

BEFORE & AFTER BOWEL SURGERY: ENHANCED RECOVERY

This booklet will:

- Help you understand and prepare for your surgery
- Explain how you will play an active part in your recovery
- Give you daily goals to achieve

What is Enhanced Recovery?

When you are admitted to the hospital for bowel surgery, you will be part of a recovery program called Enhanced Recovery after surgery.

The goal of this program is to help you recover quickly and safely, also to support you during all phases of this process. Your health care team worked together to create this pathway.

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

Please bring this booklet with you on the day of surgery. Use it as a guide during your hospital stay. Hospital staff may refer to it as you recover, and review it with you when you go home.

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

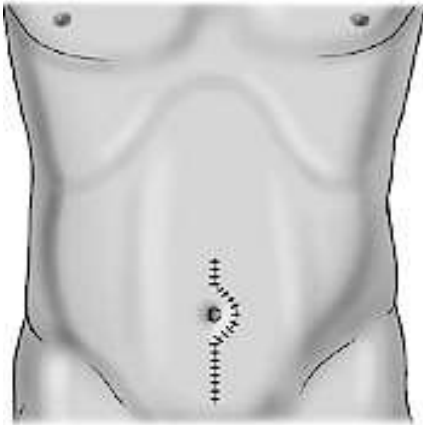
Please ask us at any time if you have questions about your care.

What is Bowel Surgery?

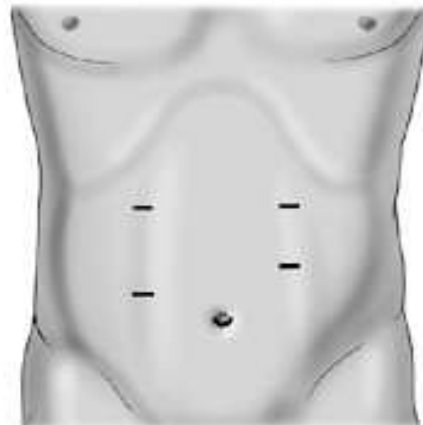
Bowel surgery, also called colorectal surgery, is removal of a diseased part of the bowel.

The surgery may be done one of two ways. Your surgeon will talk with you about the kind of surgery you need.

- **Laparoscopic:** The surgeon works through three to six small cuts in your abdomen, using a camera and instruments. One of the cuts is used to remove the diseased part of the bowel.
- **Open:** The surgeon works through a larger cut in your abdomen to move the diseased part of the bowel.



(Figure 2)
Open Incision
 Closed with staples



(Figure 3)
Laparoscopic Port Sites
 Location and number of
 laparoscopic port sites
 may vary according to
 procedure and surgeon

What is an Ostomy?

Some people, but not everyone, need an ostomy as part of their bowel surgery. An ostomy is an opening in your belly where stool and waste pass out into a bag. It may be temporary or permanent. If you need an ostomy, your surgeon will talk with you about it before your surgery.

You will also meet with a wound and ostomy nurse who will teach you how to take care of your ostomy and will do a pre-operative marking of where your stoma site will be. Please call to schedule your appointment with one of our Stoma nurses if you are instructed to do so.

K. Agnes Brugger BSN, RN, WOCN - Evanston Hospital 847-570-2417

Casey Mulle BSN, RN, WOCN - Glenbrook Hospital 847-657-5963

Cheryl Isberto BSN, RN, WOCN - Skokie Hospital 847-933-6091, Highland Park 847-926-5806

BEFORE YOUR SURGERY:

Preparing for Surgery

1. MEDICAL CLEARANCE

You will need to arrange an appointment with your primary care physician (PCP) within 30 days prior to your surgery date for medical clearance. See page 5 for details.

2. BE ACTIVE

Exercise will help your body to be as fit as possible and keep your weight under control. If you are already active, keep it up. If not, please try to begin exercising. Even a minimum of 15 minutes per day is beneficial. This does not need to be strenuous.

3. **STOP SMOKING!!**
If you smoke, stop before your surgery to reduce the risk of lung problems and other complications. Your PCP can help you stop smoking by prescribing medications if necessary.
4. **RESTRICT ALCOHOL**
Do not drink alcohol 24 hours before surgery. Alcohol can interact with medications. If you need help decreasing your alcohol use before surgery, let us know.
5. **PLAN AHEAD**
You may need help with meals, laundry, bathing, or cleaning when you go home from the hospital. Stock your fridge and freezer with food that is easy to reheat. Make plans with your family and friends so you will have the help you need.
6. **ARRANGE TRANSPORTATION**
The day of surgery is Day 0. The plan is for you to go home from the hospital as soon as Day 2. Please arrange a ride.
7. **CANCELLING**
If you get sick, please call the surgery clinic as soon as possible at 847-570-1700

Medications - General Guidelines

1. Multivitamins, herbs, green tea, and over-the-counter supplements - **Stop 10 days before surgery.**
2. **If you are taking Aspirin 325mg - STOP 10 days before surgery - START taking 81mg!**
3. Aspirin 81mg- **Continue** to take prior to and on the day of surgery
4. Non-steroidal anti-inflammatory drugs, also known as NSAIDS, such as Advil, Aleve, Motrin, ibuprofen, Mobic etc. - **Stop 10 days before surgery.**
5. Tylenol (acetaminophen) - Can be taken up until the night before surgery.
6. Seizure medication - Take this on the day of surgery with a sip of water.
7. Blood Pressure medication - Take as directed until the day before surgery. Most should also be taken on the day of surgery with a small sip of water. All blood pressure medications should be discussed with your primary care physician or cardiologist before surgery.

On the day of surgery DO NOT take the following cardiac medications:

- a. **Diuretic** , also known as a water pill,
- b. **ACE inhibitor:** such as Enalapril, (AKA Vasotec); Lisinopril, (AKA Zestril or Prinivil); and Ramipril, (AKA Altace); and others too numerous to list here.
- c. **Angiotensin receptor blocker (ARB)** , such as Losartan (AKA Cozaar); Candesartan, (AKA Atacand); Valsartan, (AKA Diovan); Irbesartan (AKA Avapro); Olmesartan (AKA Benicar), and others too numerous to list here.

8. **Blood thinning, Anticoagulant, and Antiplatelet medications will need to be modified or stopped before surgery. Follow the guidance of your PCP or Cardiologist if you are taking these or other similar medications:**

* Heparin	*Lovenox (enoxaparin)	*Arixtra (fondaparinux)
*Fragmin (dalteparin)	*Pradaxa (dabigatran)	*Xarelto (rivaroxaban)
*Eliquis (apixaban)	*Coumadin (warfarin)	*Plavix (clopidogrel)

For further questions regarding medications, please contact the office at 847-570-1700.

Patients with Diabetes

If you are a diabetic, please see your **primary care physician** and **endocrinologist** before surgery to confirm how to handle your insulin and/or oral diabetes medications.

In general, **DO NOT** take your oral diabetes medication on the day before your surgery or on the day of surgery. In other words, **take no oral diabetes medication for 2 days prior to your operation.**

If you are taking Insulin:

1. **Long Lasting Insulin** such as Lantus, Levemir, Tresiba
 - Take the full dose of insulin on the **EVENING BEFORE**
 - **Take the full dose the MORNING OF surgery**
2. **Intermediate Lasting Insulin** such as Novolin, Humulin
 - Take the full dose the **EVENING BEFORE** surgery
 - **Take 50% of the MORNING dose on the day of surgery**
3. **Rapid Acting Insulin** such as Novolog, Humalog, Apidra, Novolin, Humulin
 - Take the **DAY BEFORE** surgery if you are eating a normal diet
 - **Do NOT take the morning of surgery.**
4. **Pre-mixed insulin** such as 70/30, 75/25, 50/50
 - **Take half the dose the NIGHT BEFORE surgery**
 - **Take NO insulin on the MORNING OF surgery**
5. **Insulin Pump**
 - Please get specific instructions from your endocrinologist!

- ❖ Again, **please consult with your endocrinologist or PCP** regarding how to take your insulin or oral diabetes medications on the day before **AND** on the day of surgery. The above are just commonly accepted **GUIDELINES** for peri-operative glucose control. It is important to verify that the above are appropriate for your individual needs based on your pre-operative exam.

Pre-operative Clearance

1. It is your responsibility to call and schedule an appointment with your Primary Care Provider (PCP). You will need them to perform a preoperative clearance exam, similar to an annual physical, **WITHIN 30 DAYS PRIOR** to your surgical date.
2. You will also need to have a series of pre-operative blood tests. These can be done at your PCP's office, or at a **Northshore Outpatient Lab**.

3. You will need to have a **Nasal Swab** to test to see if you are a carrier for staphylococcus. This also can be done at your PCP's office or at the hospital. If you are positive for staph, you will be notified of the results and be given additional instructions for an antibiotic ointment that you will begin using 5 days prior to surgery.
4. You will need to have a **Type & Screen** within 30 days of your surgery. This test is done to determine your blood type and antibodies in your blood. You **MUST** have this done at a **Northshore Outpatient Lab**. No appointment is required.
5. If you are **over age 65**, or **over age 50 AND** have a **cardiac history**, you will need to have an **EKG**. If your PCP cannot perform this in their office, please let us know. We can place an order in your chart, after which you can go to any **Northshore Radiology** department and have the EKG done. No appointment is required.
6. If you have an implanted **pacemaker or defibrillator**, you will need to have the device evaluated by your cardiologist within 3 months prior to the surgery date.
7. If you have been diagnosed with **sleep apnea AND** have been prescribed a sleep apnea device, such as a CPAP, you will need to bring this device to surgery with you.

Eating and Drinking

1. The day before surgery:

a) **If you ARE taking a bowel prep _____ (check here)- see below for bowel prep instructions**

- Drink *clear liquids all day- NO SOLID FOODS, NO DAIRY
- **12 pm:** Mix the entire bottle of Miralax into the 64 ounces of Gatorade in a separate container. Shake or stir the solution until it is fully dissolved. Drink an 8 ounce glass every 30 minutes until the solution is gone. This should be completed in 4 hours.
- **5PM:** Take 1gm (1000mg) of Neomycin and 1gm (1000mg) of Metronidazole.
- **6PM:** Take 1gm (1000mg) of Neomycin and 1gm (1000mg) of Metronidazole.
- **10PM:** Take 1gm (1000mg) of Neomycin and 1gm (1000mg) of Metronidazole.
- **10PM:** Drink one (12 oz) *carbohydrate drink in the evening

Bowel Preparation

"Gatorade Bowel Prep"



Purchase the following over the counter ingredients and pick up your prescriptions:

1. Gatorade, one 64 ounce container or two 32 oz containers. Any Flavor!
2. Miralax bottle 238 grams (over the counter).
3. Pick up your Neomycin and Metronidazole prescriptions at your pharmacy.

b) If you ARE NOT taking a bowel prep _____(check here)

- Pick up your Neomycin and Metronidazole prescriptions at your pharmacy in advance.
- Drink *clear liquids all day - NO SOLID FOODS, NO DAIRY
- **5PM:** Take 1gm (1000mg) of Neomycin and 1gm (1000mg) of Metronidazole.
- **6PM:** Take 1gm (1000mg) of Neomycin and 1gm (1000mg) of Metronidazole.
- **10PM:** Take 1gm (1000mg) of Neomycin and 1gm (1000mg) of Metronidazole.
- **10PM:** Drink one (12 oz) *carbohydrate drink in the evening

***EXAMPLES OF CLEAR LIQUIDS:**

- Water, black coffee, plain tea
- Fruit juices like apple, cranberry, or white grape
- Chicken or beef bouillon
- Jell-O (no red or purple)
- Clear soft drinks (7-Up, sprite, ginger ale, etc)
- NO MILK or milk products. No orange juice.

***ALLOWED CARBOHYDRATE DRINK CHOICES:**

- Apple Juice
- Cranberry Juice
- Commercial Iced Tea
- White grape juice
- Drinking other juices may result in cancellation of your surgery

***If at any time the antibiotics cause nausea and/or vomiting, please stop and do not take any remaining doses.**

Washing:

1. THE NIGHT BEFORE SURGERY:

- Shower or bathe with Hibiclens (4% chlorhexidine) as the LAST part of your normal shower routine.
- This is over the counter
- Use about a palm size amount of this soap. It will not bubble or lather.
- Rinse completely.
- AVOID CONTACT OF THE SOAP WITH YOUR EYES AS THIS CAN CAUSE IRRITATION. If some soap gets in your eyes, rinse thoroughly with water.
- Discard Hibiclens container in regular garbage when finished.

The Morning of Surgery - (All Patients):

1. EATING/DRINKING
 - Do not eat any food
 - Drink one (12 OZ) carbohydrate drink (clear juice) starting 3-4 hours prior to your scheduled surgery time. **STOP 2 hours before** your scheduled surgery start time.
Your drink preference _____
 - DO NOT drink any additional fluids within the 2 hours prior to surgery or you risk cancellation of your surgery.
2. GETTING DRESSED:
 - Put on clean clothes
 - Do not wear lotion, perfume, makeup, fingernail polish, jewelry, or piercings.
 - Do not shave the area where the operation will be done
 - Deodorant is OK.

Expect Our Call

The day before you come to Northshore, staff from the following areas may contact you:

1. Hospital Admitting Department
 - A staff member will call to verify your insurance coverage. If your scheduled procedure is within 48 hours and you have not been contacted, please call the Admitting Department
2. Peri-Operative Care Unit (PCU)
 - A nurse from the Perioperative Care Unit (PCU) will call to review your health history and instructions for pre-procedural preparation and the time you need to arrive at Northshore.

DATE OF SURGERY: _____

TIME TO ARRIVE AT THE HOSPITAL: _____

THINGS TO BRING TO THE HOSPITAL



- ✓ This booklet
- ✓ Photo ID (driver's license or state ID)
- ✓ Insurance card and information
- ✓ Two packages of your favorite SUGARLESS gum



- ✓ List of prescription and non-prescription medications that you take (including vitamins, supplements and herbal medications).
- ✓ List of past hospitalizations, illnesses, surgeries, allergies (and allergic reactions) and immunizations.
- ✓ Assistive devices, such as walkers, crutches, canes, hearing aids and glasses.
Please label all personal items with your name.
- ✓ Names and phone numbers of family or friends to contact in case of emergency.
- ✓ Robe, slippers, loose comfortable clothes to wear home.
- ✓ Money to purchase newspapers, magazines or other items (limit of \$10 in cash).
- ✓ Copy of your advance directives, if you have such documents.
- ✓ Personal toiletries, such as shampoo, deodorant, toothbrush, toothpaste, denture cream, moisturizer.
- ✓ Please do not bring anything of value, including credit cards and jewelry. The hospital is not responsible for lost or stolen items.

At the Hospital

- I. Arriving to the Hospital:
 - Evanston - Park on the 5th floor of the parking garage (Notre Dame level). You will be directed from the parking garage to the check-In area on the 3rd floor where you are having your procedure. A staff member will greet and direct you from there.
 - Glenbrook, Skokie, Highland Park - You will enter through the main hospital entrance. A staff member will greet and direct you. You will check-in at the front desk.
 - After check in you will be escorted to your individual room in Ambulatory Surgery Unit (ASU) where you will meet the nursing staff as well as your anesthesia team to prepare you for your surgery. You will also speak to your surgeon in the ASU before you have your surgery.
- II. Admitting area:
 - You will arrive here first to sign in and complete any admission forms.
- III. Pre-Operative area:
 - The nurse will ask you to change into a hospital gown and complete the pre-operative checklist with you.
 - You may be asked to put on tight elastic stockings; these will help your circulation and prevent blood clots from forming.
 - An IV will be inserted.
 - You will receive several medications from the staff that have been prescribed for you by your anesthesia and surgery team.
 - These medications will help to prevent pain, nausea/vomiting, and decrease the risk of infection and blood clots after surgery.
 - You will take these medications orally with very small sips of water.
 - Your family will be able to stay with you at this time.

- IV. Operating room
 - You will be given sedative medication just prior to being taken to the OR.
 - The anesthesiologist will put you to sleep in the OR.
 - You will be asleep and pain free during your surgery.

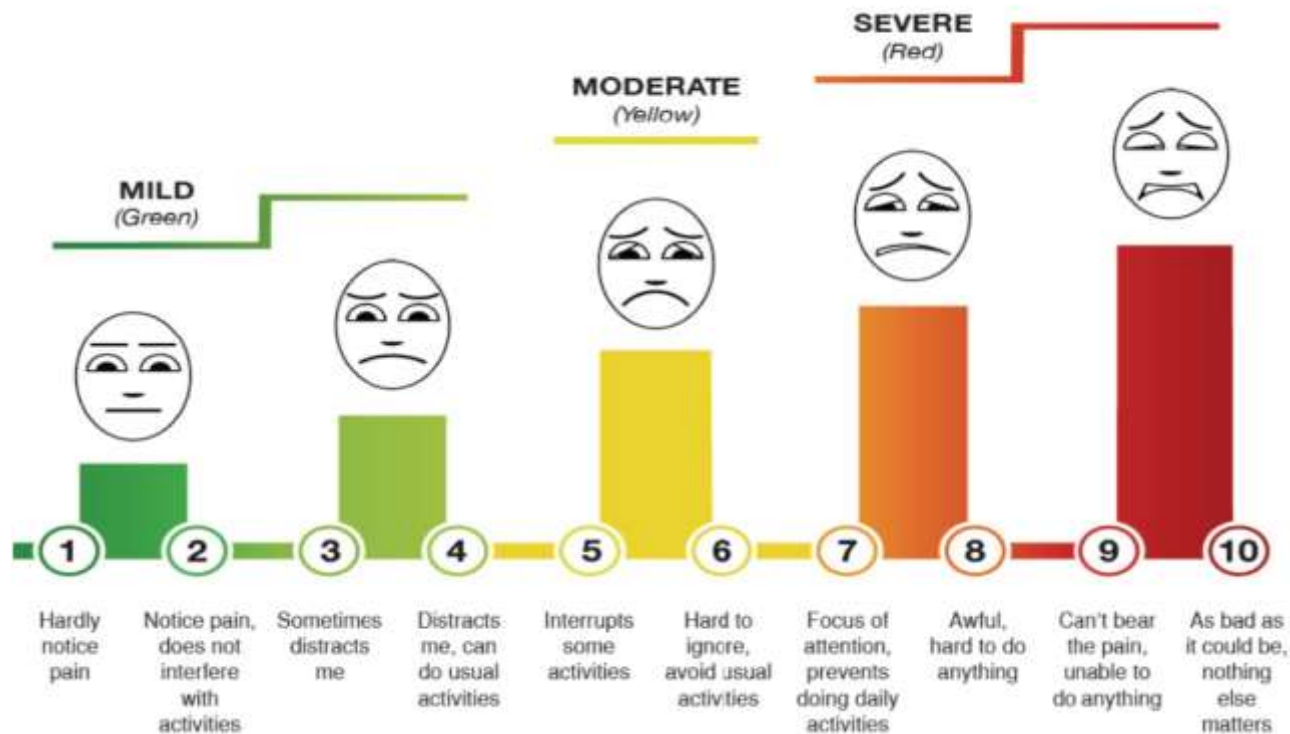
- V. Waiting room
 - Your family will be escorted to the waiting room during your surgery.
 - They will be provided with updates and notified when you are out of surgery.
 - They should check in with the desk to provide a contact number in case they leave temporarily for any reason.
 - Chase bank ATM's are located at each hospital.
 - Each hospital has a cafeteria and gift shop for purchasing of food/beverages.

- VI. PACU (post anesthesia care unit)
 - You will wake up here after your surgery is finished.
 - Family is not allowed to visit in the PACU.
 - You may have a mask providing you with oxygen, an IV giving you fluids, a catheter draining urine from your bladder, and possibly an epidural catheter delivering you pain medication.
 - You may be here for several hours.
 - A nurse will check your vital signs often, check your bandages, and make sure you are comfortable.
 - Once your vital signs are stable, you will be transferred to your hospital room. Your family can visit you there.

AFTER SURGERY: INPATIENT

- I. Pain Control
 - a) It is important to control your pain because it will help you to:
 - Take deep breaths
 - Move more easily
 - Eat better
 - Sleep well
 - Recover faster
 - Do things that are important to you

 - b) Your nurse may ask you to describe your pain using a number between 0 and 10. 0 means no pain and 10 is the worst pain you can imagine. The goal is keep your pain at or below 4 out of 10.



c) TAP

- The Transversus Abdominis Plane (TAP) block is a relatively new regional anesthesia technique that provides analgesia to the parietal peritoneum as well as the skin and muscles of the anterior abdominal wall.

d) Epidural

- Your anesthesiologist may place a small catheter (tube) in your back to give you continuous pain medicine. This is called an epidural infusion. It is usually started in the operating room before you go to sleep. It may be removed on day 2 to 3 after surgery

e) Patient Controlled Analgesia (PCA)

- Instead of an epidural infusion, some patients have a medicine pump (PCA) attached to their IV. When you push a hand-held button the pump gives you a safe dose of pain medicine.



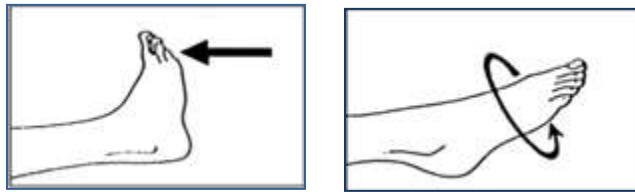
II. Exercises

a) Move around in bed:

- This will help to prevent pneumonia, blood clots, and muscle weakness. Start these exercises when you wake up and continue them while you are in the hospital.

b) Leg exercises:

- These exercises help your blood to circulate in your legs. Repeat each exercise 4 to 5 times every half hour while you are awake.
- Rotate your foot to the left and right.
- Wiggle your toes and bend your feet up and down.
- Stretch your legs out straight.



c) Deep Breathing and Coughing Exercises:

- An incentive spirometer is a device that helps you breathe deeply to prevent pneumonia.
 - Sit up straight.
 - Put your mouth tightly around the mouth piece.
 - Take a deep breath in and blow it out slowly. This allows the lungs to fully expand. You will see the piston/ball rise with each breath.
 - Rest for a few seconds and repeat this task 10 times every hour.
 - Cough well after completion to clear your lungs. You may use a pillow or your hands to hold your incision taut (splinting).

How to Use an Incentive Spirometer



The Evening after Surgery - Post-op Day #0

- I. Pain Control
 - Tell your nurse if your pain is getting out of control.
- II. Breathing
 - Do your breathing exercises with the incentive spirometer 10 times every hour.
 - Cough well after each cycle of 10.
- III. Activities
 - Do your leg exercises 4-5 times every hour while awake.
 - Get up and sit in a chair with help from your nurse or aide.
 - Track your progress on the checklist (see page 18)
- IV. Eating and Drinking
 - Drink liquids as tolerated.
 - Chew gum for 30 minutes.
- V. Tubes and Lines
 - An intravenous line (IV) will be giving you a small amount of fluid.
 - You may have an epidural or PCA giving you pain medication.
 - You may have a urinary catheter to drain (and measure) the urine from your bladder.

Post-op Day #1

- I. Pain Control
 - You will be receiving many scheduled medications to prevent pain, including Tylenol (acetaminophen) or Motrin (ibuprofen).
 - We want your pain to be as well controlled as possible. Please tell us if your pain getting is out of control.
- II. Breathing
 - Do your breathing exercises with the incentive spirometer 10 times every hour.
 - Cough well after every cycle of 10
- III. Activities
 - Sit in a chair during meals.
 - Walk in the hallway 4-5 times with help from a caregiver if needed.
 - Be out of bed, off and on, for a total of 6 hours throughout the day.
 - Track your progress on the checklist (see Page 18)
- IV. Eating and Drinking
 - Drink liquids.
 - Eat a low residue diet. (See Page 16 - explanation of low residue diet)
 - Chew gum for 30 minutes 3 times per day.
- V. Tubes and Lines
 - For most patients, your urinary catheter will be removed today. For some patients, you will need to keep your catheter for 2 or 3 days.
 - Your IV fluids will be stopped when you are drinking well.

Post-op Day #2 - Goal Discharge Day

- I. Pain Control
 - You will be receiving many scheduled medications to prevent pain including Tylenol (Acetaminophen) or Motrin (ibuprofen).
 - We want your pain to be as well controlled as possible. Please tell us if your pain is getting out of control.
- II. Breathing
 - Do your breathing exercises with the incentive spirometer 10 times every hour.
 - Cough well after every cycle of 10
- III. Activities
 - Sit in a chair during meals.
 - Walk in the hallway 5 or more times with help from a caregiver if needed.
 - Be out of bed, off and on, for a total of 6 hours, as tolerated.
 - Track your progress on the checklist (see Page 18)
- IV. Eating and Drinking
 - Drink liquids.
 - Eat a low residue diet, as tolerated.
 - Chew gum for 30 minutes 3 times per day.
- V. Tubes and Lines
 - Your IV fluids will be discontinued when you are drinking well.
 - If you have a PCA pump or an epidural, it may be removed today and you will take pills to control your pain. Please tell your nurse if your pain is out of control.

Goals for Discharge

The goal is to have you prepared to go home in the late afternoon of Post-op Day 2. The following criteria will be used to help us determine if you are ready to go home:

- You are able to eat a diet without feeling nauseous or experiencing any vomiting.
- You have adequate pain control on oral medication.
- You are getting out of bed and walking without help.
- You have a normal body temperature (no fever).

We will give you information about your follow-up appointment with your surgeon before you leave the hospital.

HOME CARE INSTRUCTIONS

I. Incision care

- Your incision(s) may be slightly red and uncomfortable for 1-2 weeks after surgery
- **You may take a shower:**
 - 3 days after laparoscopic surgery.
 - 5 days after open (incision) surgery
 - ❖ Let the water run softly over your incision(s) and wash the area gently. Do not scrub. Do not take a tub bath, use a swimming pool, or a hot tub for two weeks.
- If you have staples or stitches to be removed, we will arrange for a follow-up appointment with your surgeon for 1 week from surgery.
- If you have dissolvable stitches, we will arrange for a follow-up appointment in 2 weeks.
- Tell your surgeon if your incision becomes warm, red, hard, or you see pus or other drainage coming from it.

II. Pain

- You may have pain for a few weeks after surgery. Take acetaminophen (Tylenol) and your anti-inflammatory medicine to relieve your pain.
- If your pain is not controlled by acetaminophen (Tylenol) and the anti-inflammatory, add the narcotic medication that your doctor ordered.
- If the anti-inflammatory or other pain medications are causing a burning sensation or pain in your stomach, stop taking them and call your surgeon.
- If you have severe pain that is not relieved with the medicine that has been recommended for you, call your surgeon or go to the Emergency Room.
- Your surgeon or nurse may ask you to keep a record of your pain and the medications that you take at home. You can do this in the “Notes” section at the end of this booklet. (See Pages 19 and 20)

III. Constipation

- Pain medication may cause constipation. To help your bowels stay regular:
 - Drink more liquids.
 - Get regular exercise (a 15 minute walk is a good start!).
 - Take stool softeners if your doctor tells you to do so.

IV. Bowel Habits

- Your bowel patterns may change after part of your bowel is removed.
- You may have loose stools, become constipated, or have more frequent bowel movements. This should settle into a normal pattern over time.
- Some foods may upset your stomach, or cause loose bowel movements, at first. If this happens, stop eating them for 2 to 3 weeks and start to eat them again when you feel better.

V. Prescriptions and Refills

- If you need to continue your pain medication at home and require a refill on a prescription, please notify the colorectal clinic staff immediately. **Do not wait until your pills are gone. Call 847-570-1700.**

- Refills for narcotic pain medications need to be picked up in the office, or can be electronically sent to your pharmacy **depending on the medication**.
- If requesting a mailed prescription refill, please be aware that it may take 5-7 business days to reach you.

VI. Diet

- A low residue, low roughage, or low fiber diet MAY be prescribed after surgery.
- A low residue diet will consist of foods that are easy to digest and absorb to make the size of stools smaller while your bowels heal.
- This diet should be followed for approximately 2 weeks after surgery until your follow-up appointment.
- **If a low fiber diet IS NOT prescribed then you may eat anything you want.**
- If you find it hard to eat enough calories, try eating smaller servings at each meal. Add nutritious snacks between meals. Try high protein, high calorie shakes, or commercial supplements like Ensure or Boost.
- If you find yourself having difficulty tolerating foods or you are losing weight, contact your surgeon.

VII. Activity

- You will not be allowed to lift, push, or pull anything greater than or equal to 10 lbs for 4-6 weeks after your surgery. For reference purposes, a gallon of milk weighs about 9 lbs.
- You should avoid any strenuous activity for 4-6 weeks.
- It is recommended that you do not drive for 2 weeks after surgery.
- You should not drive while taking any narcotic pain medications.

VIII. Blood Thinners

- **Cancer patients will require blood thinning medication at home for up to 4 weeks after surgery to prevent blood clots.** The medication is given as an injection, which can be done by you, or another person willing to assist.
- Teaching and demonstration will be provided before you leave the hospital. **Insurance coverage for this medication can be checked ahead of time if necessary.**

Low Residue (low fiber) Diet - Only if instructed at discharge

Fiber is the part of fruits, vegetables and grains not digested by your body. A low-fiber diet restricts these foods. As a result, the amount of undigested material passing through your large intestine is limited and stool bulk is lessened.

Keep in mind that you may have fewer bowel movements and smaller stools while you're following a low-fiber diet.

To avoid constipation, you should drink plenty of water!!

As your digestive system returns to normal, you usually can slowly add more fiber back into your diet. Please discuss with your doctor when you can go back on a regular diet.

Foods that are generally **ALLOWED** on a low-fiber diet include:

- White bread **without nuts and seeds**
- White rice, plain white pasta, and crackers
- Refined hot cereals, like Cream of Wheat, or cold cereals with <1gm fiber per serving
- Pancakes or waffles made from white refined flour
- Most canned or well-cooked vegetables and fruits **without skins or seeds**
- Fruit and vegetable juice with little or no pulp, fruit-flavored drinks, flavored waters
- Poultry, fish, eggs, tofu, tender meat
- Milk and foods made from milk – such as yogurt, pudding, ice cream, cheeses, etc.
- Butter, margarine, oils and salad dressings **without seeds**

Foods you should **AVOID** on a low-fiber diet include:

- Whole-wheat or whole-grain breads, cereals and pasta
- Brown or wild rice and other whole grains, such as oats, kasha, barley and quinoa
- Dried fruits and prune juice
- Raw fruit, including those with seeds, skin or membranes, such as berries
- Raw or undercooked vegetables, including corn
- Dried beans, peas and lentils
- Seeds, nuts, and foods containing them, such as peanut butter and other nut butters
- Coconut
- Popcorn

Sample Menu: Low Residue Diet

❖ Breakfast

1 glass milk, if tolerated
1 egg
1 slice of white toast with smooth jelly
1/2 cup canned peaches

❖ Snack

1 cup of yogurt if tolerated, without seeds or nuts

❖ Lunch

1 to 2 cups of chicken noodle soup
Crackers
Sandwich of drained tuna with mayonnaise on white bread
Canned applesauce
Flavored water or iced tea

❖ Snack

White toast, bread or crackers
2 slices of cheese or 1/2 cup cottage cheese, if tolerated
Flavored water

❖ Dinner

3 ounces lean meat, poultry or fish
1/2 cup white rice
1/2 cup cooked vegetables, such as carrots or green beans
White dinner roll with butter
Hot tea

NOTES

This image shows a page from a notebook, labeled 'NOTES' at the top center. The page is ruled with horizontal blue lines. A vertical red line runs down the left side, creating a margin. Three circular binder holes are punched along the left edge, one near the top, one in the middle, and one near the bottom. The page is otherwise blank.

NOTES

This image shows a page from a notebook, labeled 'NOTES' at the top center. The page is ruled with horizontal blue lines. A vertical red line runs down the left side, creating a margin. Three circular binder holes are punched along the left edge, one near the top, one in the middle, and one near the bottom. The page is otherwise blank.