

**Procedure:**

Bowel resection (colostomy, colectomy, ex-lap, ileostomy, nissun-fundoplication).

**Indication:**

CA, toxic mega-colon, obstruction, trauma

**Description:**

Abdominal cavity is accessed either open or laparoscopically. Bowel is manipulated and removed as necessary, diversions are made (colostomy, ileostomy) if necessary, and abdomen is closed.

**Post-op Implications:****Complications:**

bleeding, surgical site infection, peritonitis, ileus, mechanical bowel obstruction, uncontrolled pain, peri-stomal skin breakdown.

**Meds:**

If colostomy/ileostomy is performed, don't give extended release or long acting Rx. BM: supp/enema POD3 if no BM. Pain: PCA and epidural Or PCEA (bipiv/fentanyl) are most common.

**Principles:**

Temporary ileus is an expected physiologic response from bowel manipulation. At risk for acute dehydration due to lack of h2O absorption in colon. Replace fluid lost through NG/OG with IVF to achieve normovolemia. Altered absorption can affect electrolytes.

**Care Plan:**

Aggressive and frequent pulmonary hygiene. Ambulate and OOB POD#1. Skin care, wound care, foley hygiene, stoma care (if applicable) and pain control. Keep spare ostomy appliances at bedside.

**Course of Care:**

POD# 1: OOB, clear liquid diet, foley out after ambulating, and NG/OG tube out after tolerating PO (if applicable). Educate pt on ostomy care.

**Room Setup:**

Humidified O2, oral suction, standard IV-pump, possible PCA, possible epidural, SCDs, and possible suction for NG/OG tube.