



# **Enhanced Recovery After Surgery (ERAS): Colorectal surgery**

**HONORHEALTH<sup>®</sup>**

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# Before your surgery

Your recovery starts before surgery. Use this checklist to guide your steps and feel prepared.

## One month before your surgery:

- Choose a healthcare decision-maker. Select someone you trust to speak for you if you cannot. Complete an advance directive.
- Complete any blood tests ordered by your doctor.
- If you smoke, vape or use chewing tobacco, work with your doctor to quit in the weeks before surgery.

## Between one and two weeks before your surgery:

- Confirm your surgery date and time with your surgeon's office.
- Expect a call from a pre-assessment nurse to review your medical history, medications (including doses) and allergies.
- Ask if you need to stop any medications before surgery.
- Make sure you have any supplies you need for your bowel prep.
- Purchase any special soap or washcloths if you were told to use them before surgery.

## The day before your surgery:

- Start a **clear liquid diet** when instructed.
- Follow all instructions for **medications, bowel prep** and **showering**.
- Don't shave or wax any area of your body.
- Pack clean, comfortable clothes for your return home.

## Bring with you to the hospital:

- Health insurance cards
- Photo ID
- A list of all prescriptions and over-the-counter medications

## The morning of your surgery:

- Take medications as instructed.
- Shower with special soap or washcloths, if directed.
- If instructed, drink **one** of the following:
  - 12 ounces of apple juice
  - A sports drink (such as Gatorade®)
  - Ensure **Pre-Surgery**®Finish the entire drink two hours before your scheduled surgery.

- Payment: Any copay or fees due when you are admitted
- A copy of your advance directive (if you have one)

# After your surgery

Getting up, moving and staying hydrated are key parts of your recovery. Use this checklist to guide your first few days after surgery.

## A few hours after your surgery:

- With help from your nurses, get out of bed, take a few steps and sit in a chair. Early movement helps prevent complications.
- Drink clear liquids.
- Ask for pain medication. Please let your nurse know if it isn't helping.
- If you have concerns about taking pain medication, please tell your nurse.

## First day after your surgery:

- Ask for help each time you get out of bed until you feel steady on your feet.
- Walk in the hall at least three times to get your blood flowing and to help you heal.
- Stay out of bed for at least six hours.
- Continue drinking clear liquids. Your surgeon will order solid food based on how you're feeling.

## Two days after your surgery:

- Walk in the hall at least three times.
- Stay out of bed at least six hours.
- Your surgeon will have more food added to your meals based on how you're feeling.

## If you have an ostomy bag, ask your nurse to teach you how to:

- Apply, empty, remove and replace your ostomy bag.
- Care for the skin around your stoma (the opening on your body).
- Stay hydrated.**

## Three days after your surgery:

- Spend most of the day out of bed and walking.
- You'll likely be eating solid foods by this time.

# Before you go home

Your recovery continues even after you leave the hospital. Use this checklist to make sure you're ready for a safe, smooth transition home.

## Make sure you have:

- A follow-up appointment with your surgeon in one to two weeks.
- Prescriptions for any medications you'll need at home.

## If you have a new ostomy:

Before leaving the hospital, ask your nurse to:

- Review what foods may help thicken your output.
- Practice removing and putting on your ostomy bag.
- Make sure you go home with enough supplies and know how to reorder them.

## When to call your surgeon:

Call your surgeon right away if you notice:

- Redness, pain or fluid at your surgical site.
- A fever of 101.5 degrees or higher.

Reading this information and following these checklists will help you feel prepared and confident.



**Thank you for trusting us with your care.** As you prepare for surgery, we're here to help you feel informed and supported. Please read this information to get ready for your procedure.

A pre-assessment nurse from HonorHealth will call you before your surgery date. During the call, you'll review your medical history, medications (including dosages) and any allergies. The nurse will also provide personalized instructions to help you get ready for your procedure.

**The location for your surgery is:** \_\_\_\_\_

*Pre-admission testing does not include your hospital arrival or surgery time.*  
If you haven't received this information, please contact your surgeon's office.

# What to bring on the day of your surgery

## Here's a checklist to help you feel prepared:

- Your insurance card and photo ID
- Only enough cash to cover co-payments, or a credit card
- Your insulin pump (leave it on and running), along with any pump supplies
- Your CPAP or BiPAP machine, if you use one
- A protective case for your glasses or hearing aid
- Loose-fitting clothes and flat shoes
  - If you're having breast surgery, bring a sports bra.
  - If your surgery is on your shoulders, arms, chest or head, wear a shirt that buttons in the front.
  - During surgery, you'll wear a hospital gown.
- A copy of your living will or power of attorney, if we don't already have it on file

## What not to bring:

To help keep your items safe, please leave the following at home or with a friend or family member:

- Electronics or jewelry, including wedding bands and body piercings
- Daily medications (unless you are told to bring specific ones — we'll provide your usual medications during your stay)
- Contact lenses
- Valuables or unnecessary personal items, such as jewelry, money or electronics

**Please note:** Valuables you bring may be documented and sent to security for safe-keeping.

If you prefer to keep them with you, you may sign a waiver. Personal items you choose to keep are your responsibility and not the hospital's.

# Medications before surgery

We may ask you to take certain medications the day before your procedure. If so, take them with only a sip of water.

If you take any of the medications listed below, please follow the specific instructions. Not following these guidelines could delay or cancel your surgery.

- **Blood pressure medications:** You may need to stop these before surgery. Please review the list of high blood pressure medications on the next page for details.
- **Blood thinners:** If you take a blood thinner — such as aspirin, Coumadin®, Heparin®, Xarelto®, Eliquis®, Pradaxa® or Plavix® — ask your surgeon and the doctor who prescribed it whether you should stop taking it before surgery.
- **Hormones:** If you take hormones like estrogen or testosterone, talk to both your surgeon and the doctor who prescribed them to see if you should stop before surgery.
- **Diabetes medications:** Please refer to *Pre-procedure instructions for patients with diabetes* in the following pages.
- **Vitamins, supplements or herbal medications:** Stop taking these two weeks before surgery unless your surgeon tells you otherwise.
- **Diet or weight loss medications:** Stop taking these one week before surgery.
  1. If you take an injectable GLP-1 medication (such as Semaglutide or Ozempic®) for weight loss only (not for diabetes), stop taking it one week before surgery.
  2. If you take it for diabetes, follow the instructions under Diabetes medications on the next page.
- **Over-the-counter pain medications:** Stop taking medications such as Motrin®, Advil® or Aleve® one week before surgery. You may continue taking Tylenol® (acetaminophen).
- **Opioid (narcotic) addiction medications:** If you take Suboxone® (buprenorphine/naloxone), do not stop it suddenly. This medication must be tapered before surgery. Contact your prescribing doctor for guidance.

## High blood pressure (hypertension) medications

If you are having general anesthesia, certain blood pressure medications can interact with it and cause your blood pressure to drop too low during surgery.

Please review the list of medications below. If you take one of these, stop it 24 hours before surgery. If your medication is not on the list, continue taking it as usual.

**Please note:** In some cases, these medications are used to help manage heart failure and may need to be continued before your procedure. Only continue taking them if your provider or pre-admission nurse has specifically instructed you to do so.

DRUG	TRADE NAME
Accupril	Quinapril
Accuretic	Quinapril with HCTZ
Aceon	Perindopril
Amlodipine with benazepril	Lotrel
Amlodipine with HCTZ and Olmesartan	Tribenzor
Amlodipin with HCTZ and Valsartan	Exforge HCT
Aliskiren with Valsartan	Valturna
Altace	Ramipril
Azilsartan	Edarbi
Azilsartan with Chlorthalidone	Edarbyclor
Benazepril	Lotensin
Benazepril with HCTZ	Lotensin HCT
Candesartan	Atacand
Candesartan with HCTZ	Atacand HCT
Capoten	Captopril
Captopril with HCTZ	Capozide
Cliazapril	Inhibace
Enalapril	Vasotec
Enalapril with Felodipine	Lexxel
Enalapril with HCTZ	Vaseretic
Eprosartan	Teveten
Eprosartan with HCTZ	Teveten HCT

DRUG	TRADE NAME
Fosinopril	Monopril
Fosinopril with HCTZ	Monopril HCT
Irbesartan	Avapro
Irbesartan with HCTZ	Avalide
Lisinopril	Prinivil or Zestril
Lisinopril with HCTZ	Zestoretic or Prinizide
Losartan	Cozaar
Losartan with HCTZ	Hyzaar
Moexipril	Univasc
Moexipril with HCTZ	Uniretic
Olmesartan	Benicar
Olmesartan with Amlodipine	Azor
Olmesartan with HCTZ	Benicar HCT
Sacubitril / Valsartan	Entresto
Telmisartan	Micardis
Telmisartan with Amlodipine	Twynsta
Telmisartan with HCTZ	Micardis HCT
Trandolapril	Mavik
Trandolapril with HCTZ	Tarka
Trandolapril with Verapamil	Tarka
Valsartan	Diovan
Valsartan with Amlodipine	Exforge
Valsartan with HCTZ	Diovan HCT

# Getting ready for surgery when you have diabetes

Keeping your blood glucose between 100 and 180 mg/dL before, during and after your procedure helps you heal faster and lowers your risk of infection.

## As soon as your procedure is scheduled, tell your doctor who treats your diabetes:

- If your blood glucose is often over 180 mg/dL. Your medication may need to be adjusted.
- If you take insulin, ask how much to take before the procedure as your dose may need to change.
- If you use an insulin pump, ask your care team for instructions. You may need to adjust your settings before surgery.

## If you take a GLP-1 (non-insulin) medication:

Stop taking seven days before your procedure. Examples include:

- Exenatide ER (Bydureon Bcise)
- Dulaglutide (Trulicity)
- Lixisenatide (Adlyxin)
- Semaglutide (Ozempic, Wegovy)
- Tirzepatide (Mounjaro, Zepbound)

**Please note:** This list may not include all medications in this category.

## If you take an SGLT2 inhibitor, Biguanide or Sulfonylurea:

Stop taking it two days before your procedure to protect your kidneys. Examples include:

- Canagliflozin (Invokana)
- Dapagliflozin (Farxiga)
- Empagliflozin (Jardiance)
- Ertugliflozin (Steglatro)
- Bexagliflozin (Brenzavvy)
- Glucophage (Metformin)
- Glyburide (Glynase PresTab)
- Glipizide (Glucotrol)
- Glimepiride (Amaryl)

**Please note:** These drugs may also be part of a combination medication under another name. This list is not all-inclusive.

## | Getting ready for surgery when you have diabetes (continued)

### The morning of your procedure:

Do not take any diabetes pills. Examples include:

- Sitagliptin (Januvia, Zituvio)
- Saxagliptin (Onglyza)
- Linagliptin (Tradjenta)
- Alogliptin (Nesina)
- Pioglitazone (Actos)
- Semaglutide (Rybelsus)

Do not take daily injectable GLP-1 (non-insulin) medications. Examples include:

- Exenatide (Byetta)
- Liraglutide (Victoza)

Do not take combination GLP-1 and insulin injections. Examples include:

- Soliqua (iGlarLixi)
- Xultophy (IDegLira)

**Please note:** This list may not include all medications in this category.

- Check your blood glucose when you wake up and tell your admitting nurse.
- Do not take insulin, except if your healthcare provider tells you otherwise.
- If you use an insulin pump and/or CGM, move your insertion site away from the procedure area. Continue your usual settings unless your provider says otherwise. Bring extra supplies with you.
- If your blood glucose is under 70 mg/dL or under 80 mg/dL with symptoms (sweaty, shaky, confused, dizzy, fast heartbeat or headache):
  - Take four glucose tabs or six Life Savers® right away.
  - Wait 15 minutes and recheck your blood glucose. If it's still low, repeat.
  - After 15 more minutes, recheck again. Tell your admitting or pre-op nurse.

### In the hospital after your procedure:

- Your care team will monitor your blood glucose and give insulin if needed.
- Do not use your home insulin, non-insulin injections or diabetes pills.
- Your insulin pump or CGM may be used as ordered, following hospital policy.

## | Getting ready for surgery when you have diabetes (continued)

### **After you're discharged:**

- Resume checking your blood glucose as directed.
- Restart your diabetes medications as advised by your provider.
- If you received contrast dye during your procedure, check with your provider before restarting metformin (Glucophage).
- SGLT2 inhibitors such as Invokana, Farxiga, Jardiance, Steglatro and Brenzavvy may be restarted after 48 hours unless told otherwise.

If your blood glucose is under 70 mg/dL or over 250 mg/dL two times in 24 hours, call your diabetes provider.

# | What can I eat?

## **On the day before your surgery:**

- Eat small meals during the day.
- Drink at least six to eight glasses of water.
- Do not drink alcohol.

## **On the day of your surgery:**

- Follow your surgeon's instructions for stopping solid food and fluids.
- Do not drink alcohol.
- Do not smoke.

# | Going home after surgery

## **If you go home the same day:**

- Before you leave, your recovery room nurse will explain how to care for your surgical wound.
- If you're using a taxi or rideshare service, hospital policy requires that a responsible adult ride with you — not just the driver. The only exception is if your surgery used local anesthesia only. (Hospital policy #OR-1032).
- Please arrange for an adult to stay with you for the first 24 hours after surgery.
- Anesthesia can increase your risk of falling. When you're home, clear walking paths of rugs and cords, and have someone nearby to help you, especially when bathing.
- Be sure to call your surgeon's office to schedule a follow-up visit. This usually takes place one to two weeks after surgery.

## **If you stay overnight at the hospital:**

- Anesthesia increases the risk of falling. If you're staying with us after surgery, please use your call light and wait for a team member to help you get out of bed or walk in the hall.
- Arrange to have a responsible adult drive you home when you're discharged.
- Be sure to call your surgeon's office to schedule a follow-up visit. This usually takes place one to two weeks after surgery.
- After you return home, we'll give you a call to answer any questions. You can also reach the Help Line at 833-HH-HELPS (833-444-3577). Nurses are available 24 hours a day, seven days a week to support you.

# Pre-surgery bathing instructions

When you're getting ready for surgery, even small steps can make a big difference. Before your procedure, you can lower your risk of infection by carefully washing with a special antiseptic soap. Following these bathing instructions helps protect your body and supports a safer, smoother recovery.

## Which soap should you use?

Unless you're allergic, your care team recommends using chlorhexidine gluconate (CHG) soap before surgery. This gentle but effective antiseptic helps remove bacteria from your skin and lowers the risk of infection at the surgical site. A common brand is Hibiclens. It is best to use CHG rather than over-the-counter antibacterial soaps such as Dial, Lever or Safeguard (bars or body wash) as these are not as effective in reducing the risk of infection before surgery. If you are unable to obtain CHG, these over-the-counter options may be used as an alternative. Please purchase at least a 4-ounce bottle.

Pre-surgery bath on this date: \_\_\_\_\_

Date of surgery: \_\_\_\_\_

## Before you shower:

- **Take off any nail polish.** It can hide bacteria and keep your skin from getting fully clean.
- **Clean under your fingernails** using a nail brush or washcloth with regular soap.
- **Avoid artificial nails or nail extensions**, as they can trap bacteria.
- **Don't shave the surgery area for at least five days before your procedure.** Shaving can cause tiny cuts that raise your risk of infection. If needed, your surgical team will take care of your hair removal safely.

## Pre-surgery bathing instructions (continued)

### Shower instructions – night before and morning of surgery:



To help lower your risk of infection, you'll need to shower twice – once the night before surgery and again the morning of. Follow these steps carefully:



- 1. Start with your regular shampoo, face wash and soap.** Wash and rinse first. Be sure to rinse off all shampoo and soap before using CHG.



- 2. Don't shave the surgery area.** Shaving can cause tiny cuts that raise your risk of infection. Your surgical team will remove hair if needed.



- 3. Turn off the water before applying CHG** to keep it from rinsing off too soon.



- 4. Shower with CHG (such as Hibiclens).** This special soap helps reduce bacteria on your skin.



- 5. Apply CHG from the jawline down.** Do not use it on your face, ears, eyes, mouth, genital area or open wounds. These areas are too sensitive.



- 6. Rub CHG gently into your skin for five minutes.** Focus on the area where you will have surgery. CHG will not lather – that is normal. When you are done, turn the water back on and rinse thoroughly.



- 7. Do not use regular soap, body wash or lotion after rinsing off the CHG.** These products can reduce its effectiveness.



- 8. Pat yourself dry with a clean, soft towel.** Use a fresh towel each time.



- 9. Put on clean clothes or pajamas after your shower.** If it is the night before surgery, sleep on freshly laundered linens.



- 10. Do not apply lotion, powder, deodorant or perfume after your CHG shower on the day of surgery.** These can reduce the soap's ability to protect your skin.

Remember, these steps are designed to help you stay safe and comfortable before surgery. If anything is unclear or you need support, don't hesitate to reach out to your care team. They're here to provide the care and answers you need.

# Hospital recovery plan

## After your surgery

After your time in the recovery room, you'll be moved to one of the surgical units. Once you're settled, your family can join you and bring any belongings you packed at home. The receptionist in the family lounge will provide your room number. A family member or companion may stay with you.

On arrival, your care team will monitor your temperature, pulse and blood pressure regularly. You may also have:

- A small tube in your bladder to track urine output and kidney function
- Oxygen support, if needed
- An IV to provide fluids

You'll usually go back to your regular medications, except for certain diabetes, blood pressure or blood-thinning medicines. Most patients can start drinking fluids right away. Early movement, coughing and deep breathing are important.

Standing and walking soon after surgery helps:

- Reduce your risk of infection, blood clots and other complications
- Keep your lungs healthy and prevent pneumonia
- Speed your recovery

## Possible complications that may affect your hospital stay

### Nausea and vomiting

- These are common after surgery, and medication is available to help manage them.
- If you feel nauseated, take smaller, more frequent sips or bites. Staying hydrated is key.

### Ileus (slow bowel)

- After surgery, your bowel may slow down, which can make it harder for food or gas to pass.
- This usually lasts two to three days.

## | Hospital recovery plan (continued)

- You can help reduce the risk by limiting narcotic pain medicine, walking often, and starting with small amounts of food and fluids early.
- In rare cases, a nasogastric tube (a feeding tube from your nose to your stomach) may be needed to relieve your stomach.

### Anastomotic leak (rare but serious)

- This can happen when the joined ends of the bowel don't fully heal, usually five to seven days after surgery.
- Watch for signs such as severe abdominal pain, fever and vomiting.
- If it occurs, another operation may be needed.

### Wound infection

- This usually happens three to 10 days after surgery.

### Urinary retention

- Some patients may have trouble urinating after their bladder catheter is removed.
- Sometimes the catheter needs to be temporarily reinserted.
- This can happen because of anesthesia, pain medicine or limited activity.

## Discharge

For your safety, you'll need someone to go home with you when you're discharged. We won't be able to release you unless a companion is present.

Before leaving, you'll receive:

- Detailed discharge instructions about your surgery and medications
- Prescriptions for medications needed at home
- Ostomy supplies, if applicable
- A follow-up appointment with your surgeon or doctor one to two weeks after discharge

### Questions or concerns at home

- We will call you at home to answer questions.
- You can also call the Help Line at 833-HH-HELPS (833-444-3577). Nurses are available 24 hours a day, seven days a week.

# Additional information

## HonorHealth smoke-free campus

Smoking, vaping and chewing tobacco are not allowed anywhere on hospital grounds — indoors or outdoors. This includes electronic cigarettes.

## Common questions:

### What time is my surgery?

Please contact your surgeon's office for the most up-to-date information. The hospital does not assign arrival or surgery times.

### What if I get sick before my surgery?

If your health changes before surgery — such as a fever, chills, sore throat, cough or body aches — call your surgeon right away.

## HonorHealth disclaimer:

The contents of the packet such as text, graphics, images, and other material are for informational purposes only. The content is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition. Never disregard professional medical advice or delay in seeking it because of something you have read in this packet.

If you think you may have a medical emergency, call your doctor or 911 immediately. HonorHealth does not recommend or endorse any specific tests, physicians, products, procedures, opinions, or other information mentioned in this handbook. Reliance on any information provided by HonorHealth is solely at your own risk.

If you have questions, please call your surgeon's office.

*Thank you for trusting us with your care.*

# Pre-admission testing contact information

**HonorHealth Deer Valley Medical Center**

P 623-683-2700 F 623-879-5821

**HonorHealth John C. Lincoln Medical Center**

P 602-786-1249 F 602-870-6090

**HonorHealth Four Peaks Medical Center**

P 480-358-6441 F 480-358-6203

**HonorHealth Piper Surgery Center**

P 480-323-3210 F 480-323-3946

**HonorHealth Scottsdale Osborn Medical Center**

P 480-583-0280 F 480-882-6885

**HonorHealth Scottsdale Shea Medical Center**

P 480-323-3210 F 480-323-3287

**HonorHealth Scottsdale Thompson Peak Medical Center**

P 480-324-7064 F 480-882-5836

**HonorHealth Sonoran Crossing Medical Center**

P 623-683-6100 F 480-882-5850

**HonorHealth Tempe Medical Center**

P 480-784-5525 F 480-784-5526

**References**

- *American Society of Anesthesiologists*: [asahq.org](http://asahq.org)
- *Anesthesia Patient Safety Foundation*: [apsf.org/news-updates/page/2](http://apsf.org/news-updates/page/2)
- *ERAS patient info. (n.d.)*: [erassociety.org/patients](http://erassociety.org/patients)
- American Society of Regional Anesthesia and Pain Medicine (2023)