

An aerial photograph of a wooden dock extending into dark water. Four people are sitting on the dock, fishing. They are wearing hats and casual summer clothing. There are several fishing rods and tires used as bumpers along the edge of the dock. The scene is brightly lit, suggesting a sunny day.

ERAS

Enhanced Recovery After Surgery Program

EMERGENCY
Laparotomy

P A T I E N T G U I D E



CHRISTUS[®]
ST. MICHAEL
Health System

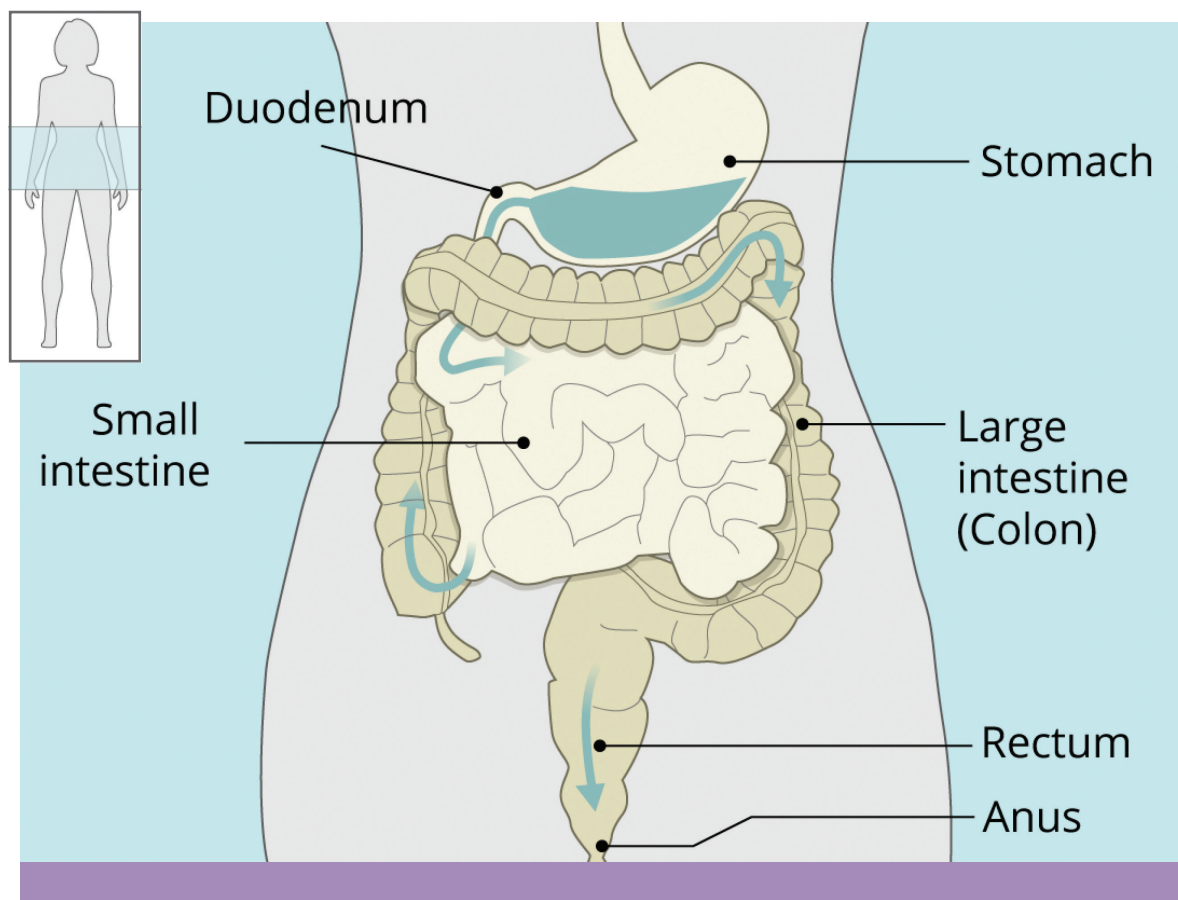
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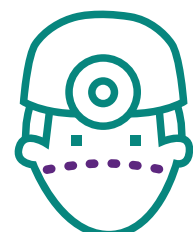
EMERGENCY *Laparotomy* SURGERY

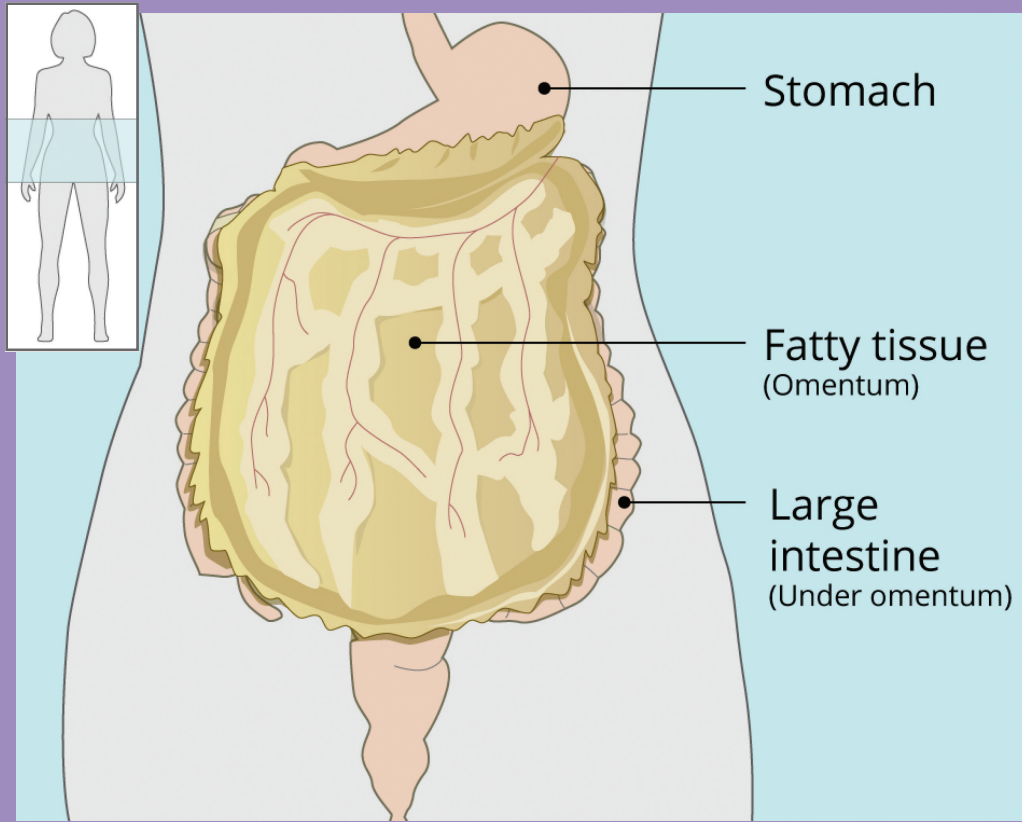
When surgery needs to happen suddenly, it's stressful. And while you couldn't plan for surgery, knowing what to expect and what to do will help you ask better questions and give you a sense of control. This guide will tell you about surgery and recovery in the hospital and at home. To understand what may happen during surgery, take a look at the belly area.



Food starts to get broken down in your stomach. Next, it moves into the very first part of the small intestine: the duodenum [doo ow DEE nuhm]. More nutrients are absorbed as food moves through the rest of your small intestine. Next, it moves into your large intestine (colon). The colon absorbs water and the leftover waste becomes feces (poop).

At the end of the colon is the rectum. When waste moves into the rectum and it feels full, your body knows it's time to go to the bathroom. And the rectum pushes feces (poop) out through an opening at the bottom, called the anus [AY-nuhs].





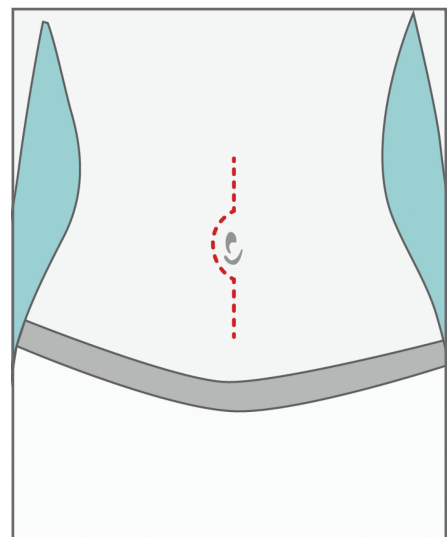
There's also a large piece of fatty tissue that hangs down from the stomach. This is called the omentum [OH men tem]. It covers the intestines and other organs.

What happens during an emergency laparotomy?

A large opening is made in the belly (abdomen). Then, the surgeon takes a look to see what's wrong and repair it.

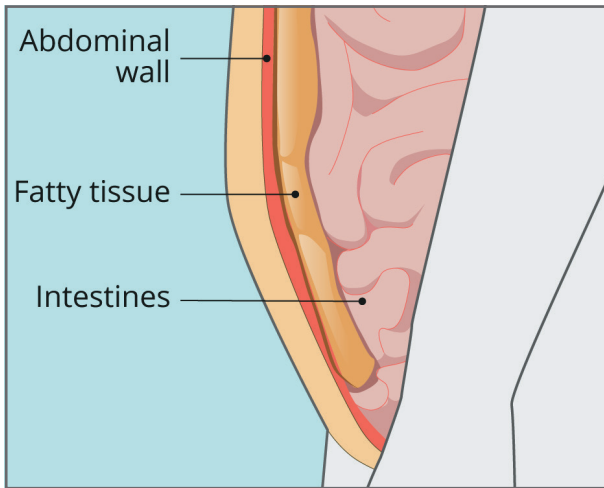
While this surgery is done for many reasons, some of the most common are:

- Hernia
- Ulcer
- A problem in the intestines

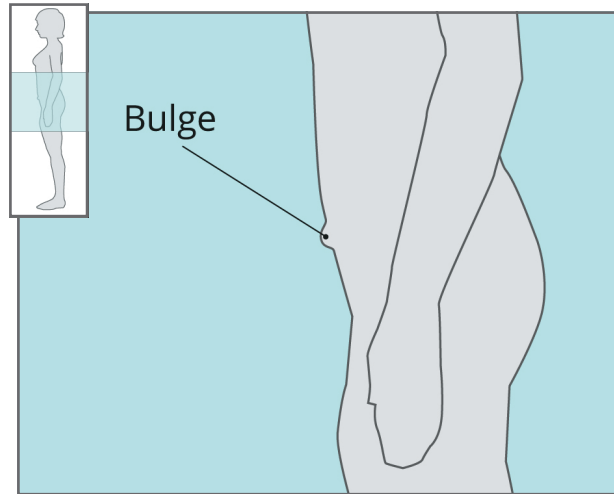


Surgery for a **hernia** [HUR-nee-uh]

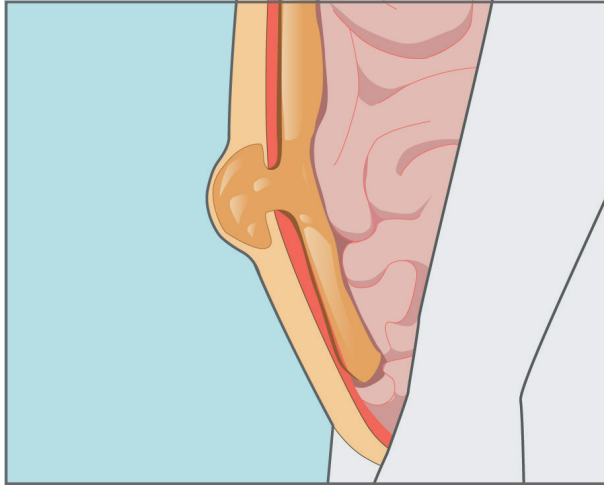
Sometimes, there's a weak area or an opening in the **abdominal wall**. This may be from a past surgery. This opening is called a **hernia**. Some of the fatty tissue or part of the intestines can poke through the opening, creating a bulge. Take a look from the side.



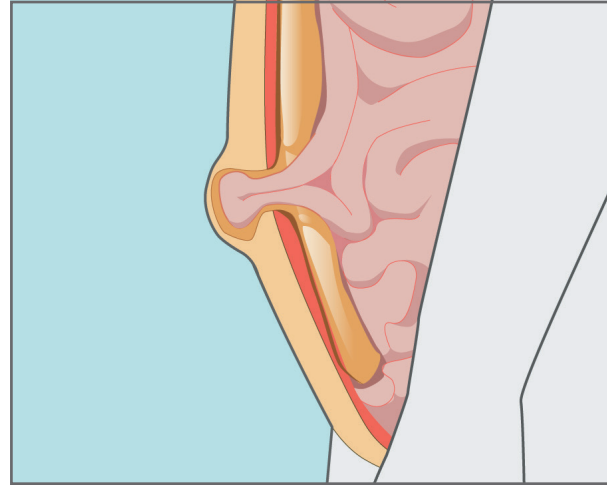
① This shows the abdominal wall, the fatty tissue behind it and the intestines behind that.



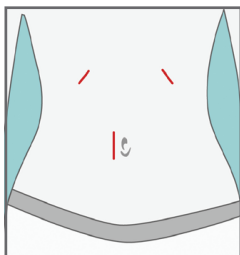
② This shows how a hernia may create a bulge in the belly.



③ Fatty tissue may poke through the opening and cause a bulge.



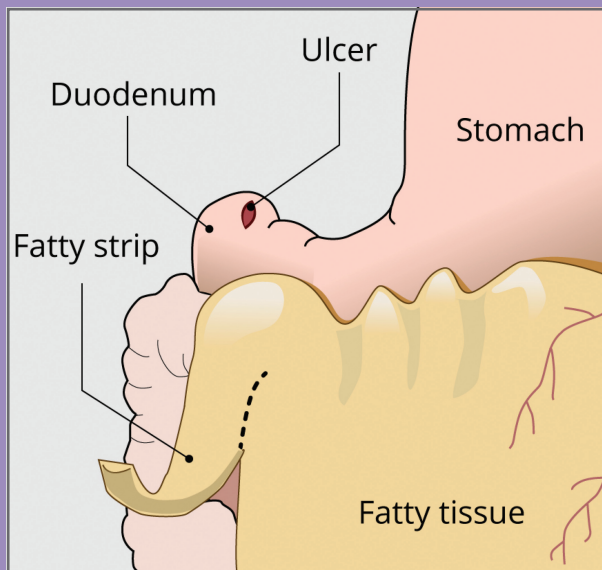
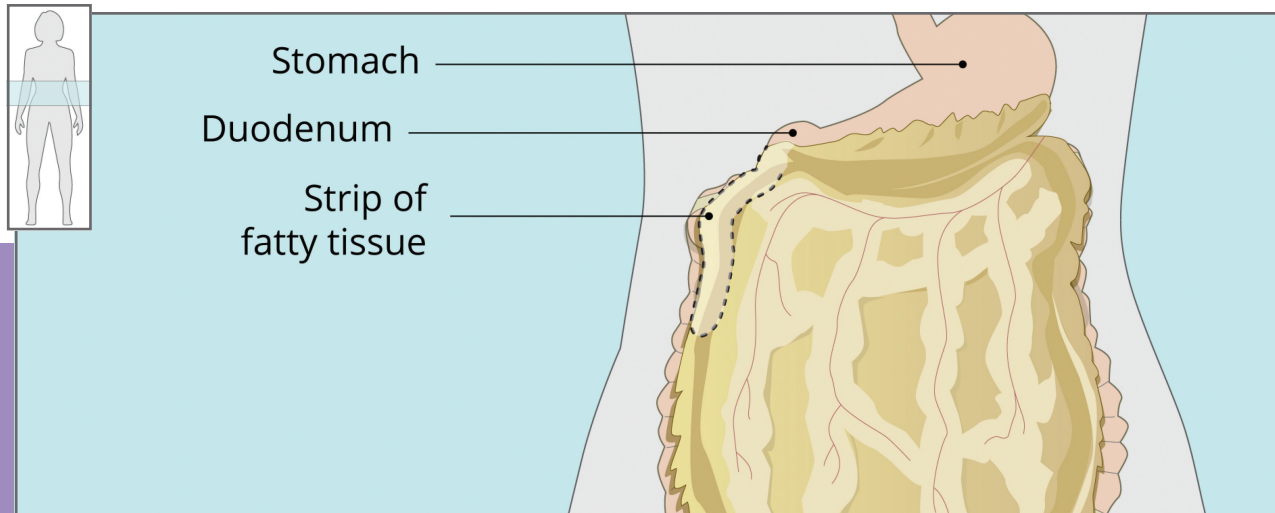
④ Or fatty tissue and some of the intestines may poke through the opening and cause a bulge.



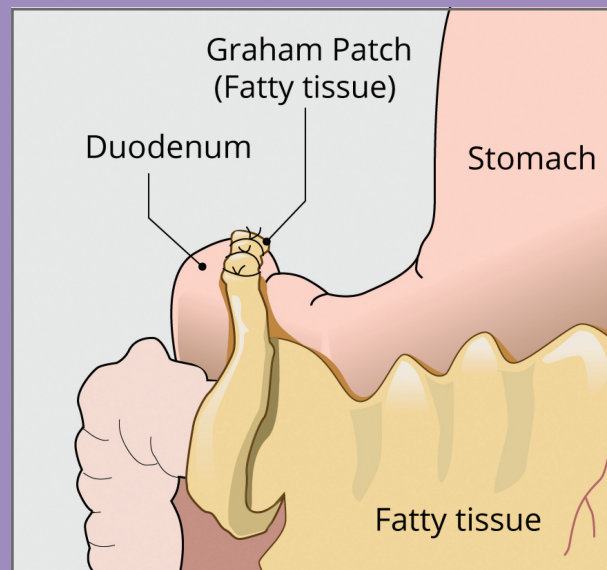
This procedure may be done through a few small openings.
Other times, a larger opening needs to be made in the belly to repair the hernia.

Surgery for an ulcer [UHL-ser]

An ulcer is a wound in the wall of the stomach or any part of the intestines. Surgery is done if an ulcer becomes a hole in the wall of the stomach or duodenum. To repair the ulcer, first the surgeon may separate a strip of the fatty tissue (this strip is still attached at the top).



You can see how the strip of fatty tissue is still attached at the top (near the duodenum).



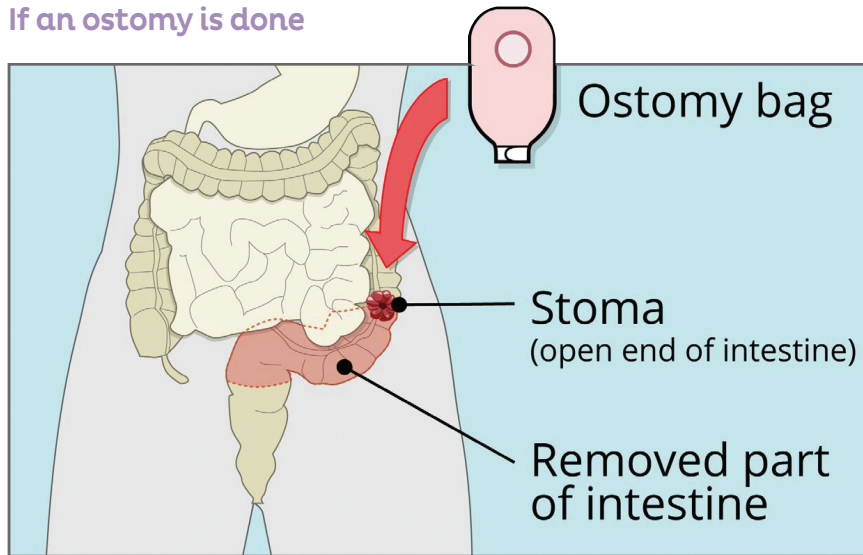
The bottom of the strip is flipped up over the ulcer to cover the hole. It's stitched in place. This is called a Graham patch.

Surgery for a problem with the intestines

- The intestines may be blocked. This can be very painful.
- They may be inflamed because of something like an infection or a hole (perforation) in the intestines.
- There may be serious bleeding inside the intestines.

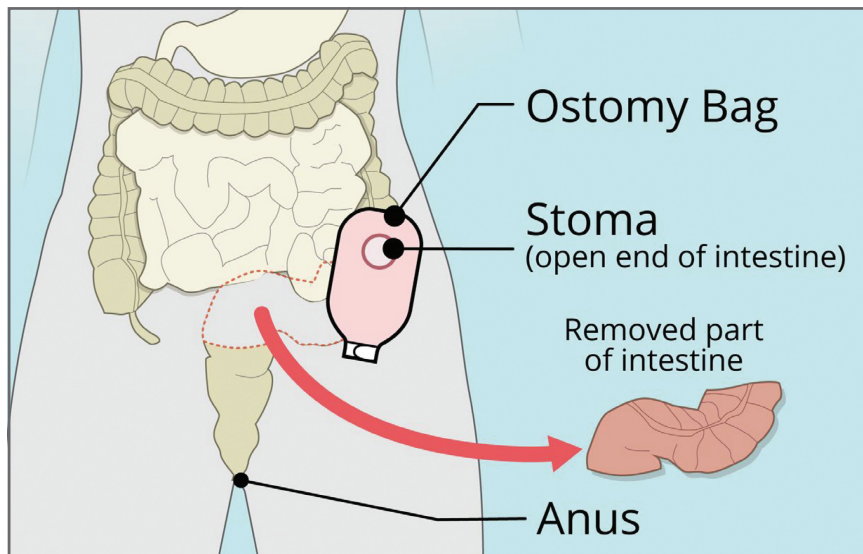
Sometimes part of the intestines may need to be removed. And an **ostomy** [OS-tuh-mee] may be done.

If an ostomy is done



With an ostomy, part of the **intestines** is removed. Then a small opening is made in the belly. This opening can be in different places. It depends on what part of the intestines is removed.

The open end of the intestines is attached to this opening in the belly. This opening is called a **stoma** [STOH-muh].



As waste leaves the body, it empties into a small bag (pouch). So, when people have an ostomy, waste (poop) no longer leaves their body through their anus.

Some people have an ostomy for a few months. Other times, it's permanent.



What it's like to live with an ostomy?

- Most of the time, others won't notice the bag under your clothes.
- It should **not** smell or leak.
- People can still be active.
- People can still have sex.

If an ostomy is done, we will:

- Show you how to change the bag
- Show you how to order supplies
- Talk to you about getting used to it
- Make sure you know when to call us



Sometimes people like to connect with others who are getting used to having and caring for an ostomy. Let us know if you or anyone in your family would like us to connect you with others who have an ostomy or care for someone who does. They can give you insights and support.

Tip



Timing of surgery

Once the decision is made to do emergency surgery, it's done as soon as possible. Surgery may be done later that day or the next day.

Surgery may take many hours. So, family and friends may need to wait a while until the surgeon can talk with them.

It's a lot to take in. And things may happen very fast. Your physician can tell you how serious this is and what the risks are. With any surgery, there's a risk of death during or after a procedure. This risk is often higher with emergency surgery. So, talk with your physician to understand your risks.



Your wishes

Since this is emergency surgery, make sure your physician knows who in your family knows your wishes and can speak for you if you cannot speak for yourself during or after surgery. This person is called your health care power of attorney or health care proxy.

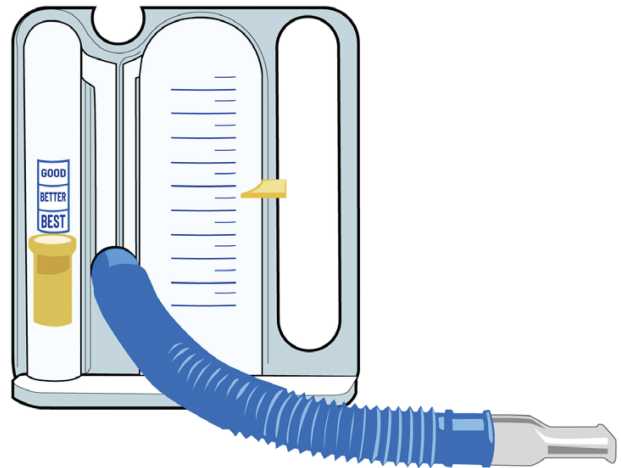
If you have a living will (advance directive) that says what you would or would not want done to keep you alive, make sure your health care team has this. If you don't have a living will, we may be able to help you create this before surgery.

Recovery in the hospital

Recovery is different for everyone. It depends on what happened during surgery and on your health before surgery. You may be in a regular hospital room or in the Intensive Care Unit (ICU).

- When you wake up, you may have a tube in your mouth and throat to help you breathe.
- You may have a tube in your nose.
- And there may be tubes to drain fluid from your belly and a tube to drain urine from your bladder.
- Don't worry if you don't feel like eating. Your physician will keep an eye on this. And there are ways to give you nutrition if needed.

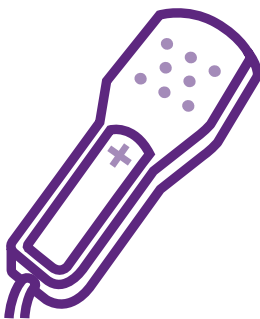
You'll get a small plastic tube to help you practice taking deep breaths in. This helps prevent serious lung infections, like pneumonia [noo MOHN yuh].



Moving helps you recover

While it may seem hard, moving is one of the best things you can do to recover. It helps prevent serious problems like blood clots and pneumonia.

A nurse or assistant will help you do things like get out of bed, sit in a chair for meals and get up and walk. If your blood pressure is low, we may have you wait so you don't faint or fall.



Call, don't fall!

- **Do NOT get up on your own the first time!**
- You may be lightheaded and could fall.
- Press the call button. A nurse will help you get up.



Possible confusion after surgery (Delirium)

Sometimes people are confused after surgery. This is called **delirium** [dih-LEER-e-uhm]. It's more common in older people.

With delirium people:

- May not know who or where they are
- May not remember recent events
- May have trouble understanding others
- May be hard to understand
- May not recognize friends and family

Family and friends can help recognize delirium.

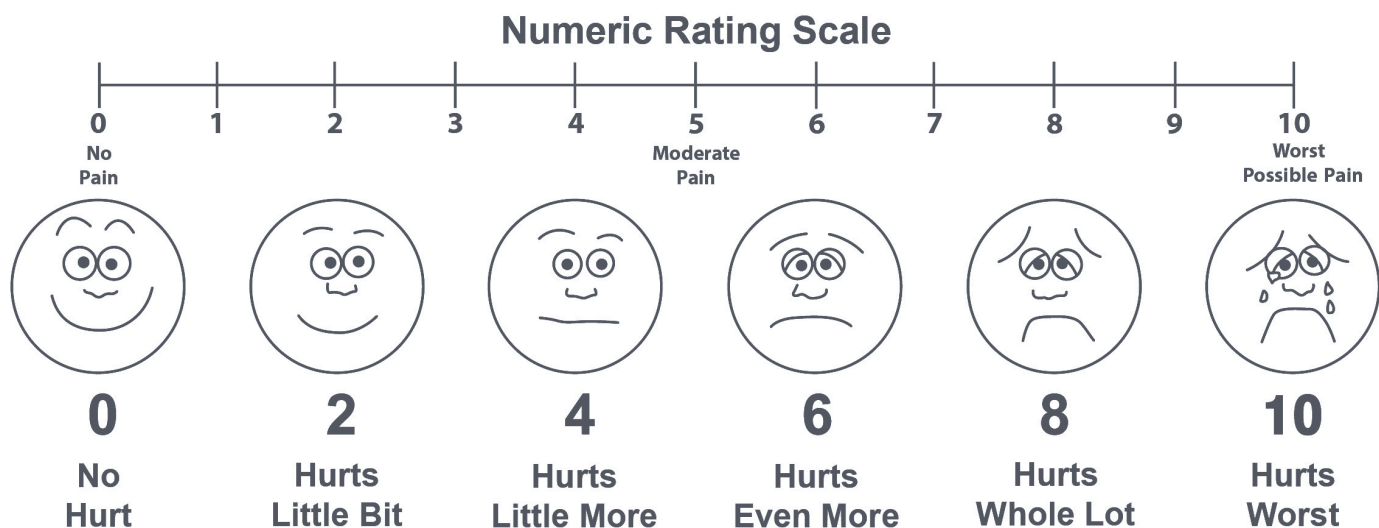
Let the nurses know if your family member seems different or if any confusion is worse than usual.

To help prevent or treat delirium:

- Make sure they have any glasses or hearing aids.
- Just being there helps. Ask to stay overnight when confusion can be worse.
- Turn the TV off, especially at night so they sleep.
- Photos or familiar objects may help them remember.

Pain relief after surgery

This is major surgery and most people have pain after surgery. To guide your pain relief, we'll ask you about your pain regularly. You'll still have some pain, but we want to make sure your pain isn't too bad. You should be able to take deep breaths, cough, move and walk without a lot of pain.



Wong-Baker FACES® Pain Rating Scale

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Used with permission.

To help manage your pain:

- Let us know if you already take any pain medications.
- If a small tube was placed in your back to deliver medication (called an epidural), you may get pain medication through it.
- You may get a pain patch to help with pain by the surgical area.
- You may get medications like acetaminophen (Tylenol®) or ibuprofen (Advil®).
- **Opioid** [OH-pee-oid] pain medications are only used if needed.

Why avoid opioid pain medications?

Opioids are strong pain medications like morphine, oxycodone (Oxycontin®, Percocet®), Vicodin®, Norco®, Dilaudid® and many others.

Only take opioids if you need them because:

- They can be addictive
- They can make people feel sick to their stomach
- They can make it hard or painful to have a bowel movement or poop (constipation)

Problems like constipation can be painful and serious. So, we'll use other pain medications when possible.



Let us know if you or anyone in your family has an addiction to drugs, including prescription medications or alcohol. This helps us create the best pain management plan for you.



Important

We want to manage your pain and help prevent the problems some pain medications cause. Please tell us if you have any concerns about pain medications or pain control.



Focus on things you enjoy. Listen to music, watch a movie, read a good book or talk to a friend on the phone. This can help take your mind off any pain you still have.

Tip



Prescriptions for medication can often be filled while you are in the hospital. Ask if you can do this.

Tip

You may need to stay in the hospital if you feel sick to your stomach or you're throwing up.

You'll get medication for this. If you still feel sick, eat and drink small amounts throughout the day. As long as you can drink and stay hydrated, feeling sick will probably go away. If you keep throwing up, we'll stop your food and drink for a while until it's under control.

Sometimes people feel sick or have pain if food and gas stop moving through the intestines. This is called an **ileus** [IL-ee-uhs].

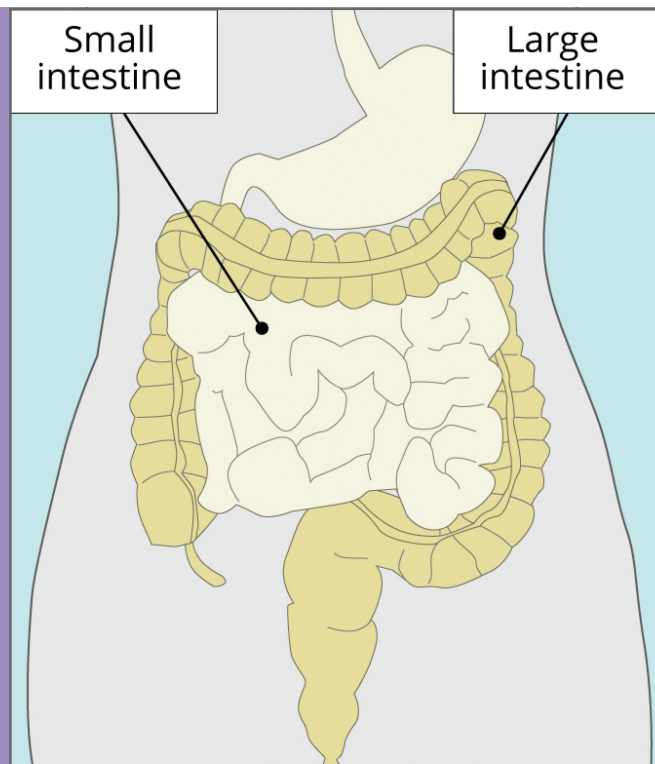
If this happens, a person cannot eat until it gets better. A small tube may be placed down the nose and into the stomach to treat this.

The best way to help get food and gas moving again is to:

- Avoid opioid pain medications
- Get up and move around after surgery

You may need to stay in the hospital if your surgical wound or the area inside your belly get infected.

You'll get medications to help prevent infections. Sometimes people still get an infection in the days after surgery. Most of the time, an infection is easy to treat. But sometimes more surgery may be needed to treat it.



Leaving the hospital (Discharge)



Before you leave, ask how your surgery may affect:

- Any health conditions or problems
- Any medications you already take or treatments for any health conditions
- What you can eat
- Your sex life
- Physical activities, like swimming or weightlifting



Nursing home, rehab or home care

We'll talk with you to figure out if a nurse should visit you at home or if you need help getting your strength back at a nursing home.

If your insurance approves home care, people with medical training will visit you at home to help with things like wound care. Bandages may need to be changed two times a day. So, even with home care, you or a family member may need to change some bandages.

If you need to go to a nursing home while you recover, we'll help find one that's right for you and is covered by your insurance. Sometimes people need to wait for an open bed or for insurance to approve it.



You'll be ready to leave the hospital when:

- You can get around on your own
- Your pain is well controlled with pills
- You can eat and drink
- You don't burp a lot or feel sick to your stomach
- You can pass gas: this is normal and expected
- You can care for any wounds or drains
- Your team thinks you're ready



To help you at home, you'll get:

- Directions for medications and wound care
- Prescriptions for medications
- An appointment to see your surgeon or physician in one to two weeks
- Ostomy supplies, if you need them



Arrange for someone to take you home. If that's not possible, let your health care team know.



If you start to run low on any medications, call your surgeon's office a few days before you run out.

Tip

Recovering at home

Caring for your surgical wound

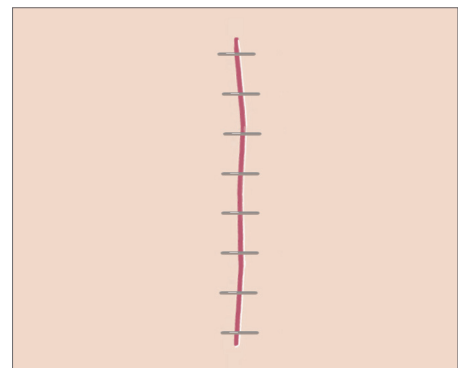
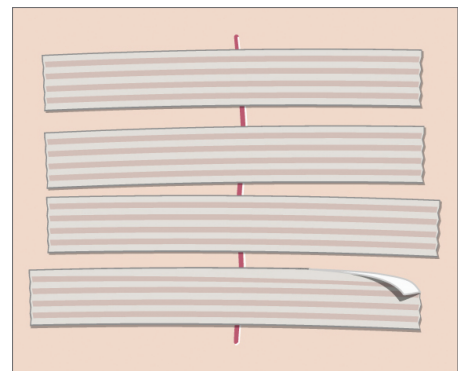
It varies, but for the first few weeks, the scar may feel hard. It can be uncomfortable. Sometimes it can take months for the scar to "soften." The skin on one side of the scar may feel numb. This is normal and may not go away.

Do NOT pick at the surgical tape or glue.
Over time, these will come off on their own.

To keep the area closed, there may be small strips of medical tape (Steri-Strips™) or surgical glue.

If you have surgical staples, these will be removed at your follow-up appointment. If there was an infection in your belly, the skin may be left open and packed with gauze. This may sound strange, but it helps the wound heal from the inside out. We'll show you how to care for it.

Let us know if there's any fluid or pus coming from the area.





Belly (abdominal) pain

You may have cramps the first week after surgery. These usually last a few minutes and then go away. Call if pain gets worse or doesn't go away. The phone numbers are at the end of this guide.



Showering

Find out when it's OK to shower. Until then, you may need to take sponge baths for a while. Once your physician says it's OK to shower:

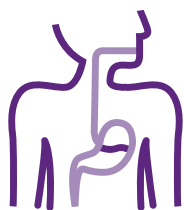
- Gently wash the wound with soap and water.
- Pat the surgical scar area dry with a clean towel.

Do NOT sit in water (like a bathtub or hot tub). And do NOT go into a pool, lake or the ocean until your physician says it's OK.



Urinating

After surgery, sometimes people feel like they still have to urinate (pee) even after going to the bathroom. This usually goes away in a few days. If it doesn't go away or if you have any pain or burning when you urinate, please call your physician. Pain or burning can be signs of infection.



Getting your bowels moving after surgery

After surgery, some people get constipated (when it's difficult or painful to poop). If you still have problems with constipation in the weeks and months after surgery, talk with your physicians. Don't suffer in silence!

If any of your intestines were removed, talk to your surgeon about what to expect when going to the bathroom.

During the first two weeks at home:

- Drink plenty of fluids.
- Ask your physician what to eat and what to avoid.
- Take regular walks.

Walking and activity can help get things moving.



Exercise, walking and lifting

Make sure you move a few times a day. Walking is good. Exercise a little more each day over the next four weeks until you're back to your normal level of activity.

- Ask if you can go up and down stairs.
- Do NOT lift anything heavy that would cause you to strain.
- Do NOT play sports where you could get hit or knocked down (like football, basketball, soccer, baseball or martial arts (like karate)).

Ask your surgeon when it may be safe for you to lift things or play any sports.



If you have pain, slow down!

Pain is your body's way of telling you it's not ready to do something.

Tip



Eating and drinking

Your body will heal better if you get good nutrition and protein (like cottage cheese, eggs, fish, chicken, etc.).

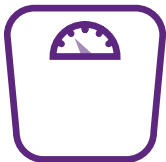
Find out if you can talk to a nutritionist who can help put together a plan that makes sense for you.

In the weeks after surgery:

- Avoid soda and fizzy drinks. These can cause gas.
- You may feel like you want to eat, but you may get full easily.
- You may not feel like eating because food doesn't taste or smell right to you.

Trouble eating should go away, but if this happens:

- Eat a lot of small meals throughout the day.
- Have protein drinks and high-protein foods you've eaten in the past, like cottage cheese and peanut butter.



Possible weight loss

Sometimes people lose 10 to 15 pounds in the weeks after surgery. You should stop losing weight four or five weeks after surgery. If you don't, let your physician know.

Eating after you heal

Find out if you can eat the same foods or if there's anything you should avoid. If eating certain foods causes any pain or problems, let your physician know.



Hobbies and activities

Ask your physician when you can get back to any activities. It can take a while to fully recover. Your body is using a lot of your energy to heal. So, you may feel tired and worn out.

When can I drive again?

Ask when you can drive again. Pain pills (like opioids) slow down your reaction time.

For your safety and the safety of others, driving while taking opioids is NOT recommended and is illegal in some states.

When can I go back to work or school?

Talk with your physician. It depends on what kind of work you do and what was done during surgery.

- Ask your physician and your employer if there are any rules about when you can return to work.
- If you need a return-to-work form or short-term disability papers, we can help you fill these out before you go home.

When is it OK to have sex?

Ask your surgeon when it's OK to have sex or any questions you have about sexual function after surgery.

It's often fine to have sex once your pain goes away. It depends on what kind of surgery you have and any other conditions. It's important to get your questions answered.

Your mood

Keep in mind, you just had surgery you didn't expect. You may feel grateful that you were treated quickly, but it can also be an upsetting experience.

It may take a while before you feel like yourself again. You may feel sad or upset. And you may feel alone after your time in the hospital. These feelings usually go away as you heal.

- Counselors and chaplains are available to talk while you're in the hospital.
- Call friends and family to talk.
- Invite people over to keep you company and help out.

If you feel very sad, overwhelmed or helpless after surgery, please call your physician.

It's important for us to know so we can make sure you feel better and recover well.



Take naps.

Set small goals.

Try to do a little more each day.

Tip

When to call

Call us if you are worried or have a question.

Call **RIGHT AWAY**:

- If you have a fever of 101.5 F degrees or higher
- If you get the chills or you're sweating a lot
- If you feel sick to your stomach or you throw up
- If you have any new pain or if your pain is worse
- If fluid or pus comes out of your surgical wound
- If the area around any surgical wounds becomes red
- If you can't urinate (pee) or can't empty your bladder

Call early if you think something is wrong. Don't wait!



911

EMERGENCY

CALL 911 OR GO TO THE EMERGENCY ROOM:

- If you have chest pain
- If you are short of breath or have trouble breathing
- If you have any other severe problems

HAVE THE EMERGENCY TEAM CALL US ONCE YOU ARE STABLE.

YOU CAN TEAR THIS SHEET OUT AND PUT IT ON YOUR REFRIGERATOR



Recovery planner

The grid below is a calendar page. Use it to enter important dates.



In the top row, add your surgery date on the appropriate day of the week.



Then mark what day you expect to go home from the hospital.



	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday





Emergency surgery is stressful. And while you couldn't plan for it, knowing what to expect and what to do at home will help you ask better questions and give you a sense of control.

