Enhanced Recovery After Surgery (ERAS)

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A guide for patients undergoing surgery

Patient name

Surgery date | Time to arrive

Postop appointment date | Time to arrive

Your surgeon

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We want to thank you for choosing Jupiter Medical Center for your surgery. Your care and well-being are important to us. We are committed to providing you with the best possible care using the most up to date technology.

This handbook should be used as a guide to help you through your recovery and answer questions that you may have. Please give us any feedback that you think would make your experience even better. Please bring this book with you to:

- Every office visit
- Your admission to the hospital
- Follow up visits

Contact information

Jupiter Medical Center 561-263-2234
Medical Records 561-263-7417
Patient Experience 561-263-4562
If no call for surgery time after 7 p.m. the day before surgery . . . . Supervisor 561-263-2234
Surgery/Preoperative Clinic. 561-263-4424
Intensive Care Unit 561-263-4429

Inpatient Unit: Surgery 3rd Floor. . . .561-263-4473
Progressive Care Unit. 561-263-5960
Concierge Services. 561-263-5742
Emergency Services 561-263-4460
Cancer Center 561-263-4400
Hospital Billing Questions 800-743-4499

For more information on ERAS, helpful links for getting ready for surgery, and to view this booklet online, please visit jupitermed.com.

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Enhanced Recovery After Surgery (ERAS)

What is enhanced recovery?

Enhanced recovery is a new way of improving the experience of patients who need major surgery. It helps patients recover sooner so life can return to normal as quickly as possible. The ERAS program focuses on making sure that patients are actively involved in their recovery.

There are four main stages:

1. Planning and preparing before surgery – giving you plenty of information so you feel ready.

2. Reducing the physical stress of the operation – implementing pre-operative exercise regimens help with post-operative functional outcomes.

3. A pain relief plan that focuses on giving you the right medicine you need to keep you comfortable during and after surgery.

4. Early feeding and moving around after surgery – allowing you to eat, drink, and walk around as soon as you can.

It is important that you know what to expect before, during and after your surgery. Your care team will work closely with you to plan your care and treatment. **You are the most important part of the care team.**

It is important for you to participate in your recovery and to follow our advice. By working together, we hope to keep your hospital stay as short as possible.

Introduction to surgical oncology

Types of surgical procedures:

Hemicolectomy: Removal of part of the colon.

Right/Left **Hepatectomy:** Removal of part of the liver.

Total/Subtotal **Gastrectomy:** Removal of the stomach.

Distal **Pancreatectomy** or **Whipple Procedure:** Removal of pancreas.

Lymphadenectomy: Removal of the lymph nodes. This is often done as part of staging for cancer.

Open surgery **(laparotomy):** An incision (cut) made through the abdomen. This could be up and down or across the abdomen. The surgeons use their hands and instruments to do surgery through that opening.

Minimally Invasive Surgery (MIS): This type of surgery is done through many small incisions (cuts) in your abdomen. Your abdomen is filled with a gas, called carbon dioxide. Your surgeon will put a long camera and other tools inside your abdomen to perform the surgery. This may be done with the use of the robot (DaVinci®).

Diagnostic Laparoscopy: A camera is inserted through a small incision to inspect the abdomen and take biopsies, if necessary. This may be done before a planned open surgery to check for metastatic disease that may not be apparent on imaging prior to making an larger incision.

Before your surgery

Clinic

During your clinic visit we will evaluate if you need surgery and what type you will need. You will work with our entire team to prepare for surgery:

- Surgeon
- Clinical nurse coordinators
- Administrative assistants

During your clinic visit, you will:

- Answer questions about your medical history
- Have a physical exam
- Discuss the indications, risks, benefits, and alternatives to surgery

You will also receive:

- Instructions on preparing for surgery
- Special instructions for what to do before surgery, if you are on any blood thinners
- Prescriptions for bowel preparation, if needed

Download EPIC MyChart

Downloading the Epic MyChart app offers secure, on-the-go access to your medical records, enabling you to instantly view test results, message physicans, manage appointments, and pay bills. It provides a unified view of your health data across different providers, allowing you to manage care for yourself and dependents in one place.

If you have non-urgent questions with photos regarding your drains or post-op incisions, send a message via Epic MyChart. **Scan this code for instructions on sending messages in MyChart.**

Pre-anesthesia Evaluation and Testing (PAT)

After your clinic visit, you may need to answer some questions or have tests done before your surgery. This may occur over the phone or at the Pre-anesthesia Testing (PAT), a clinic located at the main Jupiter Medical Center campus.

- No PAT
- Phone PAT – a nurse will contact you by phone. This call should last approximately 15-30 minutes.
- Main Jupiter Medical Center campus PAT – scheduled appointment to be evaluated prior to surgery.

You will be contacted by PAT to determine which of the above appointments will be required prior to surgery; either an in-person PAT appointment or a phone interview with a PAT nurse. If you require a PAT visit, you will:

- Meet with a nurse who will review your medical history
- Have labs and blood drawn
- Get an EKG (a test of your heart), if necessary
- Talk about the type of anesthesia you will need for surgery

- Talk about the pain relief medicine you will get during surgery
- Be screened for snoring and sleep problems like obstructive sleep apnea (OSA). If at risk, you may do a sleep study before surgery.

Sometimes, after examining you or based on the result of your tests, we may ask that you see your Primary Care Physican and/or a specialist, such as a Cardiologist (heart physican), to evaluate you more before your surgery. You may need to stop some of your regular medications before surgery such as medicines that can cause bleeding (coumadin, xarelto, plavix, aspirin, etc.)

Write any special medication instructions here:

____

____

____

____

____

Preparing for surgery

You should expect to be in the hospital for about ______________ days. When you leave the hospital after surgery, you will need some help from family or friends. It will be important to have help with meals, taking medications, etc.

You can do a few simple things before you come into the hospital to make things easier for you when you get home:

- Clean and put away laundry.
- Put clean sheets on the bed.
- Put the things you use often between waist and shoulder height to avoid having to bend down or stretch too much to reach them.
- Bring the things you are going to use often during the day downstairs. But remember that you WILL be able to climb stairs after surgery.
- Buy the foods you like and other things you will need since shopping may be hard when you first go home.
- Cut the grass, tend to the garden and do all house work.
- Arrange for someone to get your mail and take care of pets and loved-ones, if necessary.
- **Stop taking any vitamins, supplements, and herbs 2 weeks before your surgery.**
- **Stop taking ibuprofen (Motrin® or Advil®) and naproxen (Aleve®) 1 week before surgery.**
- **Stop taking any GLP-1 supplements 2 weeks prior to surgery (Mounjaro, Weygovy, Ozempic, etc.)**
- If you are taking additional medications for chronic pain, please continue those up until your surgery.

If you are on long standing pain medication prior to surgery, you will be provided with an individualized regimen for pain control with the assistance of our pain specialists.

Other helpful tips

Eat healthy food before your surgery – this helps you to recover faster.

Get enough exercise so you are in good shape for surgery.

Stop or cut back your smoking with the assistance of your primary care physician before surgery.

Other important reminders

Follow the instructions you were given regarding blood thinners and diabetes medications.

Pre-surgery checklist

What you SHOULD bring to the hospital:

- A list of your current medications
- Any paperwork given to you by the physican
- A copy of your Advance Directive form, if you completed one
- Your "blood" bracelet, if given one
- A book or something to do while you wait
- A change of comfortable clothes for discharge
- Any toiletries that you may need
- Your CPAP or BiPAP Settings, if you have one

What you SHOULD NOT bring to the hospital:

- Large sums of money
- Valuables such as jewelry or non-medical electronic equipment

Please know that any belongings you bring will go to "safe keeping."

For your safety, you should plan to:

- Identify a Care Partner for your stay in the hospital.
- Have a responsible adult with you to hear your discharge instructions and drive you home (If you are going home the same day). If you plan to take public transportation, a responsible adult should travel with you.

Days before surgery

Prescription bowel preparation

In order to prepare your bowels for surgery, we may ask that you take a MiraLAX® Bowel Preparation. Your surgeon and your nurse will tell you if this applies to you. If so, you will receive prescriptions for the bowel preparation in the clinic. Some patients may not be able to take all of the medications listed below if they cause problems with your regular medications. The nurses in clinic will tell you exactly which medications to take.

It is important to follow the instructions below on the day before surgery:

- 12 Noon – Ensure you have all your supplies and are following a clear liquid diet. Prepare and chill MiraLAX
- 2 p.m. – Take Erythromycin (or Metronidazole*) and Neomycin
- 3 p.m. – Take Erythromycin (or Metronidazole*) and Neomycin
- 5 p.m. – Begin drinking MiraLAX
- 10 p.m. – Take Erythromycin (or Metronidazole*) and Neomycin

*You will receive Metronidazole if you have an allergy to or interaction with Erythromycin

Scheduled surgery time

A nurse will call you the day before your surgery between 2 p.m. and 7 p.m. to tell you what time to arrive at the hospital for your surgery. If your surgery is on a Monday, you will be called the Friday before.

If you do not receive a call by 7 p.m., please call 561-263-2234 and request to speak with a Hospital Supervisor. Please write what time the nurse tells you to arrive on page 2 of this handbook in the space provided.

NO food or drink before surgery

- If you **ARE** doing a bowel preparation, do not eat solid foods **after breakfast THE DAY BEFORE your surgery.**
- If you **ARE NOT** doing a bowel preparation, please follow the PAT NPO Guidelines on page 15.

Day of surgery

Before you leave home

- Remove dark nail polish (including gel) from at least one fingernail. Please remove all makeup, jewelry and piercings.
- Bring any medication lists or required records for your surgeon to review the day of surgery.

Hospital arrival

- Arrive at the hospital on the morning of surgery at the time you wrote on page 2. **(This will be approximately 2 hours before surgery.)**
- Check in at your scheduled time in the Family Waiting Lounge.
- Your family will get a surgery guide to explain the process. They will be given information so they can monitor your progress and where to wait.

Surgery

When it is time for your surgery, you will be brought to the second floor Preoperative Holding Area. In Preop, you will:

- Be identified for surgery and get an ID band for your wrist.
- Be checked in by a nurse and asked about your pain level.
- Be given an IV and weighed by the nurse.
- You may have to give a urine sample and have your blood sugar level checked.
- Be given several medicines that will help keep you comfortable during and after surgery.
- Meet the anesthesia and surgery team where your consent for surgery will be reviewed. One family member can be with you during this time.

A physician may also mark your abdomen or extremity depending on the type of surgery you are having.

In the operating room

From the Preoperative Holding Area, you will then be taken to the operating room (OR) for surgery and your family will be taken to the waiting area. Many patients do not recall being in the OR because of the medication we give you to relax and manage your pain.

Once you arrive in the OR:

- We will do a "check-in" to confirm your identity and the location of your surgery.
- You will lie down on the operating room bed.
- You will be hooked up to monitors.
- Boots will be placed on your legs to circulate your blood during surgery.
- You may also be given a blood thinner shot to prevent blood clots.
- We will give you antibiotics, if needed, to prevent infection.
- Then the anesthesiologist will put you to sleep with a medicine that works in 30 seconds.
- Just before starting your surgery, we will do a "time out" to check your identity and confirm the location of your surgery.

The anesthesia physican may talk to you about placing a small needle into your back where we can give you a small amount of narcotic medications. This will help us to decrease the amount of oral pain medicine you will need to take after surgery which could delay your recovery. This is optional and entirely up to you.

After this, your surgical team will perform your operation. During your surgery, the Operating Room nurse will call your family every 2 hours to update them.

Notes

After surgery

Recovery Room (PACU)

After surgery, you will be taken to the recovery room. Most patients remain in the recovery room for about 1-2 hours, and then are assigned an inpatient room.

Once you are awake:

- You may or may not be given clear fluids to drink.
- You will get out of bed (with help) to start moving as soon as possible. This speeds up your recovery and prevents you from getting blood clots and pneumonia.

The surgeon will also call your family after surgery to give them an update but advise them they will likely not see you for 1-2 hours after surgery.

Hospital Inpatient Unit or the Progressive Care Unit (PCU)

From the recovery room, you will be sent either to the surgical floor or the Progressive Care Unit (PCU), depending on the type of surgery you had. Sometimes, it can take more than 2 hours to get to a room if the hospital is full and patients need to be discharged to make room for new patients. The volunteers in the family lounge will tell your family your room number so they can join you.

Once to your room, you:

- Will have a small tube in your bladder called a Foley catheter. We can measure how much urine you are making and how well your kidneys are working.
- Will be given oxygen and have your temperature, pulse, and blood pressure checked after you arrive.
- Will have an IV in your arm to give you fluid.
- Will be allowed to drink fluids or have to remain without a diet depending on your surgery.
- We will treat your pain during surgery with an injection at the surgery site.
- Will get several other pain medicines around-the-clock to keep you comfortable.
- Will have narcotic pain pills (oxycodone) as needed for additional pain.
- Will likely receive a blood thinner injection every day to help prevent blood clots.
- Will be given an incentive spirometer (a device to help see how deeply you are breathing). We will ask you to use it 10 times an hour to keep your lungs open.
- Will be placed on your home medications (with the exception of some diabetes and blood pressure medications).
- Will get up, out of bed on the day of your surgery, with help from the nurse.

Your care team

In addition to the nursing staff, the Surgical Oncology team and a Hospitalist will care for you. This team is led by your surgeon. There will always be a physician available 24 hours a day to tend to your needs.

Remember, we will not discharge you from the hospital until we are sure you are ready.

For some patients this requires an additional day or so in the hospital.

Pain control following surgery

Managing your pain is an important part of your recovery. We will ask you regularly about your level of comfort. It is important that you are able to take deep breaths, cough, and move. Preventing and treating your pain early is easier than trying to treat pain after it starts so we have created a specific plan to stay ahead of your pain.

- We will treat your pain during surgery with an injection at the surgery site.
- You will get several other pain medicines around-the-clock to keep you comfortable.
- You will have narcotic pain pills (oxycodone) as needed for additional pain.

This plan will decrease the amount of narcotics we give you after surgery. Narcotics can significantly slow your recovery and cause constipation.

First day after surgery

On the day after your surgery, you:

- Will be able to eat regular foods when evaluated as being ready by your surgeon (pass gas, not distended).
- Will be encouraged to drink.
- May have the catheter removed from your bladder (unless you had rectal surgery or issues with low urine output).
- Will be asked to get out of bed with help and sit in the chair for 6 hours.
- If you had minimally invasive surgery (laparoscopic or robotic), you may go home as early as the following day.

Second day after surgery

The second day after your surgery, you:

- May start eating regular foods, if you haven't already been eating them. Choose small, frequent and easy-to-digest meals.
- Will have the dressing removed from your wound.
- Will receive ostomy instructions, if you have an ostomy.
- Will be asked to be out of the bed for the majority of the day and walking 3 times with help.

You may be able to go home once you:

- Are off all IV fluids and drinking enough to stay hydrated.
- Are comfortable and your pain is well controlled.
- Are not nauseated or belching (burping).
- Are passing gas.
- Do not have a fever.
- Are able to get around on your own.

Discharge

Before you are discharged, you will be given:

- A copy of your discharge instructions.
- A list of any medications you may need.
- A prescription for pain medicine.
- Ostomy supplies, if you have a new ostomy.
- Instructions on when to return to have your staples removed (in 7-14 days), if you have staples.
- Instructions on when to return to see your surgeon (2-3 weeks), depending on your surgery.

Before you leave the hospital

- We will ask you to identify how you will get home and who will stay with you.
- If you use oxygen, we will want to make sure you have enough oxygen in the tank for the ride home.
- Be sure to collect any belongings that may have been stored in "safekeeping."

Our Case Managers help with discharge needs. Please let us know the names of:

____

Your home pharmacy

____

Your home health care agency (if you have one)

____

Any special needs after your hospital stay

Your surgeon will advise you if you will be discharged with any drains or require wound care to arrange prior to discharge:

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Complications delaying discharge

Bowel function

Following surgery, your bowel can shut down, so food and gas have trouble passing through the intestines. This is called an ileus. It is a common and frustrating complication following surgery. We have designed the ERAS program to do everything possible to reduce the chance of an ileus.

If you do get an ileus, it usually only lasts 2-3 days. The best way to avoid it is to decrease the amount of narcotic pain medications you take, get up as much as possible after your surgery, and eat small amounts of food and liquids.

Post-operative nausea and vomiting

It is very common to feel sick after your surgery. We give you medication to reduce this. If you do feel sick, you should eat less food and switch to a liquid diet. Small frequent meals or drinks are best in this situation. As long as you can drink and keep yourself hydrated, the stomach upset will likely pass.

After discharge

When to call

Complications don't happen very often, but it is important for you to know what to look for if you start to feel bad. After you leave the hospital, you should call us at any time if:

- You have a fever greater than 100.5°F
- You are vomiting and cannot keep down liquids
- You have severe abdominal pain or severe diarrhea
- You are unable to pass gas for 24 hours
- You have pus or flow of fluid coming from your incision. You may have a few drops of clear fluid or blood that is normal.
- Unequal swelling in your calves

Contact numbers

If you have trouble between 8 a.m. and 5 p.m., **call our nurse coordinator at 561-741-5570.** After 5 p.m. and on weekends you will be connected to the answering service who will contact your surgeon if you have an emergent concern that can not wait until the following day.

If you have non-urgent questions with photos regarding your drains or post-op incisions, send a message via Epic MyChart. **Scan this code for instructions on sending messages in MyChart.**

If you are experiencing an emergency medical condition, first call 911 so you can be evaluated and transported to the nearest emergency room.

If your condition is not emergent but you need to be evaluated right away, go to Jupiter Medical Center Emergency Room and your surgeon will be able to coordinate your care.

Bowel function

After your operation, your bowel function will take several weeks to settle down and may be slightly unpredictable at first. For most patients, this will get back to normal with time. Patients can have a variety of bowel complaints, including:

- Irregular bowel habits
- Constipation
- On rare occasions, loose stool

Make sure you eat small, frequent meals, drink a minimum of 64oz of fluids and take regular walks during the first two weeks after your operation. If you are having very watery diarrhea more than four times a day, call our nurse coordinator at 561-741-5570.

Constipation

It is very important to AVOID CONSTIPATION AND HARD STOOLS after surgery. Excessive straining will cause pain and possible harm to the surgery site. Pain control is important for transition from narcotics to avoid constipation when no longer necessary. Take ibuprofen or Tylenol instead if able to tolerate.

The following applies to patients that have not had colon or rectal surgery and not experiencing nausea/ vomiting.

- Take a dulcolax suppository and repeat as necessary
- If no BM after 24 hours, increase MiraLAX to three times a day.
- If no bowel movement by the fourth day, call the nurse coordinator.

Abdominal pain

It is not unusual to suffer gas pains during the first week following surgery. This pain usually lasts for a few minutes but goes away when the bowels normalize. Call your nurse coordinator if:

You have severe pain for more than 2-3 hours that doesn't go away with your pain medicine.

Urinary function

After surgery you may get a feeling that your bladder is not emptying fully. This usually resolves with time. However, if you are not urinating or if there is any concern, contact us. If you have severe stinging or burning when passing urine, please contact us as you may have an infection.

Wound care

For the first 1–2 weeks following your surgery, your abdominal wound may be slightly red and uncomfortable. If your abdominal wound opens up, drains fluid, or has redness that spreads/blanches, call your nurse coordinator.

- You may shower and let the soapy water wash over your abdominal incision.
- You may be asked to upload a photo of wound or drain to your EPIC MyChart if any concerns.
- Avoid soaking in the tub for 1 month following surgery or until the abdominal wound is well healed.
- The abdominal wound will "soften up" in several months.
- It is common to have lumpy areas in the abdominal wound near the belly button and at the ends of the incision.
- If you have staples or sutures, we will arrange for them to be removed 7-14 days after discharge.
- If your incision is closed with steri-strips or skin glue, it will come off on its own in a few weeks.

Diet

Some patients find their appetite is less than normal after surgery. This could be a sign of constipation. Small, frequent meals throughout the day may help. Over time, the amount you can comfortably eat will increase.

You may find that for a few weeks following your operation you may have to make some slight adjustments to your diet depending on your bowel pattern. If you don't have an appetite, choose higher calorie versions and try to make the most of times when you feel hungry.

You should try to eat a balanced diet, including:

- Foods that are soft, moist and easy to chew and swallow
- Foods that can be cut or broken into small pieces
- Foods that can be softened by cooking or mashing
- Eating 4-6 small meals throughout the day to reduce gas and bloating
- Eating plenty of soft breads, rice, pasta, potatoes and other starchy foods (lower-fiber varieties may be tolerated better initially).
- Drinking plenty of fluids. Aim for at least 64oz per day – water, fruit juice, teas/coffee and milk (regular milk is encouraged as a good source of nutrients to aid your recovery).

Be sure to:

- Chew food well – take small bites!
- Get enough protein, consume high protein foods and beverages such as meats, eggs, milk, cottage cheese, Ensure, Resource Breeze, Carnation Instant Breakfast, Boost, etc.
- Replace hard raw fruits and vegetables with canned or soft cooked fruits and vegetables.

Avoid:

- Carbonated beverages in the first couple weeks
- Tough, thick pieces of meat, fried, greasy and highly seasoned or spicy foods
- Gas forming vegetables such as broccoli and cauliflower, beans and legumes

Some patients feel nauseated. To minimize this feeling, avoid letting your stomach get empty. Eat small amounts of food and eat slowly. If you are vomiting, call your nurse.

Hobbies and activities

Walking is encouraged from the day following your surgery. Plan to walk three or four times daily.

You should NOT:

- Do any heavy lifting for 6 weeks. (no more than a gallon of milk = 10 lbs.)
- Play contact sports until 6 weeks following your surgery.

You SHOULD:

- Be able to climb stairs from the time you are discharged.
- Return to hobbies and activities soon after your surgery. This will help you recover.

Remember, it can take up to 2-3 months to fully recover. It is not unusual to be tired and need an afternoon nap 6-8 weeks following surgery. Your body is using its energy to heal your wounds on the inside and out.

Work

If you had an open incision (see page 3), you should be able to return to work 4-6 weeks after your surgery. If your job is a heavy, manual job, you should not perform heavy lifting until 6 weeks after your operation. You should check with your employer on the rules and policies of your workplace, which may be important for returning to work.

If you need a "Return to Work" form for your employer or disability papers, ask your employer to fax them to our office at 561-741-5574 before your post-operative visit.

Driving

You may drive when you are off narcotics for 24 hours and pain-free enough to react quickly with your braking foot. For most patients this occurs at 2 weeks following surgery. For our minimally-invasive surgery patients, this may occur earlier.

Notes

PAT NPO guidelines

Adults and teenagers over the age of 12 may have solid foods and dairy products until 8 hours before their scheduled arrival time at the hospital.

Clear liquids – NOT milk or dairy products – are actively encouraged until 2 hours before the time the patient is scheduled to arrive at the hospital or surgery center.

Clear, see-through liquids include:

- Water
- Clear fruit juices such as apple juice and white cranberry juice
- Plain tea or black coffee (NO milk or creamer)
- Clear, electrolyte-replenishing drinks such as Pedialyte, Gatorade, or Powerade (NOT yogurt or pulp-containing "smoothies")
- Ensure Clear or Boost Breeze (NOT the milkshake varieties)

Certain procedures may require special preoperative fasting instructions. If the patient receives separate instructions from the surgeon or the physician performing the procedure, those should be followed carefully. For example, patients undergoing colonoscopy, bariatric (obesity) surgery, or colorectal surgery may be instructed to be on a clear liquid diet for a day or more prior to surgery. Please contact the surgeon's office with specific questions.

Here is a table to explain the timing of when to stop oral intake. The patient should look for the scheduled arrival time, and when to stop eating solid food. We encourage patients to continue to drink clear liquids as they wish until 2 hours before arriving at the hospital.

Stop Solid Foods	Drink Clear Liquids Until	Arrival Time
10 p.m.	4 a.m.	6 a.m.
Midnight	6 a.m.	8 a.m.
2 a.m.	8 a.m.	10 a.m.
4 a.m.	10 a.m.	12 p.m.
6 a.m.	12 p.m.	2 p.m.

Your caregivers

Jupiter Medical Center caregivers bring heart, expertise, and unwavering dedication to every patient experience – creating meaningful connections and making a lasting difference for patients and families.

We're proud to honor those caregivers who have been recognized by grateful patients for their extraordinary care.

If a Jupiter Medical Center caregiver has made an impact on your journey, consider saying thank you through our Honor a Caregiver program. Your thoughtful message will be shared with them, along with a special pin they'll wear proudly as a symbol of your gratitude.

To learn more visit jmcfoundation.org/honor-a-caregiver.

Feeding tube

Note: These instructions are meant only as a general guide. The information found here should not replace any directions or instructions provided by your physican. If you have questions, please contact your health care provider.

Flushing with 1 syringe of water BEFORE and AFTER administering all approved liquid medications and formula is VERY IMPORTANT.

To avoid clogged feeding tubes:

- Do not administer any crushed or non-liquid medication into your tube.
- ALWAYS flush the tube immediately before and after putting formula into your PEG.

What do you do if your feeding tube clogs?

- Fill one 60cc syringe with **warm** water to try and flush the J tube.
- Gently and firmly push and pull the plunger back and forth.
- Do not try to force the water into the J tube.
- Clamp the tube for 20 minutes allowing the water to soak, repeat if necessary.

If this does not unclog the J tube, follow the instructions below.

Using sodium bicarbonate and pancreatic enzymes (prescriptions provided on discharge by your physician) to unclog feeding tube:

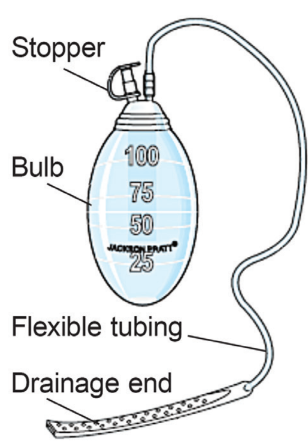
- **Preparation:** Crush one uncoated pancreatic enzyme tablet or capsule and one 325mg sodium bicarbonate tablet into a fine powder.
- **Mixing:** Mix the powders with 5 – 10mL of warm water (sterile or distilled is preferred).
- **Administration:** Draw up the solution into a 60mL syringe and gently advance into the tube.
- **Dwell time:** Clamp the tube for at least 30 minutes to allow the enzymes to dissolve the clog.
- **Flushing:** After 30 minutes, use a gentle push-and-pull technique with the syringe to break up the residue, then flush thoroughly with warm water.
- **Repeat:** If the clog is not cleared, the procedure can be repeated with a longer dwell time: 1 hour, 4 hours, or 12 hours.

If this does not unclog the J tube, contact your health care provider.

About your Jackson-Pratt drain

Your Jackson-Pratt drain has a soft plastic bulb with a stopper and a flexible tube attached *(see image to the right)*.
The drainage end of the tubing (flat white part) goes into your surgical site through the insertion site. The insertion site is the small opening near your incision.

A suture (stitch) holds the drainage end in place. The rest of the tube extends outside your body and is attached to the bulb.



When the bulb is compressed (squeezed) with the stopper in place, this creates a constant gentle suction. The bulb should be compressed at all times, except when you're emptying the drainage.

Everyone's drainage is different. Some people drain a lot, some only a little. Write down the amount of drainage you have in the drainage log at the end of this resource. Bring your log to your follow-up appointments.

How long you'll have your Jackson-Pratt drain depends on your surgery and the amount of drainage you have. Call your health care provider if your drainage is 30mL or less in a 24-hour period. Your surgeon may remove your Jackson-Pratt drain or keep it in longer for certain procedures.

Showering with a feeding tube or JP drain (you are allowed to shower)

- Do not take a bath, sit in a hot tub, or go swimming for 6-8 weeks after surgery until your drain has been removed and skin incisions have healed without drainage from the site.
- Protect your dressing as much as possible from getting wet. Cover it with plastic wrap and tape the edges to your skin to make it waterproof. If your dressing gets wet, remove it after the shower. Let your skin dry completely and then change your dressing
- To keep the drainage tube from falling out, do not let the drain bulb hang loosely. Hold the drain in one hand, loop it with a soft lanyard or shoelace through the bulb handle to place around your neck/shouler , or place it somewhere near you where it will not fall. You may need help in the shower.

How to care for your Jackson-Pratt drain

When you leave the hospital, care for your Jackson-Pratt drain by:

- Strip your tubing to help move clots.
- Emptying your drain 2 times a day. Do this once in the morning and once in the evening. Write down the amount of drainage on your Jackson-Pratt drainage log at the end of this resource. If you have more than 1 drain, measure and write down the drainage of each one separately. Do not add them together.
- Caring for your insertion site.
- Checking for problems.

Strip your tubing

These steps will help you move clots through your tubing and keep drainage flowing. Strip your tubing before you open the stopper to empty and measure your drainage. You should also do this if you see fluid leaking around the insertion site. Before you start, gather your supplies. You'll need:

- The measuring container your nurse gave you.
- An alcohol pad.
- Your Jackson-Pratt drainage log, and a pen or pencil.

Follow these instructions:

1 Clean your hands.
   » If you're washing your hands with soap and water, wet your hands and put soap on them. Rub your hands together for 20 seconds, then rinse the soap off. Dry your hands with a disposable towel. Use the same towel to turn off the faucet.
   » If you're using an alcohol-based hand sanitizer, cover your hands with it. Then rub your hands together until they're dry.

2 Look in the mirror at the tubing. This will help you see where your hands need to be.

3 Pinch the tubing close to where it goes into your skin using your thumb and forefinger. You may use alcohol wipes to help you slide your fingers down the tubing. Keep this hand in place while you milk your tubing. This will help make sure that you aren't tugging on your skin, which can be painful.
4 With the thumb and forefinger of your other hand, pinch the tubing right below your other fingers. Keeping your fingers pinched, slide them down the tubing. Push any clots down toward the bulb.

Repeat steps 3 and 4 as many times as you need to push clots from the tubing into the bulb. Call your health care provider if you cannot move a clot into the bulb and there's little or no drainage in the bulb.

Empty your Jackson-Pratt drain

Once all the clots are in the bulb, get ready to empty it. Make sure you have a clean area to work on. You can do this in your bathroom or in an area with a dry, uncluttered surface. If you're wearing a surgical bra or wrap, remove the drainage bulb from it first if it is attached.

Follow these instructions:

1 Unplug the stopper on top of the bulb. This will make the bulb expand. Do not touch the inside of the stopper or the inner area of the opening on the bulb.
2 Turn the bulb upside down and gently squeeze it. Pour the drainage into the measuring container *(see image to the right)*.
3 Turn the bulb right side up. Squeeze the bulb until your fingers feel the palm of your hand. All the air should come out of the bulb.
4 Keep squeezing the bulb while you re-plug the stopper. Check to see that the bulb stays fully compressed to ensure a constant gentle suction. The stopper must be closed for the drain to work.
5 Attach the drainage bulb to your clothing. Do not let the drain dangle.
6 Check the amount and color of drainage in the measuring container. The first couple of days after surgery, the fluid may be a dark red color. This is normal. As you continue to heal, it may look pink or amber yellow.
7 Write down the amount (in mL) and color of your drainage on your Jackson-Pratt drainage log.
8 Flush the drainage down the toilet and rinse the measuring container with water.
9 At the end of each day, add the total amount of drainage you had for the day. Write the amount in the last column of the drainage log. If you have more than 1 drain, measure and record each one separately. Do not add them together.

How to care for your insertion site.

Once you empty your drainage, clean your hands again. **Check the area around your insertion site for signs of infection:**

- Tenderness
- Swelling
- Pus
- Warmth
- More redness than usual. Sometimes the drain causes redness about the size of a dime at your insertion site. This is normal.

If you have any of these, or a fever of 101° F (38.3° C) or higher, call your health care provider. They may tell you to put a bandage over your insertion site.

Keep your insertion site clean

Keep your insertion site clean and dry by washing it with soap and water and then gently patting it dry.

How to care for your skin after your drain is removed

Your health care provider will remove your drain. They will put a bandage over the insertion site. Keep your insertion site and the area around it clean and dry. This will help heal your skin and prevent infection and help.

Common problems with Jackson-Pratt drains.

PROBLEM	REASON	WHAT TO DO
• The bulb isn't compressed.	• The bulb isn't squeezed tightly enough. • The stopper isn't closed securely. • The tubing is dislodged and is leaking.	• Compress the bulb using the steps in the "Empty your Jackson-Pratt drain" section of this resource. • If the bulb is still expanded after following the steps above, call your health care provider. If it happens after business hours, call the next day.
There is: • No drainage. • A sudden decrease in the amount of drainage. • Drainage around the tubing insertion site or on the bandage covering the tubing.	• Sometimes string-like clots clump together in the tubing. This can block the flow of drainage.	• Milk your tubing using the steps in the "Milk your tubing" section of this resource. • If there's no increase in drainage flow, call your health care provider. If it happens after business hours, call the next day.
• The tubing falls out of your insertion site.	• This can happen if the tubing is pulled. It rarely happens because the tubing is held in place with sutures.	• Place a new bandage over the site and call your health care provider.
• You have redness greater than the size of a dime, swelling, heat, or pus around your insertion site.	• These may be signs of an infection.	• Take your temperature. Call your health care provider and describe the signs of infection around your insertion site. Tell them if you have a fever of 101° F (38.3° C) or higher.

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