

## Post Op Instructions Laparoscopic Colectomy

You underwent a laparoscopic Colectomy. This means part of your colon was removed. Below are instructions and descriptions of what to expect over the next week.

### Pain Medications:

- You will have some pain. I have prescribed a pain medication. Take this medication with food.
- Do not drive while on this medication.
- Avoid taking Tylenol containing products while on this medication.
- This medication may make you feel drowsy.
- It may also cause constipation. Drink plenty of water while taking it. Some people have a week or more of diarrhea after this surgery. This is normal and will resolve.
- You may supplement this medication with over the counter medications such as Advil or Aleve as directed on the bottle.
- Avoid alcohol intake while on prescription pain medication.

### Dressings:

- Your staples will be removed in the office

### Activity:

- Be active but don't overdo it. Take several short walks a day over the next week.
- Do not lift more than 15 pounds for 6 weeks from surgery.
- Avoid strenuous exercise for 2 weeks from surgery.
- Shower. Do not soak or swim for 2 weeks.

### Diet:

- It is common to have a poor appetite and mild nausea after any surgery. This is especially true after intestinal Surgery.
- Avoid fatty, fried and spicy foods. You may reintroduce these slowly over the next few weeks.
- Many people do not tolerate dairy. Please avoid excessive dairy over the next few weeks. Yogurt with active cultures is the exception and may help.

### Please call or go to the ER if:

You have severe pain, nausea, vomiting, bleeding or other discharge from your wound, fever > 100 degrees Fahrenheit, or any symptoms concerning to you.

Please call if you do not pass gas for a day or don't have a bowel movement within 3 days of surgery.

### Follow up:

Please call in 1 or 2 days to make an appointment to see me in the office in 1-2 weeks.

Please let me know if you have any questions or concerns. I hope you feel better very soon.

**David J. Lundy, MD**

Patient Signature/Date

Witness Signature/date

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