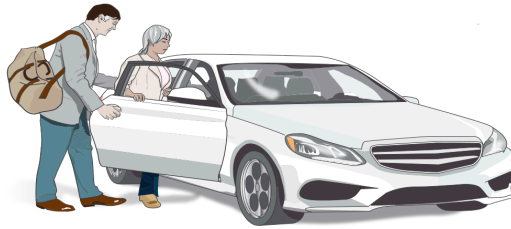
- You will take some pills for pain.
- We will stop the epidural, but we will leave the catheter in place.
- You may start to feel more pain once the medication from the epidural wears off. Tell your nurse if you feel you are in too much pain.
- If the pills control your pain, your nurse will remove your epidural catheter 6 hours after stopping the epidural.
- If the pills do not control your pain well enough, the epidural will be restarted.

You may leave the hospital 4 days after your surgery. Remember to arrange your transport. Tell your nurse if you or your family members are worried about leaving the hospital.

Goals for 4 days after surgery: Going home

You may leave the hospital 4 days after your surgery. If you do, plan to leave the hospital by 11 a.m.

You must arrange to have a ride home since you cannot drive.



You will be going home today if:

- Your pain is well-controlled with the pills
- You can walk and eat
- You are going to the bathroom without any problems
- Your cuts are healing well
- Your vital signs are stable (your blood pressure, pulse (heartbeat) and temperature are all normal)

Before leaving the hospital

- Continue to sit in the chair and walk in the hallway.
- Use the inspirimeter to do your deep breathing exercises.
- Make sure you:
 - Have the information for the follow-up appointment with your surgeon
 - Have a prescription for your medication
 - Read the next section of the booklet called "At home" (pages 25-28) and ask your nurse any questions



Tell your nurse if you have any concerns about leaving the hospital.

At home

This section will cover what you need to do when you are at home.

Remember: If you have questions or do not understand the information, ask us. We are here to help.

Managing pain

It is normal to have some pain during the first weeks or even months after surgery. You might not be completely pain-free.

Take acetaminophen, also called Tylenol, if prescribed, to control your pain. You may also be prescribed an anti-inflammatory medication, called Celecoxib. This medication reduces swelling that may cause pain.

Only add the opioid if your pain is not well controlled by the other pain medication mentioned above.

If you take the opioid do not stop taking acetaminophen and the anti-inflammatory medication, if prescribed.

If you have severe pain that is not relieved with the pain medication or have a fever and feel generally unwell, contact your surgeon's office or go to the Emergency Department. Go to page 31 for contact information.

Pain medication and constipation

Opioids can make you constipated (have trouble to poop).

If you get constipated:

- Take the stool softeners you were prescribed. If stool softeners do not help, talk to a pharmacist for advice.
- Add fiber, such as fruits and vegetables, and whole grains, to your diet. This depends on your diet restrictions.
- Get regular exercise. A 15-minute walk is a good start.



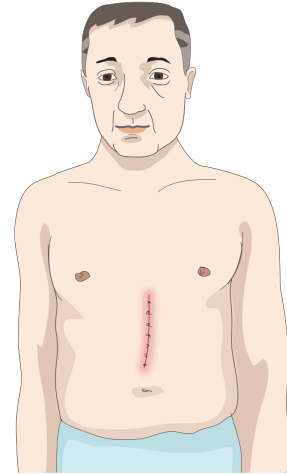
Caring for your cuts

Your cut(s) may be slightly red and uncomfortable during the first weeks after surgery.

It is normal to feel numb around your cuts. It usually takes 6 to 9 months for normal feeling to return.

Expect a phone call from your CLSC nurse. The hospital nurse will notify them after your surgery.

The CLSC nurse will remove your stitches or staples 7 to 10 days after your surgery.



When you no longer have a bandage

Do:

- Shower with the staples or stitches
- Use unscented soap
- Gently pat the cuts dry with a clean towel

Do not:

- Scrub or rub the cuts
- Apply creams, lotion or alcohol to the cuts



Diet

You can eat and drink what you want unless your doctor, nurse or nutritionist tells you differently.

Eat foods with fiber like:

- fruits
- vegetables
- whole grains

Drink plenty of liquids to help prevent constipation.

Eat foods that have protein to help your body heal like:

- meat
- fish
- chicken
- legumes
- nuts
- tofu
- milk, cheese and other dairy products

If you get full quickly, try eating smaller amounts at each meal and add healthy snacks between meals. Try high protein, high calorie shakes or commercial supplements.



If you have nausea that does not go away and you cannot keep anything down, call your surgeon's office. If you cannot reach your surgeon or nurse, go to the nearest Emergency Department.

Exercises and activities

You can slowly go back to all your usual activities when your pain is tolerable. Continue to do more each day. It is normal to feel tired after your surgery. Remember to rest between activities.

Family and friends can usually help with:

- Transportation
- Cleaning house
- Meal preparation
- Laundry
- Grocery shopping



Walk every day. It is good exercise. Shopping malls are good places to walk in the winter and summer.

Do not drive until your follow-up appointment with your surgeon. Do not drive while you are taking opioid pain medication. You can be a passenger.



Avoid intense physical activity for 12 weeks. Follow your surgeon's advice.

Generally, once you are pain free, you can go back to most other activities, including sex.

Your surgeon will let you know when you are able to go back to work, depending on your surgery, recovery, and your type of work.

It is normal to feel tired and weak after your surgery. Remember to take time to rest between activities.

It usually takes 3 to 6 months to get your full strength back.

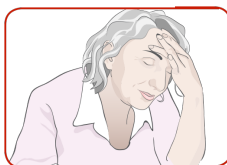
When to get help



If you have any of the following, contact your surgeon or nurse (see page 30).

If you cannot reach them, go to the nearest Emergency Department.

- You feel very weak



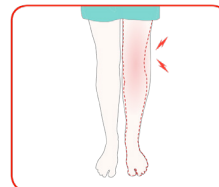
- Your cut is warm or red or you see pus coming out



- You have trouble breathing



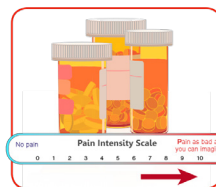
- You have redness, swelling, warmth or pain in either leg



- You have a fever higher than 38 °C/ 100.4 °F



- You have more pain and your pain medication does not help anymore



- You cannot drink or keep liquids or solid foods down. You have nausea or vomiting



- You have black stool (poo)



Follow-up appointments

You will get a follow-up appointment at the Montreal General Hospital, General Surgery Clinic about 2 to 4 weeks after surgery.

Write down any questions you might have ahead of time to prepare for your follow-up.

Contact information

General Surgery Clinic, Montreal General Hospital:

L9.200 (L wing, 9th floor, room 200). Phone: 514 934-8025

MUHC Appointment and Referral Centre:

514 934-8488 (Monday to Friday from 8 a.m. to 5 p.m.)

Info-Sante: 811

Contact a nurse for non-urgent health issue. 24 hours a day, and 365 days a year.



Library: McConnell Resource Centre

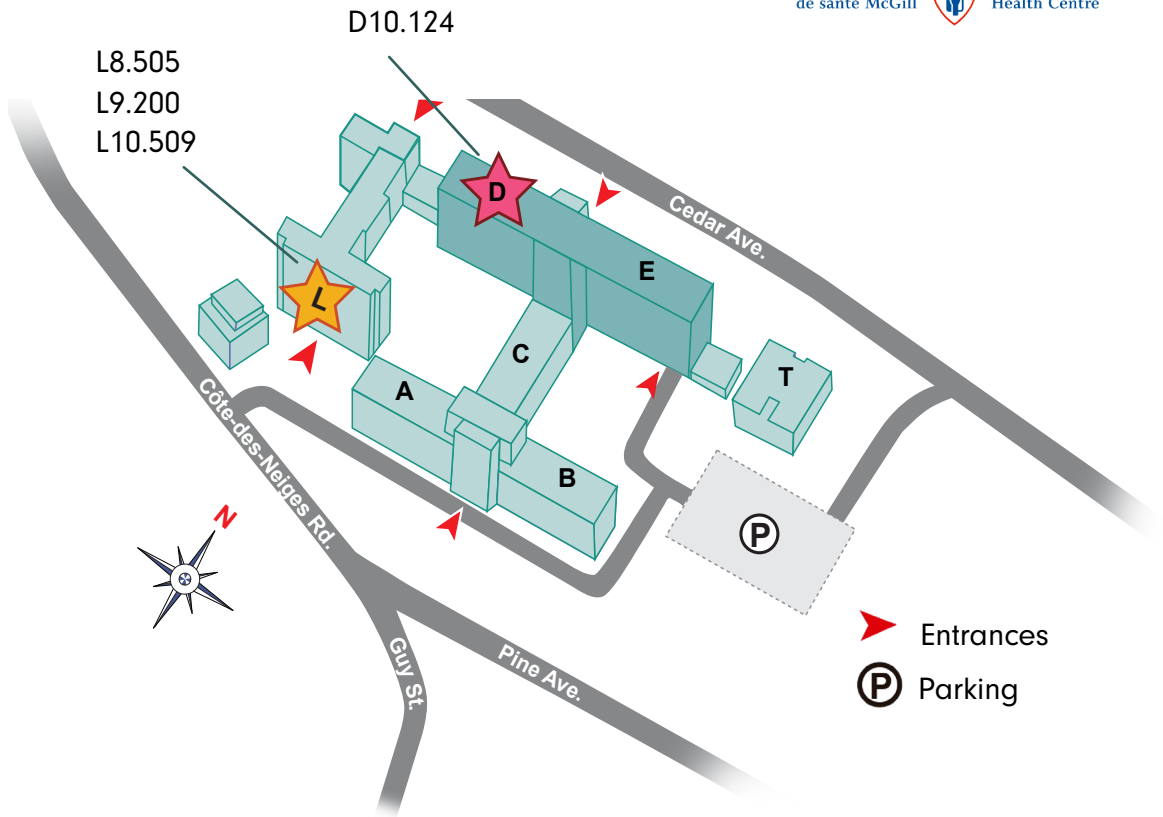
For more information about pain, anesthesia, or quitting smoking, visit the McConnell Patient Resource Centre's online resource pages:

- **Pain:** muhclibraries.ca/pain
- **Anesthesia:** muhclibraries.ca/anesthesia
- **Quitting smoking:** muhclibraries.ca/smoking-cessation

For help finding reliable health and wellness information, contact the library at crp-prc@muhc.mcgill.ca.

You may also visit their website for more information and resources: muhclibraries.ca/patients.

Map of Montreal General Hospital



Montreal General Hospital

1650 Cedar Ave, Montréal, QC, H3G 1A4

General Surgery Clinic: L9.200 (L wing, 9th floor, room 200)