



**Texas Orthopedics,**  
Sports & Rehabilitation Associates  
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### **Keeping the Bowels and Bladder Going after Surgery**

This usually isn't a big problem after surgery, but frankly it shouldn't ever have to be a problem. Anesthetic agents and pain pills slow down the function of the bowel and bladder. Now an acute problem with your bladder is pretty much going to land you in the emergency room so I'm not going to spend a lot of time on that.

If you can't get things going by chasing well-wishing onlookers out of the room, running water, or running warm water over your hands, then it's off to the ER with you. End of story. Don't wait too long or you'll get yourself in a heap of trouble.

It's the bowel issue that usually creeps up on people. Four days after your operation when you remember you haven't gone since the day before surgery, you suddenly realize that something terrible is about to happen. Something big, dark and scary is knocking at the door. Women, you think you're going to have another baby, out the wrong place. Men, you think you're going to have a baby. Period. And when you finally make the decision to go to the ER, it is agonizing; physically and psychologically.

So as in many situations, an ounce of prevention is worth a pound of cure. Quite literally in this case. You could actually start getting ready for this a few days ahead of time.

- 1) Start bulking up by taking Metamucil two to three days before surgery. Drink tons of fluid. That's good for you to do before surgery anyway. But if you're taking a bunch of fiber and not drinking a ton of fluid, that psyllium fiber can turn into a prairie dog just like anything else can.
- 2) When you pick up your pain pills at the pharmacy, go ahead and grab a stool softener (like Colace), prune juice, and your favorite laxative du jour (like Milk of Magnesia).
- 3) Continue taking the Metamucil after surgery. You could also keep taking it for the rest of your life just to keep things moving.
- 4) Start taking the stool softener and even the prune juice the day after surgery. If you have a tendency to have loose stools, you might not need this. If you have a tendency to be constipated, you might need both.
- 5) Then if you don't have a BM when you normally expect to have one, start taking the laxative.

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- 6) At this point it would be wise to send someone to the store for a Fleets enema or some suppositories. Start using them if the laxative doesn't work.

Okay, that's my plan and it works for me. I hope it works for you and that you don't end up painting the walls as you make a run for the john, but frankly I'd rather hear that complaint a hundred times in order to keep from hearing about the *one* who ends up in the ER getting disimpacted!