

Your Road to Recovery for Bowel Surgery: The Enhanced Recovery Pathway for Bowel Surgery

This brochure will give you and your family an overview of what will happen and what you need to do before, during and after your bowel surgery.

If you have any questions, ask your physician or nurse.

Table of contents

What is bowel surgery?	1
Before your surgery (1 to 4 weeks)	3
One day before your surgery.....	5
The day of your surgery.....	8
Recovering in the hospital after your surgery	12
Recovering at home after your surgery	13
Appendix 1 What is an ostomy?	18
Appendix 2 Northwestern Memorial Hospital Map	21
Appendix 3 Patient Calendar After Surgery.....	22
Appendix 4 Patient Calendar Before Surgery	23
Appendix 5 Office and Telephone Call Appointments.....	24
Appendix 6 Enhanced Recovery Pathway for Bowel Surgery Pharmacy Shopping List	25

Your surgeon (the physician who will be doing the surgery) will talk to you more about your specific bowel surgery. Your healthcare team will follow treatment practices of the Enhanced Recovery Pathway (ERP), which have been studied and proven to work to help patients recover more safely and quickly. You are the most important member of this team. Your active participation in ERP is important for your recovery. As partners in this program, we will teach you about the things you can do to recover faster.

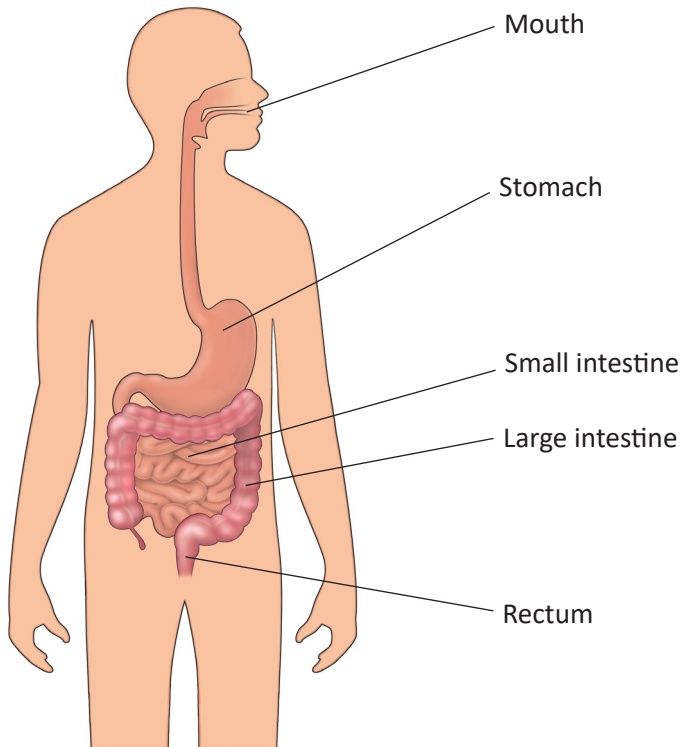
Please keep this brochure with you and use it as a guide. If you have any questions or concerns, please ask your physician or nurse.

What is bowel surgery?

Intestines (bowels) are the tubes that carry food through your body during digestion. When you eat, food travels from your mouth to your stomach (see Figure 1). It then moves to the small intestine (small bowel), where the nutrients from the food are absorbed for use by your body. The unused parts of the food will then pass into your large intestine (large bowel or colon), which collects and moves the stool through the rest of the bowel. The large bowel also absorbs water from the food that is left. By the time this waste reaches the rectum, it is in a solid form. The rectum is the last 6 to 8 inches of large bowel that stores solid waste. When the waste leaves your body, it is called a bowel movement (BM), stool or feces.

The large bowel is about 4 to 5 feet long. The small bowel is about 10 to 20 feet long. Because there is usually so much intestine, pieces can be removed without making a big difference in digestion.

Figure 1: The digestive system



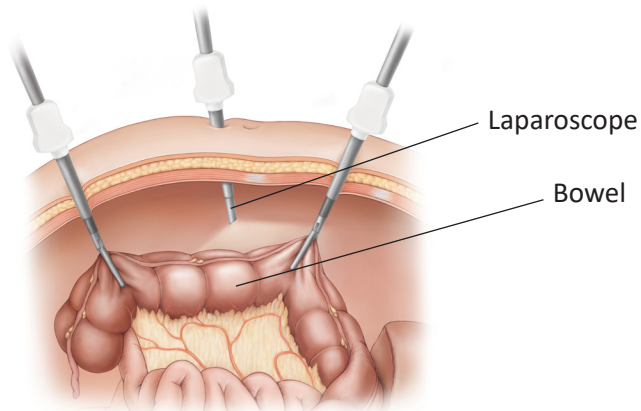
©2015. The StayWell Company, LLC

Bowel surgery involves repair or removal of part of the bowel. Your surgeon will talk to you about the specific type of surgery that you will have.

Surgery may be done in 2 ways:

- **Laparoscopic surgery** is done by using a thin camera and instruments (see Figure 2). The surgeon will make several small incisions in your belly to use the tools to remove a part of your bowel.
- **Open surgery** is done by removing part of your bowel through one larger incision.

Figure 2: Laparoscopic bowel surgery



©2015. The StayWell Company, LLC

Your surgeon will talk to you about whether open or laparoscopic surgery is right for you. Sometimes, laparoscopic surgery may not be possible, and open surgery is the only option. Other times, your surgeon may need to convert from a laparoscopic to an open surgery while you are asleep for surgery.

Before your surgery (1 to 4 weeks)

Pre-operative Assessment Clinic visit

Before surgery, you must be seen at the Northwestern Medicine Pre-operative Assessment Clinic (Pre-op Clinic) located at:

Northwestern Memorial Hospital
Lavin Family Pavilion
17th Floor
259 East Erie Street
Chicago, Illinois 60611

You will not be able to have your surgery if you do not go to the Pre-op Clinic for an evaluation. The physician will talk to you about your health history and the type of anesthesia that is right for you. Your visit will take about 1 to 2 hours depending on the testing required. This may include:

- Blood tests
- ECG (electrocardiogram)
- X-rays

Extra tests may be ordered based on your past medical history.

Your surgeon's office will give you the instructions about your Pre-op Clinic visit. If this appointment has not been made for you, please call 312.926.4566 to schedule this important visit. The Pre-op Clinic is open:

- Monday through Thursday, 8 am to 5 pm
- Friday, 8:00 am to 3:30 pm
- Saturday and Sunday, Closed

The Pre-op Clinic appointment needs to be 7 to 30 days before your surgery. Call 312.926.4566 to schedule this appointment.

Please call your surgeon's office if you have any problems scheduling or attending the Pre-op Clinic visit.

Clinic visit

Plan to arrive 15 minutes before your scheduled time. When you come to the clinic for your appointment, please bring:

- All current medications, either in the bottles or as a written list with dosages.
- A list of your physicians with phone numbers.

There is **no need to fast** before this appointment. The Pre-op Clinic provider will give you written instructions for taking or discontinuing medications before surgery. You will be given pre-surgery prescriptions and a pharmacy shopping list for other items you will need (see Appendix 5: Pharmacy Checklist).

If you have any questions, you may contact the Pre-op Clinic directly at **312.926.4343**. For more information, visit **preop.nm.org**.

Stay fit

It is very important that you are in good shape before going to surgery. Exercising, eating a healthy diet and managing your stress level can help you prepare. Please review these resources for more information.

- Physical Activity Before Surgery
- Nutrition Plan to Prepare Your Body for Surgery
- Getting Mentally Prepared for Surgery

It is never too late to start adding activity into your daily schedule. Exercise does not have to be strenuous. Try going on a 15-minute walk 3 times a week and slowly increase activity up until the date of your surgery.

Stop smoking

Quitting tobacco is an important step you can take to improve your health. Your surgical wound will heal faster and be less likely to get infected if you quit at least 4 weeks before surgery and up to 8 weeks after surgery. You will benefit the most by stopping smoking before your surgery. It's never too late to stop. The earlier you quit, the better off you will be.

Every day you keep from smoking improves your chances for health recovery.

Talk with your primary care physician or Pre-op Clinic nurse to learn more about quitting tobacco use. A variety of medical and counselling services are available to help you quit.

Avoid alcohol

Do not drink alcohol for 24 hours before your surgery. Alcohol can cause a bad reaction with the medicine you will receive in the hospital. Please tell us if you need help decreasing your alcohol use before surgery or if you have ever gotten shaky or had a seizure if you do not drink alcohol.

Stop and discuss illegal drugs

If you use illegal drugs, please speak privately with your surgeon or physician in the Pre-op Clinic. Any conversation regarding illegal drug use is confidential and will remain private. Our goal is your health and wellness. Since illegal drugs can lead to dangerous problems around the time of surgery, we need to know all of the medicines and drugs you use so that we can best take care of you.

Plan ahead

Before your surgery, we suggest that you arrange help from family and friends for when you return home. Each person recovers from surgery differently. It is hard to predict how much help you will need. As a rough rule of thumb, we encourage patients to keep a light schedule for 1 month after surgery. When you go home, you should be able to perform light-duty tasks like walking up stairs, bathing and eating. Just in case, make a plan with your loved ones so you will have the help you need with:

- Preparing meals, and stocking your fridge and freezer with food that is easy to reheat.
- Driving you to appointments.
- Bathing and personal care, as needed.
- Household chores such as cleaning and laundry.
- Child or pet care.

Start to gather your resources for those who can help you during your recovery.

Insurance, disability, and Family Medical Leave Act (FMLA) forms

Your employer may request that your physician's office complete insurance, short-term disability and FMLA paperwork. It may take up to 5 business days for paperwork to be completed. Please forward any forms to your surgeon's office **before** your surgery so they may be completed in a timely manner.

Arrange transportation

Remember to arrange for a ride home from the hospital since you will not be allowed to drive for the first few weeks after your surgery. Let your nurse know if you have any concerns about going home.

International and far-away travel are not advised for the first 4 weeks after surgery in the rare event that you may have a complication. If you are travelling a long way to Northwestern Memorial Hospital for your surgery, talk to your surgeon about post-operative travel arrangements.

Cancelling surgery

Please call your surgeon's office as soon as possible if you get sick or become pregnant. If you cannot reach your surgeon, call the Pre-op Clinic at 312.926.4566 to discuss the issue.

One day before your surgery

You will receive 2 calls on the day before your surgery: 1 from the surgeon's office and 1 from the Same-Day Surgery/Operating Room Scheduling Desk.

Phone call from your surgeon's office

The day before your surgery (or on Friday if your surgery is on Monday), you will receive a call from your surgeon's clinic to remind you of all the necessary steps to take before surgery. You will be told what day and time your surgeon's office will call you. Please be sure to answer your telephone around this time.

Phone call from the Same-Day Surgery/Operating Room Scheduling Desk

You will also receive a call from the Same-Day Surgery scheduling nurse between the hours of 2 and 5 pm to tell you:

- When and where you should arrive at the hospital
- Time of your surgery
- Diet and medication instructions before your surgery

Please note: If the instructions you receive from the nurse are different from what you have heard before from your surgeon or Pre-op Clinic, please check with your surgeon’s office.

Please be sure to answer your telephone around this time. If you do not receive a call by 5 pm or would like to talk with the Pre-op nurse, please call 312.926.5450 before 7 pm.

Be aware that surgery times may change and are not final until 3 pm 1 business day before surgery.

Do not screen your telephone calls in the days before your surgery. Telephone calls from the hospital or physician’s office may come up as an unlisted number and call-back may not be possible.

Date of surgery: _____

Time of arrival at the hospital: _____

You will be notified of the surgery time by the Operating Room (Same-Day Surgery) Scheduling Desk. Your surgeon’s office will not know the exact surgery time.

Getting ready at home

Pre-op washing

It is important to follow the instructions for washing at home before surgery to prevent infections. You will take **2** showers with the chlorhexidine soap prescribed by your surgeon. Use 1 entire bottle of chlorhexidine soap for each shower.

The night before surgery:

- Take a bedtime shower using 1 entire bottle of chlorhexidine soap as follows:
 - Step 1: Wash your face and hair with regular soap and shampoo, and fully rinse clean.
 - Step 2: Use chlorhexidine soap to scrub your body from the neck down, including your belly button.
 - Step 3: Let the chlorhexidine soap suds soak on your skin. Wait 1 minute before rinsing off soap.
- **Do not** use the chlorhexidine soap on your head.
- **Do not** shave the belly area where the operation will be done.

- **Do not** apply body lotions or hair conditioners after shower.
- Wear clean clothes to bed.

The **morning of surgery:**

- Shower using 1 entire bottle of chlorhexidine soap.
- **Do not** wear lotion, perfume, makeup, nail polish, jewelry or piercings.
- **Do not** shave the belly area where the operation will be done.
- Put on clean clothes.

It is very important to follow these instructions to prevent infection.

Bowel prep

You will need to have a bowel prep (laxative) the day before your surgery. This is similar to the preparation needed for a colonoscopy. Your surgical team will provide and review the prescription with you. Follow the instructions about what to eat and drink before your surgery. This will give you the energy and nutrients you need to recover quickly.

1. One day before surgery: Follow a clear liquid diet all day and up until 2 hours before your scheduled surgery start time.

- a. Clear liquids include things you can see through, such as:
 - Soft drinks (orange, ginger ale, cola, Sprite®)
 - Gatorade® (not red)
 - Kool-Aid® (not red)
 - Strained fruit juices without pulp (apple, white grape, orange, lemonade)
 - Water, tea or coffee (no milk or non-dairy creamer)
 - Low sodium chicken or beef bouillon/broth
 - Hard candies
 - Jell-O® – plain without fruit or topping
 - Popsicles – no sherbets or fruit bars
- b. **No** solid foods, milk or dairy products (this includes coffee creamer and milk).
- c. Continue to take your medicine as directed by your physician.

2. One day before surgery: Take the oral antibiotics, neomycin and metronidazole (Flagyl®).

- a. **1 pm:** Take **2** neomycin 500 mg, and **2** metronidazole 500 mg tablets by mouth.
- b. **4 pm:** Take **2** neomycin 500 mg, and **2** metronidazole 500 mg tablets by mouth.
- c. **10 pm:** Take **2** neomycin 500 mg, and **2** metronidazole 500 mg tablets by mouth.

This is a total of 12 tablets (6 neomycin and 6 metronidazole).

Your antibiotics might be neomycin and erythromycin if you are allergic to metronidazole.

3. **One day before surgery: Start the polyethylene glycol bowel prep at 12 pm (noon).**
 - a. Mix as directed. It may then be refrigerated. You may mix lemonade powder (or other flavored powder, for example, Crystal Light®) to the mix, but only enough to tolerate the flavor.
 - b. Begin drinking this at noon. Drink about 8 ounces every 10 minutes until bowel movements are **clear**. This will usually be about 4 liters (1 gallon).
 - c. Throughout the day, be sure to finish drinking these:
 - 2 carbohydrate drinks (Ensure® Pre-Surgery Clear Carbohydrate Drinks or ClearFast Pre-Op)
 - Final 2 immunonutrition drinks (Ensure Surgery Immunonutrition Shake or IMPACT Advanced Recovery® Drink)
 - d. You may continue a clear liquid diet (as described above) after completing the bowel prep.

Some patients have nausea or throw up the bowel prep/antibiotics. If this happens, slow down the rate at which you are drinking it. Try your best to hold down what you can. Your physicians believe that the more bowel prep and antibiotics you can hold down the better. Some is better than none.

The day of your surgery

Eating and drinking on the morning of surgery:

- You may continue the clear liquid diet up to 2 hours before your scheduled surgery start time.
- Do not eat any solid food.
- Take your medicines with a sip of water about 2 hours before surgery.

2 hours before your scheduled surgery time:

- Drink 1 bottle of Ensure Pre-Surgery Clear Carbohydrate Drink or ClearFast Pre-op drink and take the following medications:
 - Gabapentin 300 mg by mouth
 - Acetaminophen 1,000 mg by mouth
 - Ibuprofen 600 mg by mouth
- **Do not eat, drink or put anything in your mouth after this time.** Do not use gum or cough drops.

What to bring for your hospital stay

Gather the following items to bring to the hospital:

- This brochure
- Photo ID
- Medical insurance information and card
- Medicare card (for Medicare patients)
- List of allergies

- List of all your current medications (prescription, over-the-counter and herbals)
- Recent test or physical exam reports
- Copies of advance directives, such as a living will or power of attorney

Bring the following items to have after surgery:

- 2 packages of your favorite sugar-free chewing gum
- Bathrobe, slippers or walking shoes, and pajamas
- Glasses, contact lenses, hearing aids, dentures and their storage containers, labeled with your name
- Cane, crutches or walker as needed, labeled with your name
- All of your CPAP equipment (mask and machine) if you have sleep apnea
- Magazine, book or other reading materials, if you wish
- Loose, comfortable clothing to wear home when you are discharged

Bring only essential items. Please leave all valuables (jewelry, credit cards, money) at home. This includes body-piercing jewelry and tongue studs. You may not wear any jewelry during surgery.

Parking

Surgery is performed in 1 of 4 operating room locations at Northwestern Memorial Hospital. Although the operating rooms are in different buildings, all buildings at Northwestern Memorial Hospital are connected by walking bridges. Depending on the location you are assigned to, you may choose one of the following parking options.

Parking is available for patients and guests in:

- **Parking Lot A at 222 East Huron Street**, across from Galter and Feinberg pavilions or at 223 East Superior Street, across from Prentice Women's Hospital. This lot is recommended for patients having surgery at Olson, Prentice or Same-Day Surgery. It is also recommended for all patients who have a planned hospital admission after their surgery.
- **Parking Lot B located within Lavin Family Pavilion at 259 East Erie Street.** Valet and self-parking are accessible from the driveways on both Erie and Ontario streets. This lot is recommended for patients having same-day surgery at Lavin.
- **Parking Lots C and D – Erie/Ontario at 321 East Ontario Street** between Erie and Ontario streets. A 2nd-floor bridge connects it to 259 East Erie Street.
- **Valet parking** is available at Lavin Family Pavilion (259 East Erie Street) and Prentice Women's Hospital (250 East Superior Street).

Please bring your parking ticket in with you to have it validated. Tickets can be validated at the Customer Services Desks on the 1st and 2nd floor of Feinberg and Galter pavilions and on the 1st floor of Prentice (including the Prentice 24-hour desk near the Superior Street entrance).

Current parking costs (subject to change):

- \$12 for less than 7 hours
- \$26 for 7 to 24 hours

Admitting area:

Check in at your assigned Registration Desk at the time you were given unless instructed otherwise. The admitting clerk will ask you to sign an admission form.

Galter Pavilion
201 East Huron Street
5th Floor Registration

Prentice Hospital
250 East Superior Street
6th Floor Registration

Lavin Family Pavilion
259 East Erie Street
12th Floor Registration

Olson Pavilion
(Clinic Entrance at Superior)
710 North Fairbanks Court
6th Floor Registration

Pre-operative area

A nurse will take you to the pre-operative area and complete a final checklist with you. You will be asked to change into a hospital gown. You may get a small injection of a blood thinner to prevent blood clots. An IV (into the vein) line will be started in your hand or arm so that you can receive fluid and medicine during the surgery. You will meet your anesthesiologist (the physician who will put you to sleep) and other members of your surgical team who will answer any questions and ask you to sign consent forms.

During your surgery

You will be asleep and monitored by the healthcare team during your surgery.

Family spokesperson

It is helpful to designate a family spokesperson who can update family members and friends about your condition after surgery. We cannot share any medical information about you by phone to outside callers.

Waiting room

Family or friends may wait for you in the surgical waiting area of the operating room. There is a video screen that will track the status of your surgery. Volunteers at the desk will be able to provide updates. Your family may visit you once you are in your hospital room. Your surgeon may wish to speak with family or friends in a private room after surgery, but this does not mean that something bad happened during your surgery. Your surgeon will also speak with you following surgery, but if you are still recovering from anesthesia, you may not remember this later.

Other resources

Food options are available throughout the hospital and on the 2nd floor of Feinberg, Galter and Lavin Family pavilions, and Prentice Women's Hospital.

Bank machines are available on the 2nd floor of Galter and Feinberg pavilions.

Family or friends may bring the following items to pass the time:

- Laptop computers (we offer high-speed wireless internet in our waiting rooms)
- Handheld gaming devices
- Cell phones
- Magazines, books or other reading materials

For safety and privacy reasons, children under the age of 16 may not visit in the surgical patient care areas. Those under age 16 should not be left alone in the waiting room. A responsible adult other than the patient must supervise them.

After your surgery

Recovery area

After your surgery, you will wake up in the Post-anesthesia Care Unit (PACU). Your nurse will check your blood pressure, pulse and incision frequently. The nurse will ask you about your pain and make sure you are comfortable. You will stay here for several hours until you are fully awake.

You may have:

- An oxygen mask over your face
- An intravenous (IV) giving you fluids and medicine
- A urinary catheter (tube) draining urine out of your bladder

When you are ready, you will be taken to your room. Visitors are not allowed in the PACU. Your family may visit you once you are in your hospital room, which is usually 1 to 3 hours after the surgery is finished.

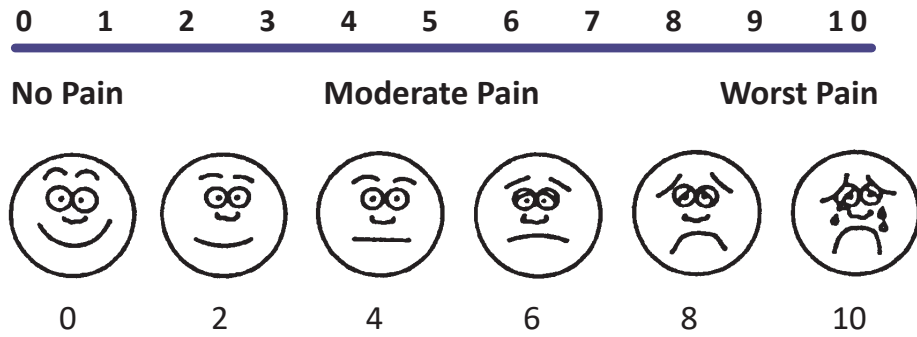
Pain control

We will work with you to help control your discomfort after surgery. When your pain is under control, you will be able to recover better by:

- Taking deep breaths to prevent lung problems
- Getting out of bed
- Eating better
- Sleeping well
- Doing things that are important to you

While no medicine completely removes all pain, our goal is to manage your pain and keep you comfortable as you recover. Your nurse will ask you to describe your pain using a number between 0 (no pain) and 10 (the worst pain you can imagine).

We want to keep your pain below 4 (out of 10).



© Mosby Pain Rating Scale

You will receive medicine through your IV and by mouth to help control your discomfort. Some medicines will be given continuously; others will be given as needed. Please tell us if you do not have pain relief, and we will help you.

Recovering in the hospital after your surgery

You are the most important member of your recovery team. Walking, deep breathing, coughing, turning and chewing gum are some of the things you can do to help yourself. Following the goals of the ERP will:

- Speed your recovery
- Improve your circulation
- Promote healing
- Improve bowel function
- Prevent complications

Please watch the video, “Preventing Complications After Surgery” on your hospital room TV. Your nurse can show you how to do this.

Your healthcare team will include:

- Your surgeon (or “attending” surgeon)
- Residents (surgeons in training)
- Nurses
- Medical students
- Other specialists as needed, such as wound care specialists, social workers, dietitians and physical and occupational therapists

While the attending surgeon is like the captain of the ship, the residents and students work very closely as a team and are an important set of eyes and ears on your care.

Goals for the evening of surgery

- Managing your pain
- Sitting up in a chair and walking, if able
- Eating solid food and chewing gum

- Doing breathing exercises
- Watching the “Preventing Complications After Surgery” video

Goals for day 1 (the first day after surgery)

Breathing

- Do your breathing exercises.

Activities

- Sit in a chair for meals.
- Take at least 4 walks around the halls, with help.
- Be out of bed, off and on, for a total of 8 hours, as tolerated.

Pain control

- Tell your nurse if your pain reaches 4 out of 10 on the pain scale.

Eating and drinking

- Drink liquids to stay hydrated. You will be given an immunonutrition drink 2 times a day.
- Eat solid food, as tolerated.
- Chew gum for 30 minutes, 3 times a day.

Tubes and lines

- For most patients, your urinary catheter will be removed on day 1.
- Your IV fluids will be stopped in the morning.

Clot prevention

- In addition to walking, you will be given a blood thinner injection.

If a stoma was created at the time of your surgery, a wound, ostomy and continence (WOC) nurse will visit you.

Goals for going home

You will be ready to go home when you have reached the following goals:

- Your pain is controlled on oral medication only.
- You are able to walk without assistance.
- You are able to eat solid foods (regular diet) without too much nausea.
- You have no other problems that keep you from going home.

On the day you are discharged, plan to go home before 11 am. Before you leave, your physician and nurse will review your discharge instructions with you. You will get prescriptions for the medicines that you will need to take at home. Some patients may need blood thinner shots to continue at home, if advised. You can fill your prescriptions at the Walgreens located on the 1st floor in Galter Pavilion, if you prefer.

We will give you information about your follow-up appointment with your surgeon before you leave the hospital. If you have staples that need to be removed, we will schedule an appointment with your surgeon’s office to have this done 1 to 2 weeks following surgery.

Recovering at home after your surgery

Most patients improve each day following surgery. It may take 1 to 3 months to fully recover from your surgery, but most patients make rapid improvement during the first several days. You will gradually feel stronger and become more active. Follow your discharge instructions to assist in your recovery. It is important to keep your follow-up appointments with your physician, even if you are feeling well. If you have any questions or concerns, please feel free to ask your physician or nurse.

Telephone check-in

Your surgeon's office will call you at home 4 business days after your surgery to see how you are doing. This call may be later if you need to stay in the hospital.

Pain

It is common to have discomfort after surgery. You may have discomfort from the incision and muscle aches. Getting up and moving around can ease some of the discomfort. Brace your incision with a pillow when you cough or sneeze.

Your physician will prescribe pain medicine. Take your pain medicine as ordered. Some medicine may upset your empty stomach. To prevent nausea, you should take the medicine with food.

Call your physician if you have any side effects, such as:

- Nausea or vomiting
- Headache
- Rash
- Drowsiness
- Dizziness
- Constipation
- Fever

Pain medicine may cause constipation. To help your bowels stay regular:

- Drink more liquids.
- Eat more whole grains, fruits and vegetables.
- Get regular exercise (a 15-minute walk is a good start).
- Take stool softeners if your physician tells you to.

Some of your pain medicine may contain acetaminophen. Acetaminophen can cause liver damage if you take too much. Be sure to read labels carefully and check with your pharmacist about your medicine. If you are taking Tylenol® (acetaminophen) for pain, do not take more than 3,000 mg in 24 hours. Norco® and Tylenol 3® also contain acetaminophen. Check with your physician about the 24-hour limits that are right for you. If you are taking narcotic pain medication or sleeping medication, do not drink any alcohol. You should not drive any vehicles while taking narcotics.

Sometimes patients need a refill prescription for their narcotic pain medicines. Narcotic refills must have a paper prescription that cannot be faxed or transmitted electronically. If you feel you will need refills, please call your surgeon's office several days before you expect to run out so that your medication can be filled in a timely manner. Narcotics cannot be refilled through NM MyChart.

Caring for your incision

It is important to keep your incision clean and dry to prevent infection. This will help your incision heal. Wash your hands before and after touching your incision. To clean your incision each day:

- Continue to wash the incision for 1 week, as you were instructed, with the pink chlorhexidine soap.
- After 1 week, wash the wound gently with clean water and mild soap.
- Do not soak the area.
- Gently pat dry. Do not rub.

Do not use lotions, creams or ointments on the wound unless they have been ordered by your physician. You should wear comfortable clothing. Do not wear soiled or tight clothing over the wound. If you have paper strips of tape (Steri-Strips™) on the skin over your incision, leave them on until they fall off. These offer extra support as your incision heals. The stitches are absorbed into your body and do not need to be taken out. No other dressing is needed. Some bruising around the wound is common.

Report these signs of infection to your physician:

- Increased redness, swelling or pain at the site.
- Thick drainage or pus from the incision.

Showering

You may shower 2 days after surgery. Let warm water run over the incision and carefully pat it dry. Do not scrub. Do not take a tub bath for 2 weeks.

Diet

Your appetite will not be normal right after surgery, but it should return over several weeks. You should be able to eat small and frequent meals after surgery. You may eat anything you want, unless your physician, nurse or dietitian tell you not to. It is normal to lose some weight after bowel surgery. Some people lose 10 pounds or more. Soon it will level off and slowly you will start to regain some of the weight you lost. Do not be discouraged. Your body burns up a lot of extra calories as it heals.

Eating a healthy diet will help your body heal. We recommend that you:

- Eat foods that contain protein such as meat, poultry, fish and dairy products.
- Eat smaller, more frequent meals, spaced throughout the day.
- Add nutritious snacks between meals.
- Try high protein, high calorie shakes, or commercial supplements like Ensure or Boost®.

- Continue drinking 1 bottle of an immunonutrition drink (Ensure Surgery Immunonutrition Shake or IMPACT Advanced Recovery Drink) 2 times a day. These drinks start while you are recovering in the hospital and should continue for 7 days after surgery for a total of 14 drinks. Depending on when you are discharged from the hospital, you will likely need to complete your immunonutrition drinks at home.
- Avoid foods that cause stomach upset or loose stools for now. Start them one at a time when you feel better.

Since part of your bowel has been removed, you may notice a change in your bowel habits. Bowel movements tend to be loose and liquid at first, and will gradually become thicker. You may have more frequent or loose stools, or become constipated. You will become more regular as your bowel heals.

Call your physician if:

- You cannot drink fluids or keep them down.
- You have not had a bowel movement after 3 days.

Activity

Continue to walk several times each day and gradually increase your activity. Rest if you get tired. Try to get a good night's sleep. Taking pain medicine at bedtime may be helpful if it is difficult to get in a comfortable sleeping position. Do not lift anything heavier than 10 pounds for 6 weeks after your surgery. Heavy lifting places a strain on your incision. It is OK to walk, shower, and climb stairs. Do not overexert yourself.

Strenuous physical activity (weight training, stair stepping machines, elliptical machines, yoga, Pilates and treadmills) should be avoided for 6 weeks after surgery. As a rule, let pain be your guide as you increase physical activity after surgery.

Driving

Your physician will let you know when you can resume driving. Do not drive after taking narcotic medicine or sleeping pills.

Sexual activity

Many people have questions about resuming sexual activity after surgery. If you feel good and are well rested, sexual activity may be resumed. Avoid positions that strain the incision site.

Work

We recommend that you arrange to take 4 weeks off from work after surgery. Patients with non-physical jobs may return to work when they feel well enough to do so. But, it is difficult to predict energy levels after surgery. Patients whose jobs involve heavy physical work may be off work for a longer time. Please talk with your physician about when you can go back to work.

When to call your physician

Contact your physician if you notice any of the following:

- Temperature over 100.4 degrees F
- Drainage or fluid from the incision that may be foul-smelling
- Increased tenderness or soreness at the wound
- Wound edges that are no longer together
- Redness or swelling at the wound site
- Severe pain not controlled by your pain medication
- Nausea or vomiting that is not relieved
- Inability to drink fluids or keep fluids down

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

Contact information

You may contact your physician 24 hours a day, 7 days a week at **312.695.6868**. TTY for the hearing impaired, 312.926.6363.

- During business hours (Monday through Friday, 8 am to 5 pm) please ask for your surgeon's nursing team.
- Non-emergent messages, such as paperwork requests, can be submitted through NM MyChart. Please allow 2 business days for a response to NM MyChart messages. **NM MyChart is intended for non-urgent issues only.**
- **For urgent issues** during non-business hours, an answering service will take your call.
- **For all emergencies, call 911.**

Appendix 1. What is an ostomy?

Some patients who have bowel surgery may need to have an ostomy. An ostomy is a common surgical procedure where the intestine is brought outside the body to allow a new way for stool to leave the body. The end of the intestine brought to the skin surface is called a stoma. The stoma becomes the exit for all bowel movements and gas. This is collected in a plastic pouch applied to the skin. Only some people will need an ostomy after bowel surgery.

An ostomy may be needed to treat illnesses such as:

- Cancer
- Trauma
- Diverticulitis
- Crohn's disease
- Ulcerative colitis
- Some urologic and neurologic conditions

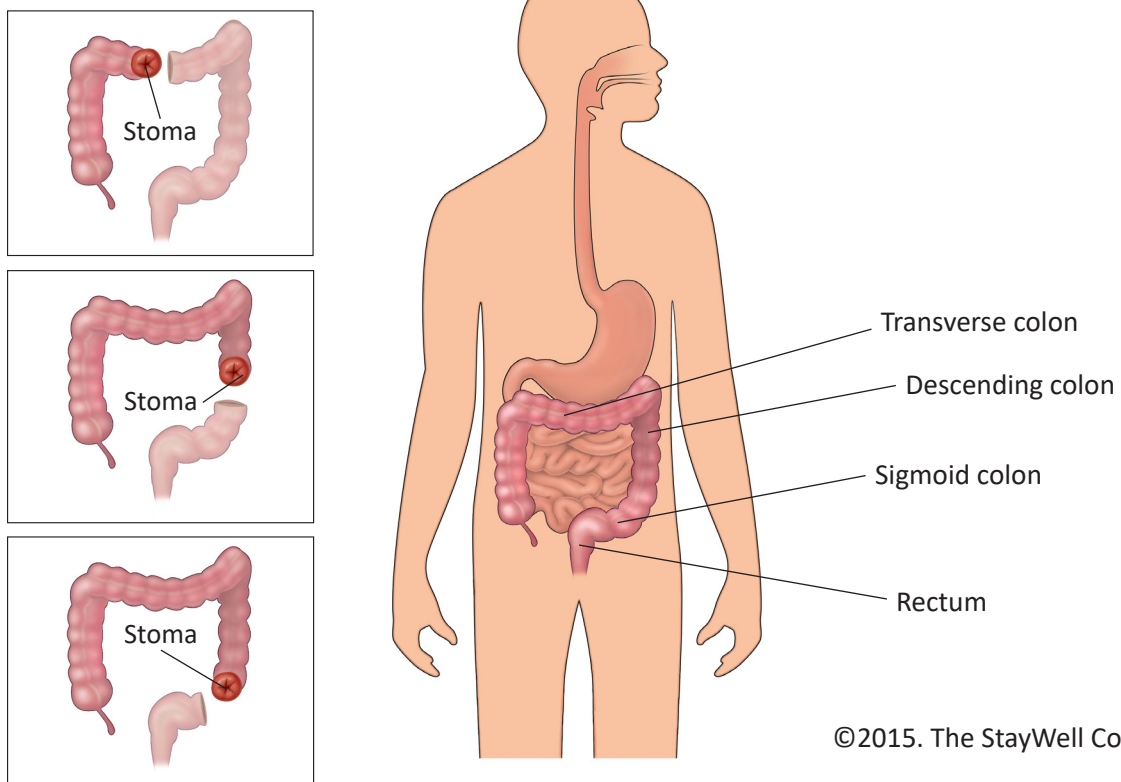
It may be temporary or permanent. Your surgeon will talk to you about your surgery and if you may need an ostomy.

Types of ostomies

Ostomies are named by the part of the intestine that is brought outside the body.

A colostomy is a stoma created from the colon (large bowel).

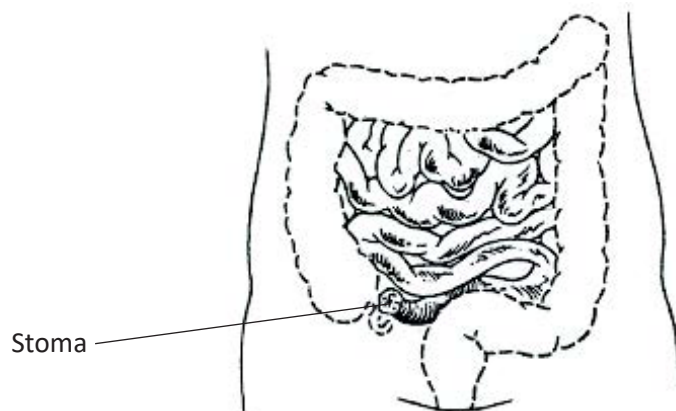
Figure 3: Colostomy



©2015. The StayWell Company, LLC

An ileostomy is created from the ileum, which is part of the small intestine.

Figure 4: Ileostomy



Stool is collected by an odor-proof pouch that covers the stoma. The pouch is hidden under your clothing. Ostomy supplies come in different types and sizes. Most often, an adhesive wafer is applied that seals tightly to the skin and a leak-proof collecting pouch. The wafer protects your skin from ostomy drainage and is changed every few days. The removable pouch has a tight seal on the wafer to contain stool and gas. The patient can empty the pouch in a toilet once the pouch begins to become full.

Living with an ostomy

Sometimes a temporary or permanent ostomy may be needed. The ostomy may improve quality of life for patients with some illnesses, or help to avoid complications after surgery.

If your surgeon has decided that you may need an ostomy, you will meet with the ostomy care team before surgery. The team will talk to you about where the stoma will be placed and how to care for yourself after surgery. Sometimes emergency bowel surgery or unexpected findings at the time of bowel surgery may require the creation of an ostomy on the spot. In this case, the ostomy care team will help you learn about the ostomy and caring for yourself after surgery.

Like many things, learning to care for a stoma may seem hard at first. With help from the ostomy care team, you will:

- Learn how to care for your stoma
- Find ostomy supplies and a routine that is right for you

New ostomy patients are urged to help care for their own stoma while in the hospital and practice their own skills.

When you are ready to go home, the ostomy care team will make a plan for you so that help and supplies are available to you at home. Follow-up visits with the care team will help you avoid problems. Ostomy support groups, both in-person and online, are excellent support resources for all ostomy patients.

If you need an ostomy, a WOC nurse will work with you before and after your surgery. The WOC nurse will help you learn how to take care of your ostomy and be a resource for you when you go home.

Please contact the WOC nurse at 312.695.6868 as soon as possible to make an appointment for your pre-surgery stoma teaching. When calling, please provide the name of your surgeon and your surgery date, and tell them that you are taking part in the Enhanced Recovery Pathway.

The following resources will help you learn more about an ostomy. Please check with your WOC nurse before ordering any products from these sites.

American College of Surgeons Ostomy Home Skills Kit	facss.org/education/patient-education/skills-programs/ostomy-program/adult-colostomy-ileostomy
American Society of Colon and Rectal Surgeons	fascrs.org/patients/disease-condition/ostomy-expanded-version
United Ostomy Associations of America	ostomy.org
Wound, Ostomy and Continence Nurses Society (find a local stoma care nurse)	wocn.org/page/patients
Hollister	hollister.com/en/ostomycare/educationaltools
Coloplast	coloplast.us/ostomy/people-with-an-ostomy/before-ostomy-surgery
ConvaTec	convatec.com/ostomy

Appendix 2. Northwestern Memorial Hospital Map



Guide to the Downtown Medical Campus



Northwestern Memorial Hospital Feinberg and Galter Pavilions

- 1 Main drive-through entrance
251 E. Huron St.
 - 2 Emergency Department
250 E. Erie St.
- #### Galter Pavilion
- 3 Stone Institute of Psychiatry
201 E. Huron St.
 - 4 Physician offices
201 E. Huron St.
 - 5 Robert H. Lurie Comprehensive Cancer
Center of Northwestern University
675 N. Saint Clair St.
Same Day Surgery
675 N. Saint Clair St., Fifth Floor

Prentice Women's Hospital

- 6 Main drive-through entrance
250 E. Superior St.
- 7 Entrance
250 E. Superior St.
Robert H. Lurie
Comprehensive Cancer Center
of Northwestern University
250 E. Superior St.
- 8 Entrance
Corner of Chicago Avenue
and Fairbanks Court

Other Locations

- 9 Lavin Pavilion
259 East Erie St.
Entrance and parking
Preoperative Clinic
17th Floor

- 10 Olson Pavilion
Ambulatory Surgery Center
710 N. Fairbanks Court
Sixth Floor
- 11 Northwestern Memorial
HealthCare Human Resources
541 N. Fairbanks Court
17th Floor
- 12 Stone Institute of Psychiatry
Administrative offices
and outpatient services
Onterie Center
446 E. Ontario St.
- 13 Physician offices
211 E. Chicago Ave.
- 14 Immediate Care Center
635 N. Fairbanks Court

- 15 Physician offices
737 N. Michigan Ave.
(Entrance on Chicago Ave.)
- 16 Physician offices
150 E. Huron St.
- 17 Physician offices
645 N. Michigan Ave.
- 18 Arkes Pavilion
Physician offices
676 N. Saint Clair St.
- 19 Northwestern Memorial
Imaging Center
676 N. Saint Clair St.
- 20 Physician offices
680 N. Lake Shore Drive

Need a physician? Call physician referral at 312.926.8400.
For more information on Northwestern Medicine, visit nm.org.

Appendix 3. Patient Calendar After Surgery

	Date: ____/____/____ Day of Surgery	Date: ____/____/____ Day 1 After Surgery	Date: ____/____/____ Day 2 Through 7 After Surgery
Diet	<input type="checkbox"/> Regular diet, as tolerated <input type="checkbox"/> Chew gum	<input type="checkbox"/> Regular diet, as tolerated <input type="checkbox"/> Drink immunonutrition drink 2 times a day <input type="checkbox"/> Chew gum	<input type="checkbox"/> Regular diet, as tolerated <input type="checkbox"/> Drink immunonutrition drink 2 times a day <input type="checkbox"/> Chew gum
Pain Control	<input type="checkbox"/> IV pain medication <input type="checkbox"/> Pain pills (if needed)	<input type="checkbox"/> IV pain medication <input type="checkbox"/> Pain pills (if needed)	<input type="checkbox"/> Pain pills (if needed)
Skin Care	<input type="checkbox"/> Keep surgery dressing on	<input type="checkbox"/> Keep surgery dressing on	<input type="checkbox"/> Surgery dressing removed <input type="checkbox"/> Chlorhexadine incision care
Activity	<input type="checkbox"/> Up to chair in evening and walk if able <input type="checkbox"/> Deep breathing exercises hourly while awake	<input type="checkbox"/> Out of bed during day <input type="checkbox"/> Walking 4 times per day <input type="checkbox"/> Deep breathing exercises hourly while awake	<input type="checkbox"/> Out of bed during day <input type="checkbox"/> Walking 4 times per day <input type="checkbox"/> Deep breathing exercises hourly while awake
Other Treatments	<input type="checkbox"/> Blood thinner shots <input type="checkbox"/> One overnight stay in the hospital is required	<input type="checkbox"/> Blood thinner shots <input type="checkbox"/> Urinary catheter removed <input type="checkbox"/> Go home?	<input type="checkbox"/> Blood thinner shots (if ordered) <input type="checkbox"/> Go home?

Appendix 4. Patient Calendar Before Surgery

	In the Weeks Before Surgery	Date: _____ / _____ / _____ Day Before Surgery	Date: _____ / _____ / _____ Surgery Start Time: _____ am _____ pm
Diet	<input type="checkbox"/> Eat a high-protein, high-carbohydrate diet starting 2 to 4 weeks before your surgery <input type="checkbox"/> Every day for 7 days before surgery: Drink 2 immunonutrition drinks (Ensure Surgery Immunonutrition Shake or IMPACT Advanced Recovery Drink) for a total of 14 drinks	<input type="checkbox"/> Clear liquids only – Stay hydrated! Throughout the day, be sure to finish drinking these: <input type="checkbox"/> 2 pre-surgery carbohydrate drinks (Ensure Pre-Surgery Clear Carbohydrate Drinks or ClearFast Pre-Op) <input type="checkbox"/> Final 2 immunonutrition drinks	<input type="checkbox"/> Clear liquids only up to 2 hours before surgery <input type="checkbox"/> Nothing by mouth after taking pills and pre-surgery carbohydrate drink 2 hours before surgery time
Skin Care	<input type="checkbox"/> Shower or bathe every day	<input type="checkbox"/> Shower with chlorhexidine soap in morning <input type="checkbox"/> Do not shave <input type="checkbox"/> Stay active	<input type="checkbox"/> Shower with chlorhexidine soap in morning <input type="checkbox"/> Do not shave <input type="checkbox"/> Stay active
Activity	<input type="checkbox"/> Stay active <input type="checkbox"/> Follow your exercise plan with moderate, vigorous and muscle-strengthening exercises	<input type="checkbox"/> Stay active	<input type="checkbox"/> Stay active
Other Treatments	<input type="checkbox"/> Practice stress reducing habits such as guided imagery Go to healthjourneys.com/northwestern	Bowel prep: <input type="checkbox"/> Noon: Start drinking PEG Bowel Prep (finish jug by midnight) <input type="checkbox"/> 1 pm: Take 2 tablets metronidazole and 2 tablets neomycin <input type="checkbox"/> 4 pm: Take 2 tablets metronidazole and 2 tablets neomycin <input type="checkbox"/> 10 pm: Take 2 tablets metronidazole and 2 tablets neomycin	<input type="checkbox"/> 2 hours before surgery start time: <input type="checkbox"/> Take 1 tablet gabapentin <input type="checkbox"/> Take 2 tablets acetaminophen <input type="checkbox"/> Take 1 tablet ibuprofen <input type="checkbox"/> Drink 1 bottle of pre-surgery carbohydrate drink Then, nothing by mouth for next 2 hours before surgery.

Appendix 5. Office and Telephone Call Appointments

Appointment	Location	Date:	Time:
Northwestern Memorial Hospital Pre-op Clinic (7 to 30 days before surgery)	Lavin Family Pavilion 17th Floor 259 East Erie Street Chicago		
Stoma site marking (If needed)	Lavin Family Pavilion 16th Floor 259 East Erie Street Chicago		
Pre-op telephone call from surgeon's office (1 day before surgery)	Your home		
Pre-op telephone call from Same-Day Surgery desk (1 day before surgery)	Your home		
Surgery (You will receive a call from the Same-Day Surgery desk the day before surgery with the exact surgery time.)	Northwestern Memorial Hospital Location for surgery check-in:	Date of surgery:	Time of surgery: Time of arrival to hospital:
Post-op telephone call from surgeon's office	Your home		
Follow-up appointment with surgeon	Lavin Family Pavilion 16th Floor 259 East Erie Street Chicago		
Other (as needed)			

Appendix 6. Enhanced Recovery Pathway for Bowel Surgery Pharmacy Shopping List

Prescription medications:

- Polyethylene glycol 3350 Bowel Prep kit and 4 liter jug
(Take as directed 1 day before surgery)
- Metronidazole 500 mg tablets 6 tablets
(Take as directed 1 day before surgery)
- Neomycin 500 mg tablets 6 tablets
(Take as directed on the day before surgery)
- Acetaminophen 500 mg tablets 2 tablets
(Take as directed on the morning of surgery)
- Ibuprofen 600 mg tablets 1 tablet
(Take as directed on the morning of surgery)
- Gabapentin 300 mg tablets 1 tablet
(Take as directed on the morning of surgery)

Over-the-counter supplies:

- 4% chlorhexidine soap (4 ounce bottle) 2 bottles
(Use as directed 1 day before and on the day of surgery)
- Chewing gum 2 packs
(Use after surgery)

Note:

Your healthcare team will give you a full supply of the immunonutrition drinks (Ensure Surgery Immunonutrition Shake or IMPACT Advanced Recovery Drink) and carbohydrate drinks (Ensure Pre-Surgery Clear Carbohydrate Drink or ClearFast Pre-Op) that you will need. You do not need to purchase these drinks.

Please speak to your pharmacist or call your surgeon's office with any questions.

Physical Activity Before Surgery

Studies show that patients who are active even just a few weeks before having surgery can recover quicker and possibly decrease complications after surgery.

Physical activity includes aerobic activity, such as walking or running, and muscle-strengthening exercises, which use resistance bands, hand weights or your body weight. Your weekly exercise plan should include both of these types of activities. Use the guide below to create your own exercise plan. Talk with your physician about your plan to make sure it is right for you.

Aerobic activity

You can choose moderate or vigorous physical activities.

Moderate physical activities

You should be able to talk while doing moderate physical activities. Examples include:

- Walking briskly
- Biking on level ground
- Sports, such as baseball or tennis (doubles)
- Ballroom dancing
- Water aerobics

Aim for 30 to 60 minutes each day and 5 days per week, or a total of 150 to 300 minutes per week.

Vigorous physical activities

You should only be able to say a few words while doing vigorous physical activities.

Examples include:

- Running or jogging
- Biking faster than 10 miles per hour
- Sports, such as basketball or soccer
- Aerobic dance, such as Zumba®
- Jumping rope

Aim for a total of 75 to 150 minutes each week and at least 10 minutes at a time.

Muscle-strengthening exercises

Choose exercises that target these major muscle groups in your body:

- Legs
- Back
- Chest
- Arms
- Stomach
- Shoulders
- Hips

Choose 5 different muscle-strengthening exercises in each exercise session. Examples include:

- Lifting weights, such as biceps curls and shoulder presses
- Resistance bands
- Climbing stairs
- Walking uphill
- Pushups and pullups
- Situps
- Squats

Do 1 set of 8 to 12 repetitions of each exercise per session.

Aim for 30 minutes each day and at least 2 days per week.

Helpful tips

- You can exercise at home, at the gym, or even outside, as weather permits.
- Warm up and cool down. Start and end each session by walking slowly for 5 minutes. This helps your muscles, joints and heart prepare for exercise and helps prevent soreness afterward.
- Wear comfortable and properly fitted shoes for exercise. Shock-absorbent and skid-proof shoes, such as sneakers, are best.
- As you become stronger, try adding more intensity to your muscle-strengthening exercises by doing 2 sets of 8 to 12 repetitions of each exercise per session.
- It's OK to start small! Do what you can. You will get health benefits from even 5 minutes of physical activity each day.

More resources

- For help making physical activity part of your daily life:
[cdc.gov/physicalactivity/basics/adding-pa/barriers.html](https://www.cdc.gov/physicalactivity/basics/adding-pa/barriers.html)
- For help setting weekly goals and choosing your activities:
[health.gov/moveyourway/activity-planner](https://www.health.gov/moveyourway/activity-planner)
- Digital apps: **MyFitnessPal, 7-Minute Workout and MapMyFitness**

Nutrition Plan to Prepare Your Body for Surgery

Studies show that eating and drinking certain types of foods before and after your surgery may make your recovery easier. Eating high-protein and high-carbohydrate foods in the few weeks before surgery can help give your body the fuel it needs to heal after surgery. Immunonutrition drinks add special types of amino acids (the building blocks of proteins) that may improve your healing. Carbohydrate drinks right before surgery also help provide the energy your body needs while you are asleep during surgery.

Following this nutrition plan may also help you by:

- Making you feel less thirsty and hungry before and after your surgery
- Improving your blood glucose (blood sugar) control after surgery
- Helping your intestines return to normal function more quickly after surgery
- Possibly allowing you to have a shorter hospital stay

A 4-step nutrition plan

Your physicians recommend you follow this 4-step nutrition plan starting 2 to 4 weeks before your surgery. We will describe each step in this brochure.

Step 1: Healthy diet	
Eat a high-protein, high-carbohydrate diet	Starting 2 to 4 weeks before surgery
Step 2: Immunonutrition drinks before surgery (Ensure® Surgery Immunonutrition Shake or IMPACT Advanced Recovery® Drink)	
Drink 1 bottle 2 times a day	Starting 7 days before surgery
Step 3: Carbohydrate drinks before surgery (Ensure Pre-Surgery Clear Carbohydrate Drink or ClearFast Pre-Op®)	
Drink 2 bottles the night before surgery	
Drink 1 bottle 2 to 3 hours before surgery	Within the 24 hours before surgery
Step 4: Immunonutrition drinks after surgery (Ensure Surgery Immunonutrition Shake or IMPACT Advanced Recovery Drink)	
Drink 1 bottle 2 times a day	After surgery for 1 week

Other pre-operative diet instructions

Your surgeon will give you specific instructions about what to eat and drink the day and hours before your surgery.

You may drink clear liquids such as water, plain tea or coffee (no milk or creamer), clear broth, Gatorade®, soda, or apple juice up to 2 hours before you arrive for surgery.

If you have diabetes, be sure to talk with your surgeon about the right nutrition plan for you.

Step 1: Healthy diet

Eat a high-protein, high-carbohydrate diet starting 2 to 4 weeks before your surgery.

Protein is a nutrient needed for normal growth, wound healing and fighting infections. If you are not eating enough protein, it will be harder for your skin to heal. It is also important to eat a balanced diet with healthy food choices and enough calories to meet your needs. Remember to:

- Eat enough protein to help repair and build new skin tissue after surgery.
- Eat enough calories to prevent protein from being used as energy instead of for tissue building.
- Eat enough calories and protein to reach and maintain your goal weight.

Healthy diet tips

- You do not always have to eat 3 large meals. You may prefer to eat smaller meals more often. Try eating 6 times a day or every 2 to 3 hours.
- Stay well hydrated with water, unsweetened drinks, 100% fruit juice or milk.
- If you have other health problems such as diabetes, high blood pressure or kidney disease, follow your physician's advice about special diet restrictions.
- If you choose, follow the sample 7-day meal plan at the end of this brochure. It will give you high-protein and high-calorie meal ideas.

Protein-rich snack ideas

Snacks are a great way to increase protein in your diet. Here are some healthy snack ideas:

- Nuts
- Trail mix
- Greek yogurt
- Hard-boiled egg
- Cheese and crackers
- Edamame (soybeans)
- Almond butter and apple slices
- Hummus with fresh vegetables
- Cottage cheese and fresh fruit
- Turkey and cheese tortilla roll-up
- Peanut butter sandwich
- Nut butter and sliced banana on a rice cake

Step 2: Immunonutrition drinks before surgery

Starting 7 days before your surgery date, drink 1 bottle of an immunonutrition drink 2 times a day for a total of 14 drinks. You will drink the last 2 drinks on the day before your surgery.

We recommend choosing 1 of these drinks:

- Ensure Surgery Immunonutrition Shake
- IMPACT Advanced Recovery Drink

Step 3: Carbohydrate drinks before surgery

The night before your surgery, drink 2 bottles of the carbohydrate drink. On the day of your surgery, 2 to 3 hours before you arrive at the hospital, drink 1 bottle of the carbohydrate drink.

We recommend choosing 1 of the following drinks:

- Ensure Pre-Surgery Clear Carbohydrate Drink
- ClearFast Pre-Op

Step 4: Immunonutrition drinks after surgery

Starting right after your surgery, drink 1 bottle of an immunonutrition drink 2 times a day for 7 days for a total of 14 drinks.

You will start these drinks while you are recovering in the hospital. Depending on when you are discharged from the hospital, you will likely need to complete your post-operative immunonutrition drinks at home.

We recommend choosing 1 of these drinks:

- Ensure Surgery Immunonutrition Shake
- IMPACT Advanced Recovery Drink

More information about the drinks

- Your healthcare team will give you a full supply of the immunonutrition drinks (Ensure Surgery Immunonutrition Shake or IMPACT Advanced Recovery Drink) and carbohydrate drinks (Ensure Pre-Surgery Clear Carbohydrate Drink or ClearFast Pre-Op) that you will need. You do not need to purchase these drinks.
- Patients with allergies should be mindful of the drink ingredients. For example, the strawberry-flavored drink contains natural strawberry. For more information about the products, go to the websites.
 - Ensure Surgery Immunonutrition Shake: [ensure.com/nutrition-products/ensure-surgery](https://www.ensure.com/nutrition-products/ensure-surgery)
 - IMPACT Advanced Recovery Drink: [preparedforsurgery.com](https://www.preparedforsurgery.com)
 - Ensure Pre-Surgery Clear Carbohydrate Drink: [ensure.com/nutrition-products/ensure-pre-surgery](https://www.ensure.com/nutrition-products/ensure-pre-surgery)
 - ClearFast Pre-Op: [drinkclearfast.com](https://www.drinkclearfast.com)
- For the immunonutrition drinks *only*, add a few ingredients and mix in a blender for a little variety. Recipes for delicious shakes and smoothies using your immunonutrition drinks can be found at these websites:
 - [preparedforsurgery.com/recipes](https://www.preparedforsurgery.com/recipes)
 - [ensure.com/recipes/drinks-smoothies](https://www.ensure.com/recipes/drinks-smoothies)

Do not use these recipes for the carbohydrate drinks.

If you have any questions or concerns, ask your physician.

Sample 7-day high-calorie and high-protein meal plan

Each meal is between 400 and 600 calories.

Breakfast	Lunch	Dinner
Day 1		
1 cup cereal 1 cup whole milk 1 fruit 8 ounces 100% fruit juice	4 ounces chicken breast 2 slices whole-grain bread 1/3 avocado 2 slices tomato 1 cup whole milk	1 cup turkey chili 2 ounces corn bread 8 ounces 100% fruit juice
Day 2		
2 slices whole-grain bread 2 tablespoons nut butter 1 banana 1 cup whole milk	4 ounces tuna in oil 1 slice whole-grain bread 1 side salad: 1 cup lettuce, 1/4 cup each of tomato, cucumber, carrots and mushrooms 1 tablespoon salad dressing 12 ounces water	4 ounces steak 1/2 cup cooked vegetable 1 baked potato 1 tablespoon sour cream 1 teaspoon butter 12 ounces water
Day 3		
3 eggs scrambled with 1 ounce cheese, 1/2 cup spinach and 1/2 cup diced tomato 1 slice whole-grain bread 1 teaspoon butter 12 ounces water	Macaroni and cheese: 1 cup cooked pasta and 2 ounces cheese 1 cup cooked vegetable 8 ounces 100% fruit juice	4 ounces grilled salmon 1 cup brown rice 1 cup cooked vegetable 12 ounces water
Day 4		
6 ounces Greek yogurt 1 small fruit 8 ounces juice	1 slice pizza with meat 1 side salad: 1 cup lettuce, 1/4 cup each of tomato, cucumber, carrots and mushrooms 1 tablespoon salad dressing 8 ounces 100% fruit juice	Spaghetti with meatballs: 1 cup pasta, 3 ounces meatballs and 1/2 cup tomato sauce 12 ounces water

Breakfast	Lunch	Dinner
Day 5		
3 eggs scrambled with 2 ounces cheese 1 slice whole-grain bread 12 ounces water	1 (4-ounce) bagel 4 ounces cottage cheese 1 fruit 1 cup whole milk	Burrito: 1 flour tortilla, 4 ounces chicken, 2 ounces cheese and 1/4 cup each of tomato, brown rice, beans Salsa 12 ounces water
Day 6		
2 slices French toast 1 cup fruit 12 ounces water	2 slices whole-grain bread 4 ounces sliced turkey 1/3 avocado 2 slices tomato 8 ounces 100% fruit juice	1 (4-ounce) hamburger on bun 1 side salad: 1 cup lettuce, 1/4 cup each of tomato, cucumber, carrots and mushrooms 1 tablespoon salad dressing 8 ounces 100% fruit juice
Day 7		
Breakfast burrito: 2 eggs, 1 ounce cheese, 1 flour tortilla, 1/2 cup spinach and 1/2 cup diced tomato 12 ounces water	1 (4-ounce) bagel 2 tablespoons hummus 1/2 avocado 2 slices tomato 1/4 cup bean sprouts 8 ounces 100% fruit juice	4 ounces grilled chicken 1 cup brown rice 1 cup cooked vegetable 8 ounces 100% fruit juice

Getting Mentally Prepared for Surgery

It is important to prepare yourself mentally and emotionally for your surgery. As your surgery date approaches, you may feel anxious, overwhelmed or scared. If you are very anxious before your surgery, it may affect your recovery after surgery and lead to slower wound healing, increased pain, a longer hospital stay and a decreased ability to function.

Studies show that using guided imagery techniques to reduce your anxiety before surgery may improve your outcomes after surgery. This includes:

- An improved quality of life
- Less pain
- A quicker return to your normal activities

Guided imagery

Guided imagery is a safe, convenient and simple meditation technique. It aims to reduce the physical and emotional effects of anxiety. It involves all of your senses as you imagine a relaxing scene or series of experiences. Audio recordings guide you in creating these positive mental images, which influence how you feel and help you relax.

Guided imagery may help reduce your anxiety as you wait for your surgery date. It may also help reduce your pain and ease your anxiety if you have ongoing health issues.

How to access the audio recordings

Guided imagery audio recordings are available on specific topics including:

- Preparing for surgery
- Easing pain
- Promoting general wellness and better sleep
- Smoking cessation

Go to **healthjourneys.com/northwestern** to access each audio recording. Listen as often as you would like before and after surgery to get the most benefits.

If you have any questions, please ask a member of your healthcare team.