



A guide to preparing for your Appendicostomy Surgery

This guide will help you understand, prepare for and recover from your surgery. Bring it with you on the day of your surgery and use it during the recovery period.



We would like to thank the Mirella and Lino Saputo Foundation for its financial support, which made the production of this guide possible.

This education booklet was created in partnership with the Colorectal Center of Excellence (COCOE) at the Montreal Children's Hospital.

Important

The information contained in this guide is provided for educational purposes. It is not intended to replace the professional medical advice, guidance and care you will receive. If you have any questions about your health, please contact a member of your healthcare team.

This guide is also available online on the website precare.ca.

It is written in plain language so that its content is easy to read, easy to understand and easy to use.

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Introduction

We are giving you this guide because you will be having appendicostomy surgery, also known as a Malone procedure.

In this guide, we will provide you with all the information you need to prepare for your surgery. We also want to explain the role you can play in your recovery from surgery.

There is a lot of information in this guide. But don't worry! You will not need to memorize it all. We have designed it so you can refer to it as often as you need, and come back to it as you wish. We have left plenty of room for you to make notes or write down important information. Feel free to make it your own. It is yours to keep. It will be your companion for the next few weeks. Bring it with you on the day of your surgery!

What is a care pathway?

From the very start of your medical management for appendicostomy surgery, you will be part of what we call a “care pathway”. A care pathway is a protocol of care designed to help you recover quickly and safely from your surgery.

All members of our health care team are familiar with this pathway. In other words, all the healthcare professionals you will meet during your care will adhere to this pathway, whether they are physicians, nurses, surgeons, anesthesiologists, physiotherapists, nutritionists, or orderlies.

With this guide, we aim to:

- Help you understand what appendicostomy surgery is all about.
- Guide you in preparing for surgery.
- Explain the important role you play in your recovery.
- Help you set goals to achieve every day after your surgery.

Research has shown that following the recommendations in this guide will help you recover more quickly. The recommendations we will be making include:

- Diet
- Exercise
- Pain management

These recommendations will help you feel better and help reduce your pain.

Surgery can be a stressful event for you and those around you. We are here to help and support you throughout your hospital stay. If you have any questions about your care, do not hesitate to ask us.

If you find it difficult to communicate in English or French, we suggest you bring along someone who can translate the information we give you.

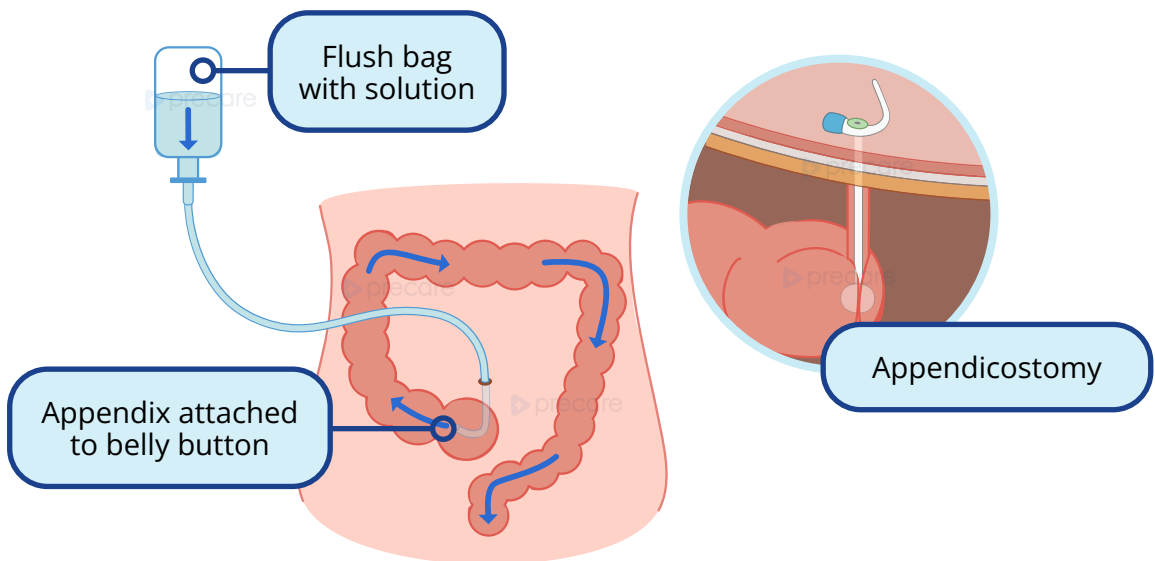
What is an appendicostomy?

An appendicostomy, also called a Malone Antegrade Colonic Enema (MACE), is a type of surgery where the surgeon uses your appendix to make a small tunnel from the belly button to the large intestine. The appendix is a small, tube-shaped organ that is connected to your large intestine. It is found on the lower right side of your belly.

This new tunnel will let you put a liquid into the intestine, called a flush, to help you go to the bathroom more easily. Instead of putting the liquid from the bottom, you will use the tunnel in your belly.

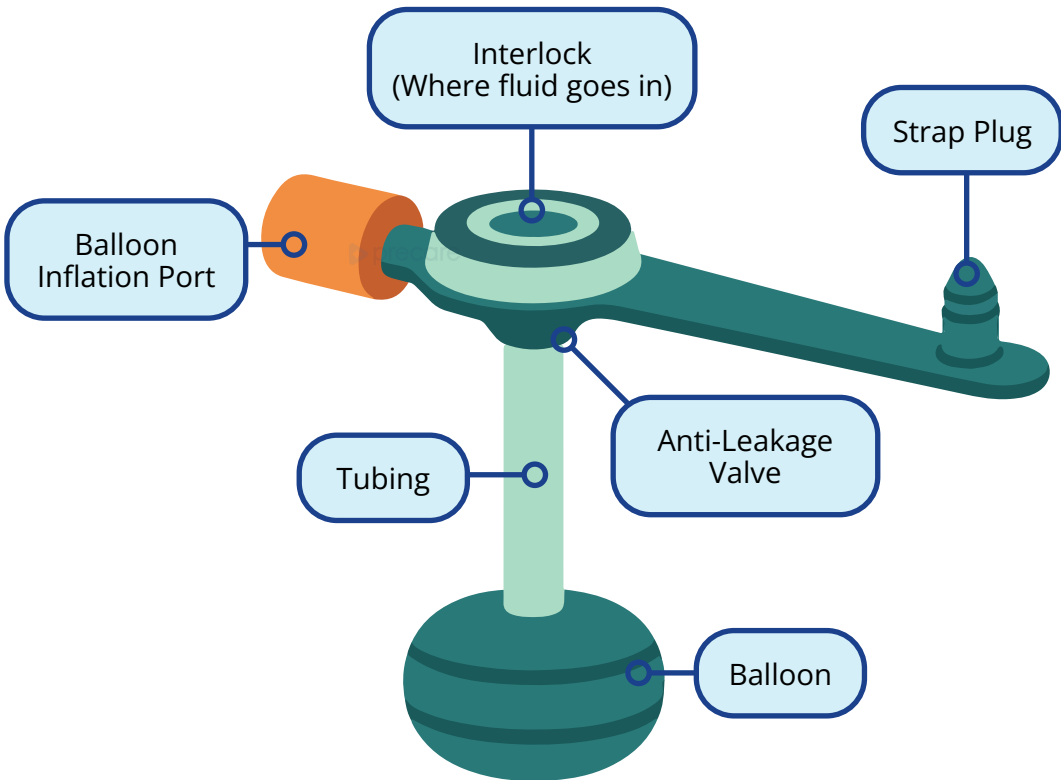
The surgeon will place an appendicostomy button through this tunnel so you can give your flush. You will need to keep the button for at least 6 months after surgery to prevent the hole from closing. Imagine that your appendicostomy is like a newly pierced ear, the skin will heal over and close without something inside to keep it open.

The surgeon places the opening in the belly button so that it is hidden. If you ever decided to take out the button, no one would know it is even there. The surgeon will create a one-way valve with your appendix. A one-way valve means that fluid will enter the hole, but nothing should come out. Instead, all the liquid should come out as it normally would.



About your appendicostomy button

An appendicostomy button is a tube which you will use to do your enemas. This tube will stay in place. It has a small balloon at the end which stays inside your intestine and keeps the button in place. The balloon is inflated using water.



About your appendicostomy button

Important information

- Check your appendicostomy button balloon every 1-2 weeks by changing the water. You should only start doing this 6 weeks after surgery or when your surgical team says you can (See steps on [page 14](#)).
- You can use tap water if it is safe to drink to fill your appendicostomy button balloon. If the water is not safe to drink, you can make your own sterile water. To make sterile water: boil tap water to make your own sterile water by boiling it for at least 5 minutes. After it has boiled, set it aside to cool down to room-temperature.
- Flush your appendicostomy button with 5-10 millilitres (mL) of warm water before and after your flush to prevent the tube from clogging.

Write here the size and balloon volume of your appendicostomy button!
My appendicostomy button is a _____ Fr with a balloon volume of _____ mL.

What to do if you decide to go ahead with surgery

Who do I contact?

Contact the COCOE team and let them know you would like to have the surgery.

What's next?

You will receive a questionnaire to fill out about your health. Answer the questionnaire honestly to help us understand how we can best plan your surgery and recovery. Return the questionnaire to the surgical team or nurse so we can move on to the next steps.

Performing your flush (enema)

A flush, also called antegrade enema, is a way for you to empty the bowels by putting liquid into the beginning of the large intestine (colon) through your appendicostomy, instead of through the bottom. You need to sit on the toilet during your flush as you should feel a bowel movement coming after the liquid goes into your appendicostomy. The bowel movement will come out the normal way and go into the toilet.

Supplies you will need

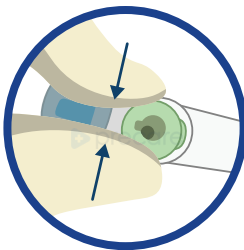
- Gravity bag
- Extension tubing
- Normal saline
- Prescribed irritant (like glycerin, castile soap, or baby soap)
- Measuring cup or graduated container to measure out the flush volume
- Activities to help your child pass the time such as books or games
- Enteral feeding syringe

Setting up

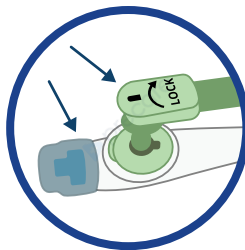
1. Gather all supplies.
2. Measure the saline: Pour the prescribed amount of normal saline into the measuring cup or graduated container.
3. Fill the gravity bag: Make sure the roll clamp is closed (down) so the fluid does not leak out. Transfer the measured saline into the gravity bag.
4. Fill the gravity bag tubing by unrolling the clamp slowly to allow the fluid to fill up all the tubing. When the fluid reaches the very end of the tubing, close the roller clamp.
5. Add prescribed amounts of irritant to the gravity bag. Do not shake the bag as this will create air bubbles. You may gently mix the normal saline and glycerin by gently tilting the bag back and forth.

A step-by-step guide

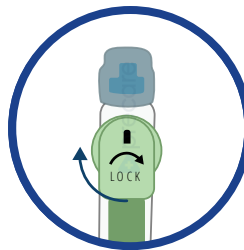
1. Sit on the toilet and get comfortable for your flush. Bring a book or something to pass the time.
2. Attach the extension tubing to the appendicostomy button.
3. Flush your appendicostomy button with 5-10 millilitres (mL) of warm water with an enteral feeding syringe before your prescribed flush.
4. Attach the extension tubing to the end of the tubing of the gravity bag.
5. Unroll the clamp to allow the flush to run through the tubing over 5-10 minutes. You can control the speed of the flush by rolling the clamp down if you feel cramping or discomfort.
6. After the flush is complete, you may disconnect the tubing from your appendicostomy button and flush it again with 5-10 millilitres (mL) of warm water to prevent clogging.
7. Sit on the toilet for 30-45 minutes until you have passed all the stool.
8. Clean the gravity bag with tap water and give it time to air dry before putting it away.



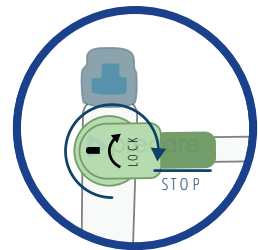
Stabilize



Align & Insert



Rotate



Lock



How to insert a Foley catheter instead of appendicostomy button

If you do not have a backup appendicostomy button, you can insert a Foley catheter instead. You will go home with a Foley catheter the same size as your appendicostomy button and one that is a size smaller.

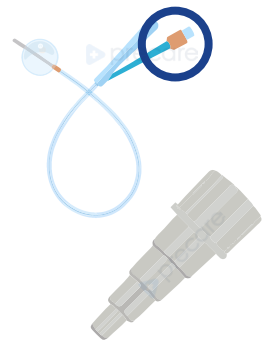
Supplies you will need:

- 2 Foley catheters
 - A Foley catheter that is the same size as your button
 - A Foley catheter that is a size smaller than your button
- 5 mL syringe
- Lubricating gel
- Tap water

Important:

If you cannot insert the Foley catheter that is the same size as your appendicostomy button, insert the Foley catheter that is a size smaller. Contact the COCOE team or come to the emergency room if you are still unable to insert the Foley catheter.

You can still use the Foley catheter for flushes. Attach the EnFit™ adaptor to the end of the tubing of the gravity feeding bag. You can then directly attach this part into the Foley catheter. You will no longer need the extension tubing.



How to insert a Foley catheter instead of appendicostomy button

Steps:

1. Gather your supplies.
2. Get into a comfortable position. If you are not comfortable doing this yourself, get a family member to help you.
3. Hold your appendicostomy button firmly in place with your hand. Use your other hand to push in and connect the syringe to the balloon port.
4. Once connected, pull back on the plunger of the syringe to check the amount of water in the balloon. Throw away the water you pulled from the balloon.
5. Remove the old button gently and throw it away.
6. Lubricate the tip of the Foley catheter that is the same size as your appendicostomy button with the lubricating gel.
7. Gently insert the Foley catheter about 10 cm into the hole .
8. Draw up the amount of the water specified on the Foley catheter. The volume of water is written on the colorful part of the Foley catheter. See the picture below.
9. Connect the syringe to the balloon port on the Foley catheter. When connected, gently press the plunger of the syringe to fill up the balloon.
10. Very gently pull on the Foley catheter to check that the balloon is secure in the tract.
11. Coil the tubing on itself and tape it to your tummy. This will help secure the tube so that it does not pull.

How to check and change the water in your appendicostomy button balloon

Starting 6 weeks after surgery:

The balloon on your appendicostomy button is filled with 2.5 to 5 mL of water. It is normal for a small amount of water to leak out of the balloon over time. This will not harm you but can make it easy for the appendicostomy button to fall out. You should check the balloon every 1-2 weeks, or sooner if you notice the device seems to be getting loose.

1. Gather your supplies: Water and a 5 mL slip tip syringe.
2. Make sure to lie down or get into a comfortable position.
3. Hold your appendicostomy button firmly in place with your hand. Use your other hand to push in and connect the syringe to the balloon port.
4. Once connected, pull back on the plunger of the syringe to check the amount of water in the balloon. Throw away the water pulled from the balloon.
5. Draw up the amount of the water specific to your appendicostomy button.
6. While holding the appendicostomy button in place, reconnect the syringe to the balloon port. When connected, gently press the plunger of the syringe to fill up the balloon.
7. Very gently pull on your appendicostomy button to check that the balloon is secure in the tract.

How to change the appendicostomy button

For the first appendicostomy button change, please contact the COCOE team unless you were taught how to change it in clinic.

The button should be changed if it is not working properly. This can happen if the balloon has a small hole and cannot hold its shape. If this happens, the button may feel very loose or may fall out.

The button should only be changed 12 weeks after surgery. If the button falls out before 12 weeks, go to the emergency room so the surgeon can put it back in.

If the COCOE team told you that you can change your button at home, here are some tips and reminders on how to do it.

Supplies:

- Tap water
- 5mL syringe
- Lubricating gel
- New appendicostomy button

How to change the appendicostomy button

Steps:

1. Gather your supplies.
2. Get into a comfortable position. If you are not comfortable doing this yourself, get a family member to help you.
3. Hold your appendicostomy button firmly in place with your hand. Use your other hand to push in and connect the syringe to the balloon port.
4. Once connected, pull back on the plunger of the syringe to check the amount of water in the balloon. Throw away the water pulled from the balloon.
5. Remove the old button gently and throw it away.
6. Lubricate the tip of the appendicostomy button with the lubricating gel.
7. Gently insert the new button into the hole. If you are having trouble putting in the button, take long deep breaths to relax.
8. Draw up the amount of the water specific to your appendicostomy button.
9. While holding the appendicostomy button in place, reconnect the syringe to the balloon port. When connected, gently press the plunger of the syringe to fill up the balloon.
10. Very gently pull on your appendicostomy button to check that the balloon is secure in the tract.

Depending on the type of button you have, it may come with a stylet (blue plastic stick). You may place this stylet through the button tubing, starting where you attach the extension tubing. This makes the tubing more firm which may make it easier to insert into the appendicostomy.

Getting ready for your surgery

Be active!

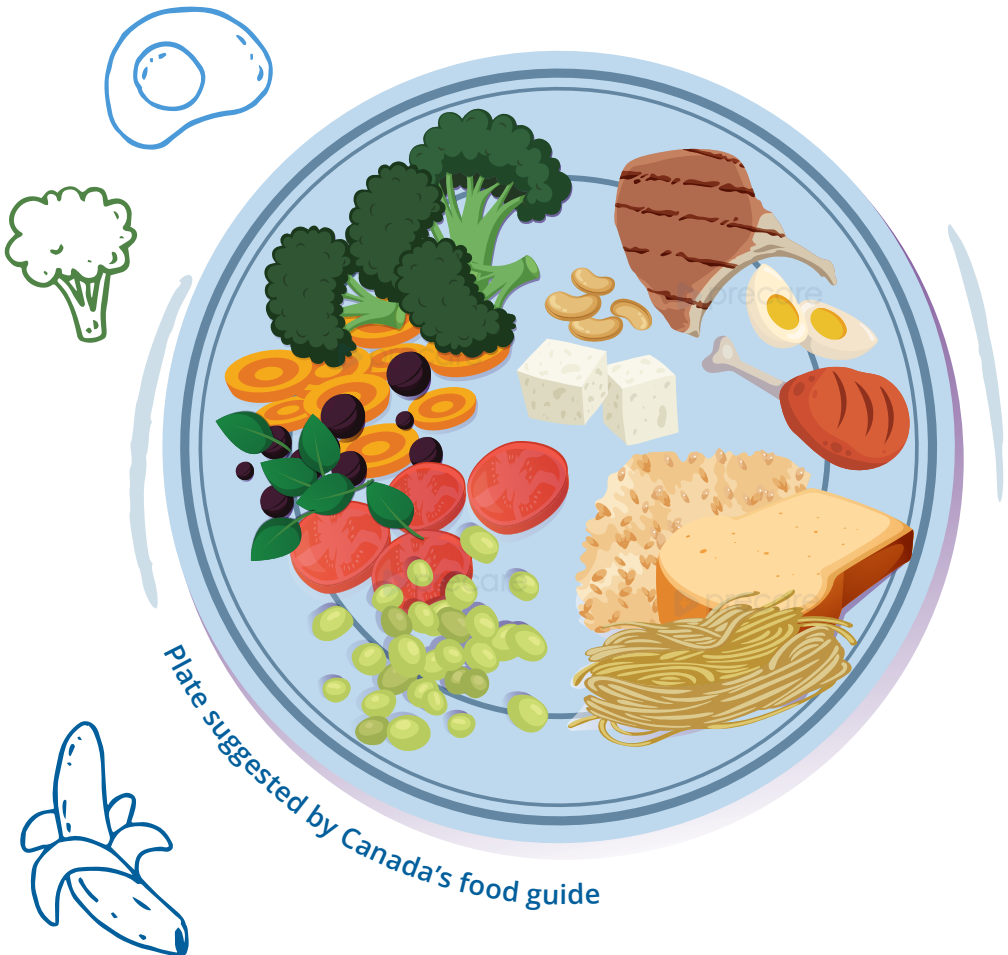
Exercise every day! Your fitness level before surgery can make a difference in how you recover from surgery. Studies show that the patients who exercise before surgery are the ones who recover faster! If you are already exercising regularly, keep up the good work! If not, start slowly adding exercise into your day. Exercising does not have to be hard to make a difference. Even a 10-minute walk is a good place to start.



Getting ready for your surgery

Eat well and stay hydrated

It's important to give your body enough energy throughout the day. Eating well before your surgery can help you recover more quickly. Good nutrition means eating 3 meals a day containing protein, fruit and vegetables. Before surgery, drink enough water. Staying hydrated will help your body function better.



Getting ready for your surgery

Talk to someone

Talk about your surgery and ask questions. Talk to your friends, family, siblings, and any support groups. Talk to your surgical team and let us know how we can make you feel more comfortable. Contact your school and let them know you will be having surgery. They can help you plan your homework and suggest ways to make it easier when you return.

Plan ahead

To prepare for your surgery, you and your family may need to:

- Get help with making meals, doing laundry, cleaning your home, or babysitting during or after your surgery.
- Fill your fridge and freezer with food that is easy to reheat so that your family can care for everyone at home.

Stop smoking or vaping (nicotine or cannabis)

Smoking and second-hand smoke can cause lung problems and can slow down your recovery after surgery. Nicotine and other chemicals in cigarettes, as well as vaping cartridges can also slow down or stop bone healing. Stop smoking as soon as possible before your surgery. If someone around you smokes, avoid second-hand smoke. Ask your doctor or nurse for help in quitting smoking.



Avoid alcohol and other recreational drugs

Do not drink alcohol or use recreational drugs at least 24 hours before your surgery. Alcohol and other drugs can affect your recovery from surgery. Alcohol and drugs can change the way some medications work. You need to tell us if you are taking recreational drugs, as we will need to adjust your treatment to ensure proper pain management.



Pre-operative clinic visit

Montreal Children's Hospital Pre-Operative Clinic:

Room B 03.3103 (Block B, 3rd floor)

The admissions department will contact you to tell you where and when to go for your pre-operative clinic appointment. A member of our team may contact you to schedule any tests or visits with specialists you may need before your surgery. Tests will be scheduled either before or during your appointment at the pre-operative clinic. If any tests have been performed outside the Montreal Children's Hospital, please ensure that a copy is on file and bring another copy to your appointment, just in case.

Some tests may include:

- An X-ray
- Magnetic resonance imaging (MRI)
- Contrast enema
- Blood tests
- Urine tests

At your pre-operative clinic visit, we will:

- Check your general health
- Make sure you are ready for surgery
- Plan your care
- Perform blood and urine tests if needed
- Answer all your questions about surgery

Bring this booklet with you to your pre-operative appointment and on the day of surgery.

Pre-operative clinic visit

At the pre-operative clinic, you will meet the healthcare team: a pre-op nurse, a pediatrician, and an anesthesiologist.

The nurse will:

- Check your height and weight
- Take your vital signs: your temperature, your blood pressure, your pulse, and your breathing
- Explain how to get ready for surgery and what to expect after
- Ask you what medications or other products you take

Are you taking any prescription or non-prescription medicine, including herbal products? Are you smoking, taking any alcohol or drugs? Tell us! We need to know about all the medicine you take to ensure a safe surgery.

Before your surgery, we will explain what medications you should:

Keep taking _____
(continue asthma medication, seizure medication, etc.)

Stop taking _____
(stop herbal or natural supplements)

A pediatrician will ask you questions about your health. They will also do a physical exam. If you have any health issues, you might see another specialist before surgery.

The anesthesiologist is the doctor that will put your body to sleep for your surgery to make sure you are comfortable, and you do not wake up during the surgery.

Pre-operative clinic visit

Other team members you might see at your pre-operative clinic appointment:

A child life specialist:

- Can help you if you feel anxious about surgery
- Can also come with you on the day of surgery

A social worker:

- May meet with you and your family if you need financial support
- May meet with you and your family if you need help with accommodations before or after surgery

Your visit to the pre-operative clinic is a good time to ask questions if you have any.

Do you have questions? Write them down here.



Five light blue rounded rectangular boxes stacked vertically, intended for writing down questions.

Pre-operative clinic visit

Questions before surgery

If you have any questions before your surgery, contact the pre-operative clinic nurses at the Montreal Children's Hospital Monday to Friday, 7:30 a.m. to 3:30 p.m.
514 412-4312

You may also email the COCOE team any non-urgent questions you have about your appendicostomy surgery at colorectaladmin.hme@muhc.mcgill.ca.

Confirming the surgery

Date of surgery: _____

Time of arrival: _____

After your pre-operative clinic visit, the Montreal Children's Hospital admitting department will call you to confirm the date and time for your surgery. They will ask you to arrive 2 hours before your planned surgery time.

★ Exception: If your surgery is at 7:30 a.m., arrive between 6-6:30 a.m.

Cancelling your surgery

If you are sick, we may have to postpone your surgery for safety reasons. You will have to cancel your surgery if you have:

- Fever
- Runny nose
- Cough
- Congestion

Symptoms of a cold may worsen after waking up from surgery, or you may have difficulty breathing during or after surgery. If you need to cancel your surgery, call us.

Call the pre-operative clinic at the Montreal Children's Hospital at:
514 412-4312 or
514 934-1934, extension 24458 or 24312

Bowel preparation

The day before your surgery, you will need to take some medicine called a laxative to help empty your intestines. This will help your intestines get ready for the surgery.

The COCOE nurse will give you a prescription and explain how to take the laxative at home.

After your bowel preparation and until surgery, you will only be allowed to drink water or sugary clear fluids. This is to make sure your intestines stay empty until surgery. You should try to drink as much as possible to stay hydrated.

Here are some examples of fluids you can drink the day of your bowel preparation:

- Water
- All clear juices without pulp: apple, cranberry, grape
* beware of lemonade and orange juice, avoid nectars
- Iced Pops or popsicles: grape, orange, cherry, fruit punch
- Sports drinks (Gatorade, Powerade, etc.)
- Iced tea, gingerale and other clear carbonated drinks



Washing

The night before your surgery:

- Wash your hair and body with regular soap. Rinse well.
- Do not use lotion or oils.
- Remove nail polish or false nails.
- Wear clean clothes.



The morning of surgery:

- Take a second shower with regular soap.
- Do not wear lotions, perfume, makeup, jewelry, or piercings.
- Do not shave the area where we are doing the surgery.
- Put on clean comfortable clothes.
- Remove contact lenses if you wear them. Wear your glasses instead.
- If you have long hair, braid it, or tie it back with an elastic band. Make sure there is no metal on the elastic band.
- If you have your period, use a pad. Do not use a tampon or menstrual cup.
- Do not wear false eyelashes.



Diet

What can I eat and drink?

2 days before surgery:

Eat and drink normally. Try to have a big meal before bed.

The day before surgery:

You will start your bowel preparation in the morning. After your bowel preparation, only drink water or sugary clear fluids - as much as you would like.

Do not eat any food.

Do not drink any dairy products, non-dairy milks (oat, soy, nut, or coconut) or juice with pulp.

Do not chew gum or candy.

The morning before surgery:

Continue to drink sugary clear fluids - but only those listed below.

Do not eat any food.

Do not drink any dairy products, non-dairy milks (oat, soy, nut, or coconut) or juice with pulp.

Do not chew gum or candy.

1 hour before your surgery:

Drink the prescribed amount of clear sugary fluids. Write it here : _____ mL

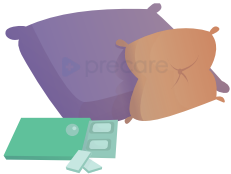
The following clear fluids are allowed on the day of surgery:

Clear apple juice, clear cranberry juice, water, glucose water, oral rehydration solution (Enfalyte or Pedialyte), clear electrolyte drinks (Gatorade), ginger ale, or other clear carbonated drinks.

Did you know?

Drinking sugary clear fluids up to 1 hour before surgery helps prevent nausea and helps you recover faster after your surgery.

What to bring to the hospital



- This booklet
- Medicare card or provincial health card
- A list of medication that you take at home (ask your pharmacist)
- Bathrobe, non-slip slippers, pajamas, loose comfortable clothing for going home
- Toiletries: Toothbrush, toothpaste, mouthwash, comb or hairbrush, deodorant, soap, shaving supplies if needed, tissues and earplugs if needed, sanitary pads if needed
- Stuffed animal, cozy blanket, and a pillow
- A “distraction kit” to keep your mind off any pain or to use during your enema. For example: books, music, movies, electronic games, or materials for drawing and coloring
- Glasses, contact lenses, hearing aids, and their storage containers labelled with your name, if needed
- Diapers if needed
- CPAP mask only - if needed overnight (not the machine)
- Sleep mask (optional)

Do not bring anything of value. If you do, always keep them with you or leave valuable items with a parent or family member. The hospital is not responsible for lost or stolen items.

At the hospital

Arrive at the time we gave you to ensure you register and check in on time.

Go in through the main entrance of the Montreal Children's Hospital. Take the first set of elevators to the 3rd floor. Register at the same location as the pre-operative clinic, block B, level 3 (B 03.3103).

After registration

We will show you where to go, the surgical area is on the 3rd floor. We will ask you to give a cell phone number so the recovery room can contact your family. You and your parent(s) or legal guardian(s) will get a hospital bracelet.

Before your surgery, you will see:

- A nurse who will:
 - Verify your bracelet and confirm your identification information is correct
 - Ask you to change into a hospital gown
 - Make sure your personal belongings are in a safe place
 - Complete a pre-operative checklist, review the medication you take, and confirm any allergies you may have
 - Check your height and weight
 - Ask you to go to the bathroom to empty your bladder
- The surgical team
- The anesthesiology team (the doctor who will put you to sleep)
 - The anesthesiologist will give you pain medicine. This may be acetaminophen, also known as Tylenol™. If needed, they will also give you a medicine to help you relax.
- A child life specialist, if needed

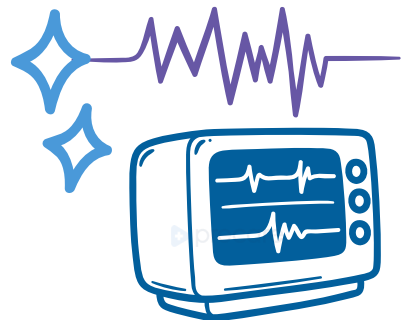
At the hospital

Signing consent forms

You or your parents or legal guardians will sign consent forms. If you are 14 years or older, you can sign your own consent forms.

Wait until we call you into the operating room

When the operating room is ready, a member of the surgical team will bring you there. In the operating room, you will be asleep and will not feel any pain during your surgery.



Waiting room for your family

Once you have left for your surgery, your family can wait for you in the waiting room. Space is limited. We ask you to limit the number of people accompanying you.

Waiting rooms are at the Montreal Children's Hospital: Block B, level 3

Speak with the health care team to find out about visiting.

Internet access

Network: CUSM-MUHC-PUBLIC

Username: public

Password: wifi

Waiting room for your family

Other resources at the MUHC

Cafeteria:

Level S1, must cross on RC first to Royal Victoria (adult side) atrium

Vending machines:

Level S1, block B and block C

Restaurants and stores:

On the ground floor (RC) between the Montreal Children's Hospital and the Royal Victoria Hospital (adult side) and in the adult atrium

Bank machines:

Block C and block D on the ground floor (RC), and block B on S1 level

Children's library:

National Bank Family Resource Center, ground floor (RC), block A, room 1107 (A RC.1107)

Library:

McConnell Resource Centre: ground floor (RC), block B, room 0078 (B RC.0078)

Prayer and meditation room:

Montreal Children's Hospital: 2nd floor, block A, room 0045 (A 02.0045)

Royal Victoria Hospital: 2nd floor, between block C and block D in room 1178 (C 02.1178)



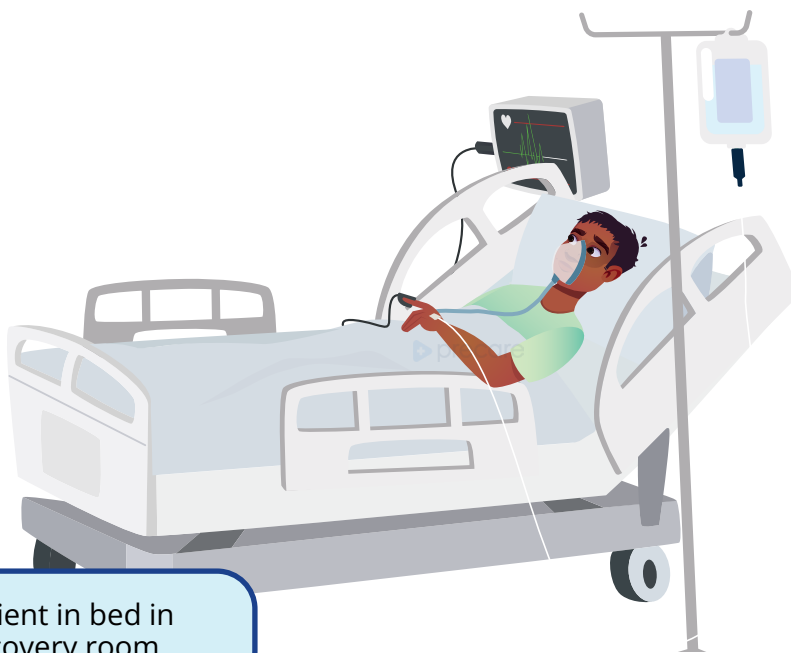
In the Post-Anesthesia Care Unit (PACU)

After your surgery you will wake up in the post-anesthesia care unit, also called the recovery room or PACU. This is an area where we watch patients closely as they wake up from surgery.

The PACU staff will contact your parent(s) or legal guardian(s) on their cell phone or go see them in the waiting room. Your family may visit you once you are awake. Only 2 people are allowed in the PACU at a time. Visitors must be 14 years or older.

Your nurse in the PACU will:

- Check your heart rate and blood pressure often
- Check your bandage(s)
- Make sure you are comfortable



Patient in bed in recovery room.

Pain after surgery

You will feel some discomfort after this surgery, which is normal. Your discomfort will slowly go away over time.

Your job is to let us know where, when, and how it hurts.

Our job is to help control your pain.

Everyone feels pain differently, so we cannot know exactly how you feel just by looking at you. By letting us know how you feel, we can provide pain relief when you need it.

Pain relief helps you:

- Breathe easily
- Move easily
- Sleep better
- Eat better
- Recover faster

Remember – do not hide your pain. Having pain can make you not want to move around. Good pain control speeds up your recovery.

Pain after surgery

Questions we will ask you about your pain

These questions will help the healthcare team keep you the most comfortable after your surgery.

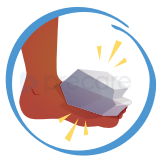
Using the numeric pain rating scale, tell us how uncomfortable you are. 0 means no pain and 10 is the worst pain you can imagine.



These faces show how much something can hurt. The face all the way on the left shows no pain. Going from left to right, the faces start to show more and more pain. The face on the right shows the worst pain. Let your healthcare team know how much pain you feel by pointing to the face that shows how much pain you are in.

What type of pain are you having?

Describe your pain with words, such as pressure, throbbing, sharp, pulling, or burning. You may come up with your own words to describe what you are feeling. This helps us give you the right medication for the type of discomfort you are having.



Pressure



Throbbing



Sensation of a sharp cut



Pulling feeling



Burning feeling

Pain after surgery

When does it start to hurt?

Tell us when it hurts. For example, does it hurt when you move, when you take a deep breath, all the time?

What makes it better or worse?

For example, an afternoon nap or shower may help, or not. Let us know.

What can you do when it starts to hurt?

- Move around or change positions. You should start moving as early as possible, while following the instructions we give you after surgery. Move often, even if it feels uncomfortable at first. Moving can help loosen your muscles and stop the pain from getting worse.
- Try ice or a warm pack wrapped in a cloth or paper towel on the painful area. Ice helps with the swelling, and heat helps with muscle spasms.
- Distract yourself or keep yourself busy. TV, music and even colouring can help to keep your mind off the pain.
- If the pain does not get better after you tried moving, using cold or heat, or distracting yourself, tell your healthcare team, or your parent(s) or legal guardian(s). Your nurse can give you medicine to make you more comfortable.

What can you do if you have cramping during the flush?

- Slow down the flush
- Warm the solution by: Placing solution in warm water. Do NOT microwave the solution
- Gently mix the solution in the gravity bag to remove the air. Do not shake the bag as this will create air bubbles
- Give the enema 1 hour before or after meals

Exercises

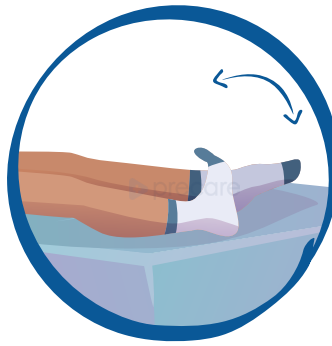
Leg and arm exercises

You must move around after your surgery. Moving will help prevent blood clots, muscle weakness, and lung problems. Start with these exercises when you wake up and continue them while you are in the hospital. These exercises will help with blood flow in your arms and legs, and help you recover faster.

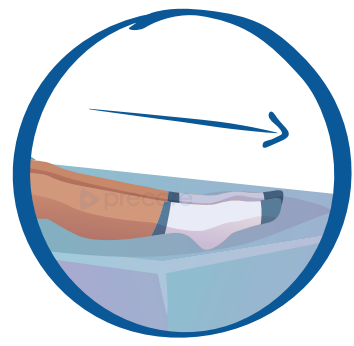
Legs



Rotate or make circles with your feet to the right and to the left.



Wiggle your toes and move your feet up and down.



Stretch your legs out straight.



Arms

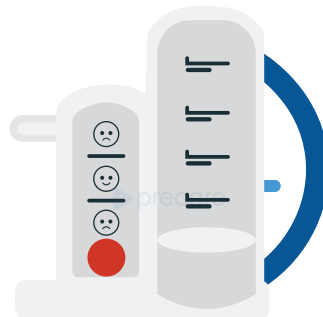
Lift your arms up and reach above your head.

Exercises

Using your inspiriometer

An inspiriometer is a small machine that helps you breathe deeply and prevent lung problems.

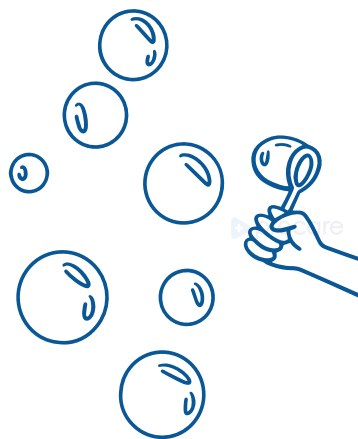
- To use your inspiriometer put your lips around the mouthpiece.
- Breathe in deeply and try to hold the red ball up for 2 to 4 seconds.
- Take out the mouthpiece.
- Breathe out and rest for a few seconds.
- Repeat this exercise 10 times every hour while you are awake.



Blowing bubbles

Blowing bubbles helps mimic the same deep breathing exercises as the inspiriometer.

- To blow bubbles, get the wand out. Make sure the circle has liquid on it.
- Take in a deep breath and try to blow as many bubbles as possible out in one breath.
- Rest for a few seconds.
- Repeat this exercise 10 times every hour while you are awake.



Goals for day 0 after surgery - the day of your surgery

Deep breathing exercises

Do deep breathing exercises once every hour when you are awake. Use your spirometer or blow bubbles (see page 37).

Diet

Drink clear fluids as much as you can, including ice chips. You can try to eat like you normally would, as much as you can.

IV and bandages

When you wake up in the PACU, you will have an IV* in your hand or arm to help keep you hydrated and give you medications. The nurse will check the IV every hour to make sure it is working properly. You will also wake up with small bandages on your incisions sites (cuts). The nurse will also check your cuts often.

Activity and exercises

- Slowly raise the head of the bed to 45 degrees. Keep the head of your bed upright when you are awake.
- Arm and leg exercises (page 36) 10 times every hour while awake, with help or by yourself until you leave the hospital.
- Sit on the edge of your bed and stand.
- Try walking twice today, with or without help.
- Eat 2 of your meals sitting in a chair or sitting on the edge of your bed.

*IV or intravenous is a small tube in your vein, usually in your arm.

Goals for day 1 after surgery

Deep breathing exercises

Do deep breathing exercises once every hour when you are awake. Use your spirometer or blow bubbles (see page 37).

Diet

Drink clear fluids to stay hydrated. Eat your regular diet.

IV and bandages

You may still have an IV* in your hand or arm. If you are eating and drinking well, your nurse will disconnect you from the IV line. Your IV will stay in until you leave the hospital.

Activity and exercises

- Slowly raise the head of the bed to 45 degrees. Keep the head of your bed upright when you are awake.
- Arm and leg exercises (page 36) 10 times every hour while awake, with help or by yourself until you leave the hospital.
- Try walking 3 times today, with or without help.
- Eat all your meals sitting in a chair or sitting on the edge of your bed.

Appendicostomy flush/ antegrade enema

- You will do your first enema using your new appendicostomy today.
- Your nurse will help guide you and your family through the process (page 10).

Goals for Day 2 after surgery - Going home

Deep breathing exercises

You should be comfortable using your spirometer or blowing bubbles to continue practicing deep breathing exercises (see page 37).

Diet

You should be eating a regular diet and drinking enough to keep hydrated.

IV and bandages

Your nurse will remove any remaining IVs before you go home. Your doctor or nurse will remove your bandages before going home.

Activity and exercises

- You should feel comfortable getting in and out of bed safely.
- You should be walking and moving around regularly in and out of your room.
- You should be comfortable to sit in a chair while eating and slowly be able to sit up for longer amounts of time.

Appendicostomy flush/ antegrade enema

- You should feel comfortable doing your enema through your new appendicostomy.
- Make sure you have all the supplies or a list of supplies you will need to do your enema at home.
- Ask your doctor or nurse any questions you have about doing the enema before you go home.

Medications

You will be prescribed one or more of the following for pain:

- Acetaminophen (Tylenol™)
- Anti-inflammatories (e.g., ibuprofen/Advil™)

Follow your doctor's and nurse's instructions for pain management. Take all your medications exactly as prescribed.

We recommend taking acetaminophen and anti-inflammatories as needed for the first few days after surgery. If you still have too much pain, let us know so we can adjust your treatment.

Caring for your cuts (incisions)

You will go home with Steri-strips™ over your cuts. Your Steri-strips™ should fall off on their own. If they do not fall off on their own within 14 days, you may gently remove them after that time.

Under the Steri-strips™, you will have a small stitch in your cut. The stitches will break down on their own. You will not need an appointment to remove them.

Do not scrub your cuts, only let the water run softly over them and wash the area gently.

Caring for your appendicostomy

Daily care

- Wash the appendicostomy site daily with soap and water starting 48 hours after surgery.
- If you find there is a lot of drainage around the appendicostomy site, you can place a split gauze underneath the button. Change the gauze as soon as it gets wet.
- You can start turning your appendicostomy button daily, starting 1 week after surgery.

Weekly care

- Change the water in the balloon every 1-2 weeks starting 6 weeks after surgery (see [page 14](#)). This will ensure that the balloon is always inflated to avoid the tube accidentally coming out.

Diet

After surgery, you can eat anything you want, unless your doctor, nurse, or nutritionist gives you other instructions.

To help your body heal, be sure to eat a lot of protein throughout the day at each meal. Your body uses protein to help you heal faster. Meat, fish, poultry, tofu, legumes, and dairy products are good sources of protein.

If you find it hard to eat enough, try eating smaller amounts at each meal. Add nutritious snacks between meals, like:

- Fruits and cheese
- Yogurt and granola
- Whole grain crackers and hard-boiled egg
- Trail mix (nuts and dried fruits)
- Muffin and cow's milk or soy milk



Activities

- You can shower when you get home. Have someone help you shower until you can do it safely on your own.
- You can take a bath normally starting 2 weeks after surgery. Bath time is a good time to clean the appendicostomy site.
- You can swim 1 month after surgery.
- Walk several times a day and slowly get to walking for longer periods of time. Walking is great exercise.
- No contact activities or sports for 4 weeks after surgery.
- You can go back to school 1 week after surgery.
- Try eating all your meals sitting in a chair.

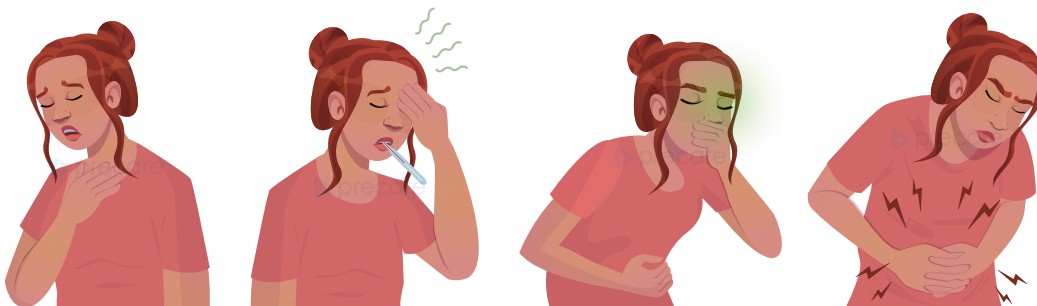


When to contact your surgical team

Call your healthcare team if:

- Skin around the appendicostomy site is painful, red, changes color or becomes raw.
- You have a lot of green or white leakage, or foul-smelling drainage from your appendicostomy site.
- If you are unable to tolerate or have too much pain when you do your flushes.
- If you cannot pass stool after your flush, repeat once. If you still cannot go to the bathroom, contact the surgical team.

When to go to the emergency room


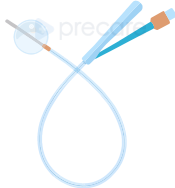
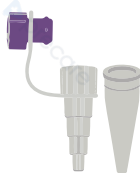
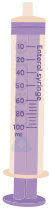


- If you have trouble breathing.
- If your appendicostomy button falls out in the first 12 weeks after surgery.
- If you have a fever greater than 38 degrees Celsius.
- If you are nauseous or vomiting.
- If your abdomen becomes distended (bloated) or swollen looking.
- If you have uncontrollable pain, after taking pain medication as prescribed.

Appendicostomy supply Kit

<p>Graduated Container</p> <p>This plastic container can be used to measure the ingredients while preparing your flush.</p>	
<p>Gravity bag</p> <p>The gravity bag is used to mix and administer the flush. It has thin tubing with a roller clamp that allows you to control the amount of time it takes the flush to be administered. This bag can be used several times with good care. You only need to replace the bag if it breaks or tears. We recommend having an extra bag in case your bag breaks.</p>	
<p>5 mL Syringe</p> <p>The syringe is used to fill and empty the balloon of your button.</p>	
<p>Extension tubing</p> <p>The extension tubing is used to connect the gravity bag to the button. There are two ports where you can attach the tubing of the gravity bag. Make sure you close one side with the cover to prevent the solution leaking out.</p>	

Appendicostomy supply kit

<p>Surgical lubricant packets</p> <p>Surgical lubricant is a type of gel that helps the appendicostomy button or the foley catheter go into the appendicostomy tract easier.</p>	 The image shows three packets of surgical lubricant. The top packet is blue and white, labeled 'surglube'. Below it are two white packets with blue text, labeled 'surglube surgical lubricant sterile bacteriostatic'. The packets are stacked and slightly overlapping.
<p>Foley catheter</p> <p>The Foley catheter can be used instead of the appendicostomy button.</p>	 The image shows a blue Foley catheter with a bulb at one end and a connector at the other. The brand name 'precor' is visible on the tubing.
<p>ENFit™ adaptor</p> <p>The ENFit™ adaptor is needed if you are using a Foley catheter to give your flush. Attach the ENFit™ adaptor to the end of the tubing of the gravity bag. The gravity bag tubing can be attached to the Foley catheter directly.</p>	 The image shows an ENFit adaptor, which is a purple and grey device with a connector on one side and a larger opening on the other. It is shown next to a grey funnel-shaped component.
<p>Enteral feeding syringe</p> <p>The enteral feeding syringe is used to flush the appendicostomy button before and after your flush. This is a syringe with a special tip (ENFit™) that attaches the extension tubing.</p>	 The image shows a purple enteral feeding syringe with a special tip. The syringe has markings on the side and a purple plunger.

How to make normal saline solution at home

Saline solution is easy to make at home.

You will need:

- one clean glass bottle or jar with lid
- table salt
- tap water

Instructions:

1. In a small bowl or container, mix one cup of room temperature water and 1/2 teaspoon of salt.
2. Make sure the salt is completely dissolved in the water before using it for your flush.
3. You can make a large container of saline solution and store it in the refrigerator for up to 1 week. For each cup of water just add 1/2 teaspoon of salt - for example for 1 litre of water use 2 teaspoons of salt.

Notes:

- If you are not sure that your tap water is safe to use, you may boil it for 15 minutes BEFORE adding the salt. Then, allow it to cool to room temperature before using.

Resources and websites of interest

Our Colorectal Center of Excellence website:

www.montrealchildrenshospital.ca/clinics/colorectal-centre-of-excellence-cocoe/

Resources to help you stop smoking:

Quit line: 1-866-527-7383 (free) or www.iqitnow.qc.ca

Quit Smoking centres, ask your CLSC for information

MUHC Libraries – patient portal:

www.muhclibraries.ca/patients/

Montreal Children’s Hospital parking information:

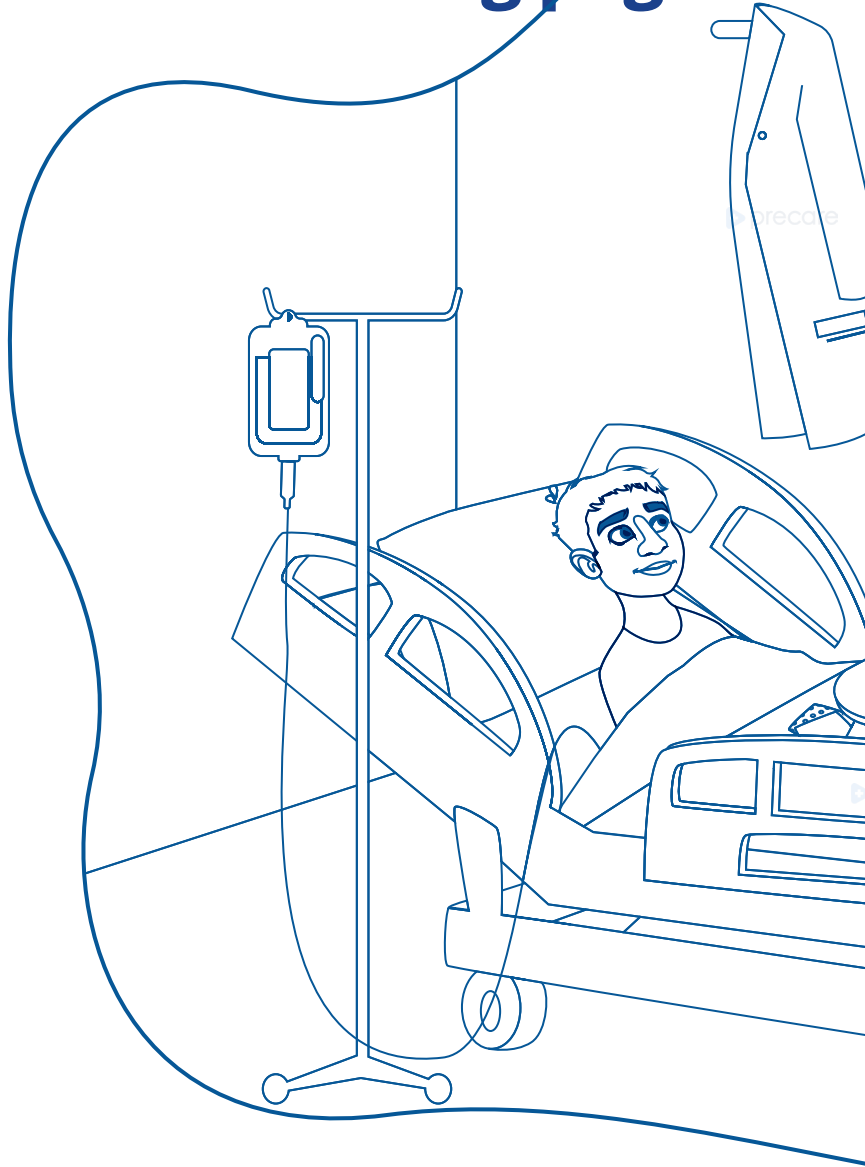
www.montrealchildrenshospital.ca/parking/

Info-Santé: 811

(Contact a nurse for non-urgent health issue, 24 hours a day and 365 days a year)

Tips to prevent infection in your hospital room - a coloring page

- Do not touch your catheter, wounds or IV lines
- Wash your hands before eating or drinking
- Visitors and patients should wash their hands when entering the room and when leaving the room
- Wash your hands before and after touching any equipment such as the ice machine
- Visitors should hang coats and bags up on the hooks: do not put them on the floor
- Do not share food or utensils
- Visitors should avoid sitting on the bed



Useful information



Hôpital de Montréal
pour enfants
Centre universitaire
de santé McGill



Montreal Children's
Hospital
McGill University
Health Centre



CECO
Centre d'excellence en soins colorectaux
COCOE
Colorectal Centre of Excellence