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# Your Guide to Colorectal Surgery

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*Preparing for and Recovering from Surgery*

Doylestown Health Colorectal Specialists

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Surgery Date

Your Surgeon:

- Robert Akbari, MD
- Christopher Bruce, MD

## Welcome to Doylestown Health Colorectal Surgery

The Doylestown Health colorectal surgery team is here to help you from beginning to end of your surgery.

This booklet includes details about:

- Preparing for your surgery
- What to expect on the day of surgery
- Recovering in the hospital
- Going home after surgery
- What to expect once you are home

Please know that every patient is different and your surgical team will adjust your recovery to plan your specific needs.

Keep track of your questions and be sure to ask your surgical team when you see them, or call our office at **(215) 863-8287**. It is important for you, your family and your friends to know what to anticipate so that everyone can help support you in your recovery.

- Doylestown Health Colorectal Surgery



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# Your Checklist

**Use this summary checklist as a guide to what you need to do to prepare for your surgery and recover after surgery.**

<b>Check When Done</b>	<b>Action</b>
<b>Within One Month Before Surgery</b>	
	Schedule an appointment, if required, with your primary care doctor and/or specialists as instructed by your surgeon for a pre-operative evaluation. You will be told if you need to stop or change any medicine before surgery.
	Complete any blood work and/or testing as ordered.
<b>One Week Before Surgery</b>	
	Review medicines to take the day of surgery and answer any remaining questions. Stop any blood thinners as told by your doctor (see reference sheet on page 10)
	Be sure you have all supplies needed for your bowel preparation, if ordered.
	Be sure you have your chlorhexidine soap for your skin preparation.
<b>One Day Before Surgery</b>	
	You will receive a call from Doylestown Hospital with your report time.
	If your surgeon has told you that you will need to take steps to prepare for your bowel surgery, follow the instructions starting on page 14 of this booklet.
	<b>The night before your surgery</b> , shower and use chlorhexidine soap. Follow the instructions on page 14 for proper use.
<b>Morning of Surgery</b>	
	Take medicines as instructed with a sip of water.
	Use chlorhexidine soap. Follow the instructions on page 14 for proper use.
	<p><b>Two hours prior to leaving for the hospital</b>, drink either a bottle of Gatorade® (16 oz.) or 1 bottle Ensure Pre-Surgery Clear (10 oz.).</p> <p>If you have diabetes, please drink Low Calorie G2 (20 oz.) instead of regular Gatorade®. Do not drink Gatorade® or sugar containing liquids unless your sugar is low.</p>

Check When Done	<b>Action</b>	
<b>First Night After Surgery</b>		
	Mobility	Upon arrival to your hospital room, with help, get out of bed, take a few steps, and sit in a chair.
	Diet	You will receive sips of clears and ice chips as you feel up to it.
	Pain management	Medicines will be given to you to manage your pain. If you still experience pain, tell your nurse.
<b>First Day After Surgery</b>		
	Mobility	Spend at least 6 hours out of bed. Walk at least twice in hallway with help, if needed.
	Diet	Drink clear liquids as you feel up to it. Your diet will be advanced as tolerated.
	Pain management	Medicines will be given to you to manage your pain. If you are concerned about any of the medicines or are still having pain, talk to your nurses or colorectal team.
	Urinary catheter	Your urinary catheter may be removed and your stent (if you have one).
	If ostomy	Participate in your ostomy care. Work with your wound care nurse to know how to care for yourself after discharge.

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Check When Done	<b>ACTION</b>	
<b>Second Day After Surgery</b>		
	Mobility	Spend at least 6 hours out of bed. Walk at least 3 times in hallway with help, if needed. Physical Therapy may be ordered if needed.
	Diet	Your diet will be advanced as your bowel function returns.
	Pain management	Your IV medicine will be transitioned to oral medicine. If you are concerned about any of the medicines or are still having pain, talk to your nurses or colorectal team.
	Urinary catheter	Your urinary catheter may be removed if not already done.
	If ostomy	Participate with wound care nurse to teach you how to empty your ostomy bag and care for the skin around your stoma.
<b>Third Day After Surgery</b>		
	Mobility	Spend much of the day out of bed and walking, with help, if needed.
	Diet	Your diet will be advanced as your bowel function returns. Any special diets can be printed for you.
	Pain management	Your pain should be well-controlled on oral medicines. Talk to your care team about how to manage your pain at home.
	Discharge planning	You are ready to be discharged to home or to rehab if you are drinking/eating well (no nausea), and passing gas (no bowel movement needed), and your pain is well-controlled.
	If ostomy	You will be taught how to remove and apply a new ostomy bag. You need to fully participate in ostomy care prior to discharge.
		Fully participate in ostomy care. Ostomy supplies will be arranged. A visiting nurse will be arranged to help with your ostomy care and supplies. The rod (if you have one) will be removed as an outpatient.
	Discharge instructions	A list of your discharge medicines will be provided. Make sure you have a follow-up appointment with your doctors. New medicines will be electronically sent to your pharmacy.

# Things to Do Before Surgery

## Before Surgery

- Once your surgery has been scheduled, pre-admission testing will be arranged by Doylestown Hospital. You will need to schedule pre-operative medical evaluation will be made with your primary care doctor and/or specialty doctors. They will manage your medicines including blood thinners (see following page) and medicines for diabetes if you are Diabetic.
- Report to the Volunteer Desk on the second floor of the main lobby of the hospital.
- You will meet with your anesthesia providers the morning of surgery, however, a pre-operative consultation can be made if needed. Anesthesia will go over the following:
  - Review of your medical history
  - Review of your medicines
  - Review of pre-operative testing if needed
  - Review of your anesthesia plan and pain relief for your surgery
- Anesthesia – Any questions about anesthesia procedures, charges or billing policies will be answered by calling 215-348-1523.
- If you have an insurance policy which requires a referral, please call your primary care doctor to have them issue a referral to Doylestown Hospital (NPI#1225091697). Note: We will submit your insurance for you. Due to the many different types of insurance companies, we are unable to tell you exactly what your insurance will pay. If you need an estimate, please call the Doylestown Health Priceline: 215-918-5515.
- For patients who may need an ostomy, we will arrange a consultation with the wound care nurse for stoma marking and education.

### **Smoking:**

If you smoke, talk to your doctor about the benefits of quitting as a decision for surgery is made. Please know that quitting smoking, even if two weeks prior to surgery, has great benefit to your recovery.

# Medications

**If you are Diabetic:** speak to your primary care doctor about your medicine dosage on the day you are prepping and also on the day of your procedure.

**5 DAYS BEFORE** your procedure **stop** taking any of the following medicines and any medicine containing **aspirin or ibuprofen**. You may continue taking Aspirin 81mg daily. If you are taking a prescription blood thinner, please check with the prescribing doctor for recommendations on stopping the medication. **Tylenol or Acetaminophen is safe to take.**

Advil  
Aleve  
Alka Seltzer  
Apixaban  
Anacin  
Anaprox  
Arixtra (1  
day)  
Arthropan  
Ascriptin  
Bufferin

Cilostazol  
Clinoril  
Coumadin  
Daypro  
Dipyridamole  
Disalcid  
Ecotrin  
Effient  
Eliquis  
Empirin  
Excedrin

Feldene  
Fiorinal  
Heparin  
Ibuprofen  
Indocin  
Lodine  
Lovaza  
Lovenox  
Meclomen  
Mobic

Motrin  
Naprosyn  
Naproxen  
Norgesic  
Nuprin  
Percodan  
Persantine  
Plavix  
Pletal  
Pradaxa (2  
days)

Relafen  
Ticlid  
Toradol  
Voltaren  
Xaralto

## Two Weeks Before Surgery

You should plan to be in the hospital for 3 days after surgery, unless your surgeon told you to expect otherwise. It is likely that you will need help from friends or family right after leaving the hospital. If home assistance is limited, some patients require a brief stay in an intermediate care or rehabilitation facility. These facilities give you help while you regain your strength. This decision will be made by you and your family, along with the medical, nursing and physical therapy responsible for your care. Pick one friend or family member who can be part of the team to help you make decisions and arrange your care before, during, and after surgery.

Here are a few simple things you can do before coming into the hospital that may make things easier for you when you get home:

- In the kitchen, put the things you use often between waist and shoulder height so you do not have to bend down or stretch to reach them.
- Try to plan to live on a single level of your home. However, realize that you WILL be able to climb stairs after surgery.
- Buy a stock of food and other things you will need often, as shopping may not be easy to do when you first get home.
- Plan on having someone care for your pets, if needed.
- Continue to eat a healthy diet during the weeks leading up to your surgery, as this helps you to recover quicker.
- Get plenty of exercise so that you are in good shape for surgery.

# One Day Before Your Surgery

Drink plenty of clear liquids to stay hydrated, see below.

## CLEAR LIQUID DIET FOR ONE DAY BEFORE SURGERY

These clear liquid items are **allowed**:

- Water
- Clear broth: beef, chicken, vegetable
- Gatorade
  - G2 (if you are diabetic)
- Lemonade or Kool-Aid
- Sodas, teas, coffee (**NO CREAM**)
- Gelatin (without fruit)
- Popsicles (without fruit or cream)
- Italian ices
- Juices without pulp: apple, white grape juice
- You may use salt, pepper and sugar

**Not** allowed:

- **Any type of milk** (cow, almond, soy, etc.) or cream
- Milkshakes
- Tomato juice
- Orange juice
- Grapefruit juice
- Cream soups or any soup other than broth

# **Bowel Prep and Skin Prep Checklist and Directions to Follow:**

## **One Day Before Surgery**

- Follow the instructions given to you for your bowel preparation.

## **Before Going to Bed**

- Take a shower or bath using chlorohexidine following directions on page 14.
- DO NOT** eat mints or candy or chew gum after midnight the night before your surgery.

## **Morning of Surgery**

- Take a shower using the special soap, chlorhexidine, following directions on page 14.
- Pick either Gatorade (16 oz.) or Ensure Clear (10oz.) to drink 2 hours prior to your arrival at the hospital.
- DO NOT** eat any solid food or drink any thicker liquids like milk or pulped juices, or add cream to any clear liquid drink.
- The morning of surgery, take your medicines with a sip of water before leaving to come to the hospital.

## Skin Preparation Before Surgery

Your whole body is going into the sterile (clean) operating room. You will need to be as clean as possible to prevent infection. We ask that you buy a special soap with **chlorohexidine** in it. **Hibiclens**© is the brand name, a generic brand is less expensive. You do not need more than 4 ounces. This can be found at your local pharmacy and most food stores.

This special soap works best when it is repeated, so you will need to shower with it the **evening before AND the morning of surgery**. Once you start using it, do not use any powders, perfumes, or lotions as these can affect the special soap's ability to kill germs. You must **NOT** shave the area that is being operated on for the 2 days before surgery.

### NOTE

Your wash cloths, towels, pajamas, bed sheets, and clothes must be freshly washed.

Use a fresh wash cloth and towel for each shower and put on clean pajamas. Try to keep pets out of your bed that night.

### In the Shower

- Rinse with **WARM** water. Turn the warm water off after rinsing and apply the **Hibiclens**© using a fresh, clean wash cloth, apply the special soap from the neck down.
- Pay special attention to the area where you will have surgery. Wash armpits, navel, groin and external genital areas and any areas under skin folds.
- Wait **2** minutes so the special soap can kill the germs and then rise off with **WARM** water. Gently dry yourself with a freshly washed towel.

# The Day of Surgery

## **The Day of Your Surgery**

**Two hours prior to leaving for the hospital**, drink either 16 oz. of Gatorade® or 1 bottle Ensure Pre-Surgery Clear (10 oz.).

If you have diabetes, please drink Low Calorie G2 (20 oz.) instead of regular Gatorade®. Do not drink Gatorade® or sugar containing liquids unless your sugar is low.

## **Taking Your Medicines Before Surgery**

- Make sure you know what medicines you should take the morning of surgery.
- You will receive a call the day before your surgery to confirm the time you need to come to the hospital. If anything is confusing, ask questions!

## **What to Bring**

Leave all valuables at home or give to the person(s) who will be with you. We encourage you to only bring essential items the morning of surgery, such as:

- Insurance cards
- Personal identification card, e.g., driver's license
- Copy of your advance directive (optional)
- A list of all your medicines, including dosages and how often you take them
- Payment for any deductible or copayment that is due before the operation

Please be aware that there may be some downtime/wait time prior to your surgery. We will do our best to predict how long the operations of the day may take, but unexpected delays are sometimes unavoidable. So, bring a book or something to do while you wait.

## **Belongings for Your Recovery**

Computers, tablets and cellphones are allowed in the hospital. Internet access is available. Towels and gowns will be provided, but many people like to bring their own freshly laundered bathrobe and toiletries. We will give you all of your medicines needed for your recovery. Leave your medicines at home. It is best to have your family or friends bring these personal items to you after surgery. Do not pack nonessential, valuable items.

## **What to Wear to Surgery**

Wear loose, comfortable clothing. Do not wear any jewelry; this includes wedding rings, earrings and any other body piercings. All jewelry must be removed before surgery. Please remove all nail polish and/or nail enhancements.

## **Parking and Check-In**

For a smooth registration process, you will be called by Doylestown Hospital between 1pm and 3pm the day before surgery with your report time. If you do not answer, a message will be left for you to call back before 5pm. If you do not receive a phone call by 4pm, please call 215-345-2370.

You will report to **Same Day Surgery** which is located on the second floor of the main lobby of the hospital.

## **Doylestown Health**

595 W. State St.

Doylestown, PA 18901

215-345-2200

## Your Hospitalization

Once your team is ready, you will be brought to the presurgery area. Here, the nurses and anesthesia providers will check you in and make sure everything is set for your surgery. An intravenous catheter (IV) will be placed in your arm and your weight will be taken. You will also be given several medicines to help manage your pain and nausea during and after surgery (such as gabapentin and acetaminophen). If it is appropriate for your procedure, the anesthesia provider will perform an epidural anesthetic by using a small needle to inject medicines directly into the pain fibers in your back. This is important, because we would like to minimize the amounts of narcotics—such as oxycodone or dilaudid—that reduce pain but cause constipation and nausea after colorectal surgery. The use of these narcotics can significantly delay your recovery after surgery. You will then be taken to surgery and your family will be taken to the patient/family area.

## Operating Room

Many patients do not recall being in the operating room because the medicines you are given during surgery cause amnesia. You will be connected to monitors. After this, you will be given a blood thinner shot to prevent you from getting blood clots and antibiotics to prevent a wound infection. The anesthesiologist will put you to sleep with a general anesthetic.

Once you are asleep, your surgeon will begin your surgery. Another colorectal surgeon or physician assistant on the team may assist during the operation.

## Recovery Room

After surgery, you will be taken to the recovery room, where you will wake up from anesthesia. Once awake and stable, you may have sips of clear liquids and ice chips. The surgeon will talk with your family right away after your surgery and let them know about the operation. Most patients remain in the recovery room for about 2 hours.

## Surgical Unit

From the recovery room, you will be sent to one of the medical surgical units. You will be reunited with your family once you are on the unit. This is a good time for your family to bring your belongings you packed at home. The receptionist in the family lounge will tell your family your room number. A family member or companion can stay with you in the room.

In most cases, you will have a small catheter tube in your bladder. This is so we can measure how much urine you are making and how well your kidneys are working. You may also be given oxygen. You will have an IV drip in your arm giving you fluid into your vein. You will be allowed to have ice chips and sips of clears. You will be placed on your regular medicines, with the exception of some diabetes, blood pressure and blood thinner medicines. You may receive a low dose of a blood thinner medicine (injection) to help prevent blood clots.

The nursing staff will help you out of bed. The staff will check your temperature, pulse and blood pressure often when you first come up to the unit. Only close friends or family are advised to visit on this day, as you will still be quite drowsy.

# Planning for Recovery and Going Home

## In-Hospital Recovery Plan

### Team Caring for You After Surgery

In addition to the nursing staff on the unit, the colorectal surgery team will care for you. This team is led by your surgeon and includes another colorectal surgeon and a physician assistant.

### Pain Relief After Surgery

Your pain will be assessed often on a scale from 0 to 10. Pain assessment is necessary to guide your pain relief. It is essential that you are able to take deep breaths, cough and move. Prevention or early treatment of pain is far better than trying to treat severe pain. Therefore, we have devised a specialized regimen to stay ahead of your pain and use almost no narcotics, which can slow down your recovery process. You will also be given acetaminophen and an ibuprofen-like medicine to keep your pain under control. You can always ask for more pain medicine if you are not comfortable.

### One Day After Surgery

Focus on drinking and walking. You will start drinking clear liquids after surgery. The IV fluids will be stopped, and the catheter may be removed from your bladder. After surgery, your recovery plan will be to get out of bed, with the nurses' or assistants' help, sit in a chair for meals and start to move about in the halls. You may also meet with a case manager to discuss your discharge needs, including home nursing. Your doctor may order home care to help with your recovery at home. Home nursing visits can help you get readjusted to home. The nurse will teach treatments, monitor medicines, and perform clinical assessment and report back to your doctor. Other services may include therapy and medical equipment. If you are going somewhere other than your home upon discharge, please tell us. A home care coordinator can visit with you while in the hospital to discuss your options. If you need rehabilitation at a facility, a social worker will assist with this.

## Two Days After Surgery

You will start eating a soft diet and change to a more solid diet as you feel up to it. The catheter from your bladder will be removed, if not already done. However, if you had a lower anterior resection, this may come out three days after surgery. If there is a dressing (bandage) on your wound, it will be removed. The tubing will be disconnected from your IV, if not already done. If you have a new ostomy, one of the ostomy nurses will work with you to learn to care for your ostomy. Your recovery plan includes being out of bed for most of the day and walking at least 3 times in the hall, with help, as needed.

## Three Days After Surgery

You will continue to eat your solid food diet. You may be ready to go home if you are:

- drinking enough to keep yourself hydrated
- having pain well controlled
- not belching or nauseated
- passing gas
- able to get around on your own

The catheter from your bladder will be removed, if not already done. However, we will not discharge you from the hospital until we are sure you are ready.

## Discharge

You will need to make plans for someone to meet you at the hospital and go home with you. You will not be released without someone present.

Please keep in mind that we strive to get patients discharged as quickly as possible, but there may be delays for a variety of reasons.

## Complications That May Prolong Your Hospital Stay

**Nausea and vomiting:** It is very common to feel sick to your stomach after your surgery. We give you medicines to reduce this. However, if you do feel sick, you should reduce the amount of food and drink you are taking by mouth. Small, frequent meals or drinks are best in this case. As long as you can drink and keep yourself hydrated, the nausea will likely pass.

**Ileus:** Following surgery, the bowel can shut down, making it difficult for food and gas to pass through the intestines. This is called an ileus. We have designed our care program to do everything possible to reduce the chance of an ileus. If you do develop an ileus, it usually only lasts 2 to 3 days. However, it may require a small tube down the nose to decompress the stomach. **The best way to avoid an ileus is to reduce the amount of narcotic pain medicines, get up as much as possible after your surgery, and stimulate the bowel early after surgery with small amounts of food and liquids.**

**Anastomotic leak:** This is a rare but serious complication. An anastomotic leak usually develops 5 to 7 days after the surgery. It happens when two ends of the bowel that we join together fail to heal completely, thus leaving a small hole. Patients usually have severe abdominal (belly) pain, fever and vomiting. This often requires another operation.

**Wound infection:** If a wound infection occurs, this usually happens 3 to 10 days after surgery. You may be treated with antibiotics.

**Urinary retention:** This is if you are unable to urinate after the catheter from your bladder is removed. The catheter may need to be reinserted until you are able to urinate on your own. This can be caused by anesthesia, pain medicine and decreased activity. You may be started on Flomax, a drug to help with urinary retention, if this happens.

- When you prepare to go home, we will give you:
  - Detailed discharge instructions, with information about your operation, medicines and activity restrictions.
  - All prescriptions for medicines you need at home. Prescriptions can be filled while you are in the hospital at the Doylestown Hospital Shoprite located on the first floor.
  - Ostomy supplies, if needed.
  - Information on your visiting nurse, if needed.

# Concerns After Discharge

## Once you are Discharged:

Regular office hours are 8:30am-4:30pm. The office number is: 215-863-8287.

### Call us immediately if:

- You have a fever higher than 101.5 degrees.
- Your wound is red, or more painful or has drainage.
- You are nauseous or vomiting or cannot keep liquids down.
- Your pain is worse and not able to be controlled with the pain relief regimen you were sent home with.
- If you are running low on any of your medicines, call the nurse a few days before you will run out.

It is generally easier to reach someone between 8:30am and 3:30pm so call early if you think something is not right. After hours and on the weekends, the calls will be forwarded to the answering service and communicated with the doctor on call. It may take longer for your phone call to be returned during this time.

If you have a true emergency, such as severe abdominal pain, chest pain, shortness of breath or any other severe problems, call 911 or go to the local emergency room. Have them contact our team once you are stable.

## Concerns After Discharge

### Bowel Function Following Your Surgery

Your bowels will take several weeks to settle down and may be unpredictable at first. Your bowel movements may become loose, or you may be constipated. For most, this will get back to normal with time. Make sure you eat healthy meals, drink plenty of fluids and take regular walks during the first two weeks after your operation.

### Abdominal Pain

It is not unusual to suffer gripping pains (colic) during the first week after removal of a portion of your bowel. This pain usually lasts for a few minutes but goes away between spasms. If you have severe pain lasting more than one to 2 hours or have a fever and feel generally unwell, you should call us at the telephone contact number listed at the end of this booklet.

## Urinary Function

After bowel surgery, you may get a feeling that your bladder is not emptying fully. This usually goes away with time.

## Wound Care

For the first few weeks after surgery, your wound may be slightly red and uncomfortable. You may shower and let the soapy water wash over your incision. Do not soak in the tub for one month after surgery or until the wound is well-healed. It will take the wound several months to “soften.” It is common to have bumpy areas in the wound near the belly button and at the ends of the incision.

If you have staples, these should be removed when you are seen by your surgeon at your post-op visit. You may have a glue-like material on your incision. Do not pick at this. It will come off over time. It is the surgical glue used in surgery to close your incision. You also have sutures inside of you that will dissolve over time.

If you have any issues with your stoma (colostomy bag), please call the wound care RN. You will receive information to contact them during your hospital stay.

## Post-Surgery Diet

Most patients will be started on a **low-residue** diet after surgery. After you go home, slowly advance back to a regular diet as tolerated. See page 28 for foods allowed on a low residue diet.

Attention to good nutrition after surgery is important to your recovery. Eating enough protein, calories, vitamins and minerals is needed to support healing. Some patients find their appetite is less than normal after surgery. In this case, frequent small meals throughout the day may help.

It is not uncommon to lose some weight after surgery. However, by the fourth to fifth week, your weight loss should stabilize.

It is normal that certain foods taste different and certain smells may make you nauseous.

## Hobbies/Activities

Walking is encouraged after your surgery. You should plan regular exercise several times a day and gradually increase this during the four weeks following your operation until you are back to your normal level of activity. You may climb stairs. Do not do heavy lifting greater than 10 pounds or contact sports for the first 4-6 weeks after your surgery.

It can take up to 2 to 3 months to fully recover. It is not unusual to be fatigued and require an afternoon nap for up to 6 to 8 weeks after surgery. Your body is using this energy to heal your wounds. Set small goals for yourself and try to do a little more each day.

## Work

It is normal to return to work 4 to 6 weeks after your operation. If your job involves heavy manual work, then you should wait 6 weeks. However, you should check with your employer regarding rules, which may be relevant to your return to work. If you need a return-to-work form for your employer or disability papers, bring them to your post-op visit. Disability paperwork is usually completed prior to, and again, after surgery.

## Driving

You will typically not be driving for 1 to 2 weeks after surgery. You may not drive while taking narcotic pain medicine.

# Low Residue Diet

A low residue diet typically contains less than 10 grams of fiber per day.

## Foods to include:

### **Grain Products:**

- Enriched refined white bread, buns, bagels, english muffins
- Plain cereals e.g. Cheerios, Cornflakes, Cream of Wheat, Rice Krispies, Special K
- Tea biscuits, arrowroot cookies, soda crackers, graham crackers, plain melba toast
- Corn and flour tortillas, cornbread
- White rice, refined pasta and noodles

### **Fruits:**

- Fruit juices except prune juice
- Soft fruits: apricots, banana (1/2), cantaloupe, canned fruit cocktail, grapes, honeydew melon, peaches, watermelon, citrus fruits, plums, pineapple – peel fruits when possible
- Apple or apricot sauces

### **Vegetables**

- Vegetable juices
- Tomato sauces
- Potatoes (no skin)
- Well-cooked and tender vegetables including alfalfa sprouts, spinach, beets, green/yellow beans, carrots, celery, cucumber, eggplant, lettuce, mushrooms, green/red peppers, squash, zucchini

### **Meat and Protein Choice:**

- Well-cooked, tender meat, fish and eggs

### **Dairy:**

- Milk and foods made from milk — such as yogurt, pudding, ice cream, cheeses and sour cream
- Butter, margarine

## Foods to avoid:

- Whole grain breads/pastas, corn bread/ muffins, products made with whole grain products, bran, seeds, or nuts
- Strong cheeses, yogurt containing fruit skins or seeds
- Raw vegetables and pickles
- All beans, peas, and legumes
- Fruit peels and hard fruits
- Tough meat, meat with gristle
- Crunchy peanut butter
- Nuts, seeds and popcorn
- Millet, buckwheat, flax, oatmeal
- Dried fruits, berries, other fruits with pulp or seeds, juices with pulp
- Food containing chocolate, coconut
- Highly spiced food and dressings, pepper, hot sauces
- Caffeine



## **Important Contact Numbers**

### **Colorectal Surgery Office**

Monday through Friday  
8:30am to 4:30pm

Georgetown Commons  
708 N Shady Retreat Road  
Suite 8  
Doylestown, PA 18901

Phone number: 215-863-8287  
Fax number: 215-348-8010

### **Surgery Scheduling Office**

Monday through Friday  
8:30am to 4:30pm

Georgetown Commons  
708 N Shady Retreat Road  
Suite 8  
Doylestown, PA 18901

Phone number: 215-863-8358  
Fax number: 215-348-8010

### **Preoperative Testing**

Monday through Friday  
7:00am to 3:00pm

Doylestown Health – 2<sup>nd</sup> floor  
Main Lobby  
595 W State St  
Doylestown, PA 18901

Phone number: 215-345-2528  
Fax number: 215-345-2929

### **Wound Care Nurses**

#### **Ann Manganeli**

Monday to Friday  
8:00am to 4:30pm

Phone number: 215-345-2638

#### **Jeanette Delaney**

Monday to Friday  
8:00am to 4:30pm

Phone number: 215-345-2352

### **Hospital Operator:**

215-345-2200