



Surgical treatment of the kind of abdominal conditions included in this web site, have a significant effect on the general well being of individual patients. Whilst every attempt is made by surgeons, anaesthetists and nurses to lessen the trauma of the insult in each case, clearly some “injury” will have been done. The degree to which an individual is “injured” will depend upon the type of condition treated, the nature of the surgery performed and the pre-existing physical condition of the patient as well as any concurrent medical conditions they may have.

Some patients may not be fit enough for the rigours of some of the surgery mentioned and will be counselled against aggressive surgical treatment by their surgeon. Others may have sufficient well-being (or physiological reserve) to undergo almost any type of surgery safely enough, no matter what their age or medical conditions.

The speed at which an individual patient recovers from the rigours of surgery depends upon all the factors mentioned above as well as their physical condition (often made worse by the underlying disease process itself) and psychological well being at the time of operation. In no small way, simple luck also plays a part.

Recovery is a tiring business. Preparation for surgery is often stressful and time consuming during which time patients usually unwell. The “controlled injury” that has been inflicted during the operation takes a significant amount of energy to put right at a time when a full and varied diet particularly after abdominal surgery is not immediately resumed. For many reasons (e.g. pain, bowel function) rest periods may be interrupted or insufficient. Tiredness, lassitude and low mood often result. To some extent these are a “normal” phenomenon after operation but can and should be addressed. Whilst good days and bad days are normal during recovery the general trend should be towards improvement. As control is exerted over the five key features of recovery detailed below General Wellbeing improves until full recovery has been achieved.

Pain. On discharge from hospital patients may be given a variety of pain relief medications (often used in combination). Taken regularly as prescribed they should keep all but occasional discomfort at bay. None of these drugs are without side effects. The more “powerful” the drug the greater the degree and complexity of their side effects. A combination of “simple” painkillers used regularly is often more useful and less harmful than one drug alone. For “breakthrough” pain other stronger drugs are used, in addition, when required. The degree of pain experienced should decrease rapidly within hospital and then continue to decline on discharge but at a much reduced rate. Sustained or increasing pain should mean that the attention of a surgeon is sought.

Diet. It is normal not to return immediately to a full and normal diet whilst recovering from surgery. There is good evidence that the body protects itself by reducing the number of calories that it wants and consumes during the early phases, slowly increasing the desire and consumption quite naturally as recovery progresses. The longer patients normal calorific intake is reduced (often for reasons outside their control) the less the desire for food on re-feeding and the longer the time to return to normal diet. Whilst attempting to over-feed patients after surgery is neither well received or particularly efficacious attention to diet is important. Patients are encouraged to eat “little and often”, snack between meals and to consume useful calories rather than filling themselves with bulky low energy foods. Weight that has decreased immediately after surgery will continue to fall during recovery as a natural phenomenon. It may take up to six weeks for evidence of sustained weight gain to appear.

Wounds. Wound problems are common after abdominal surgery. However the pain or discomfort experienced is usually the least problematic and most easily treated. Healing is often a much more significant and debilitating issue. Problems may range from a small amount of intermittent discharge that stains the clothes to complete failure of healing of the whole abdominal wall that needs intensive nursing at home. All wound problems no matter how trivial delay recovery and contribute to loss of wellbeing. The principles of wound care are simply to allow drainage of debris and infection, to assist this with gentle washing and cleaning and achieve coverage with a dressing that keeps clothing protected

and that allows as normal daily activity as is possible. There is little evidence that one type of wound dressing has benefit over another. And no evidence that withholding baths and showers from wounds of any size, is in any way helpful. Antibiotics for wound problems should only be prescribed by your surgeon since no open abdominal wound ever created was not completely colonised by a variety of bacteria almost invariably without harmful effect.

Bowel function. Resection and reconstruction of the bowel in all its guises has unsurprisingly significant effects upon bowel function. During recovery this is almost invariably seen as loose and more frequent passage of stools. This may be an urgent need to evacuate the bowels at a socially inconvenient time or frequent bowel actions at night. Any difficulties will take their toll on recovery. Although embarrassing these are the symptoms your surgeon will expect you to encounter and will be happy to help you manage them. Usually, after discussion with them, taking a simple over-the-counter medication for “travellers-diarrhoea” will improve things greatly.



Sleep. Many aspects of operations and the recovery from them affect sleep. Tiredness during recovery is common and patients will require more sleep than they are used to. A nap during the day is common and very beneficial but poor quality or broken sleep at night should be addressed. Often the cause of this relates to bowel, wound or pain issues and is directly addressed. Where anxiety or depression has intervened specific treatment is available to help correct the condition and improve sleep patterns. Let your surgeon know how you feel.

Returning to Normal Activity

The most common question asked after any operation by patients is when they can get back to doing what they do normally. This might be driving, work, leisure pursuits or sexual activity. The simple answer after major abdominal surgery is when a sensible individual “feels up to it” they can almost certainly do it. There is so much variation between patients in terms of their physiological and psychological construction as to make any recommendations applicable to all meaningless. Although it is true to say that it would be virtually impossible to do harm to oneself in any conceivable way after two weeks uncomplicated recovery unless engaging in full contact sports. The only other reasonable caveats would be to start anything gently and build up gradually and to respect what the body is saying if it begins to object.

The advice regarding driving therefore would be:

**Give it two weeks before you try
Make sure you can perform an
emergency stop.**

**Start with a short journey (perhaps
with another driver as passenger) and
build up.**

Tell your insurer what you are doing.

It should be applicable to nearly anything else.