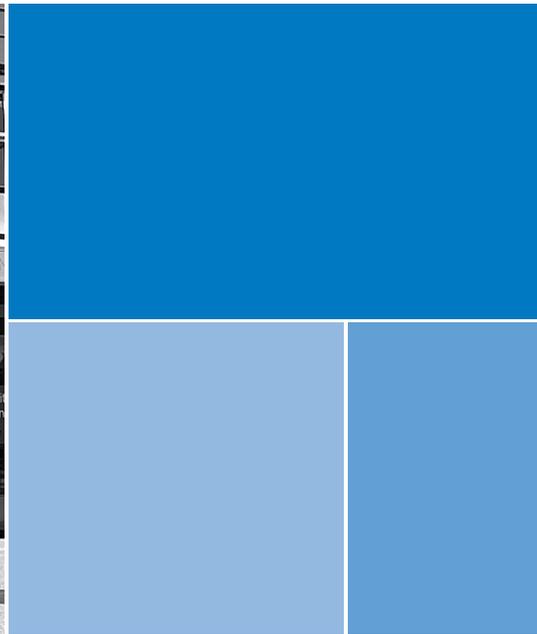




**James Paget
University Hospitals**
NHS Foundation Trust

Enhanced Recovery After Surgery (ERAS) following Colorectal Surgery



Patient Information

Introduction

This booklet is to help you understand the James Paget Enhanced Recovery Programme after bowel surgery and how you will play an active part in your recovery. Aspects of this care can vary from what you might expect. The aim of this programme is for you to have the best recovery possible to allowing you to return home as soon as you are able. The booklet describes the steps in your journey of care through the James Paget University Hospital until you are ready to go home, which is usually three to five days after your operation. The last section includes advice on what you should do when you are at home and in case you have a problem.

If there is anything you are unsure about, please ask a member of staff or call the relevant number at the end of this booklet.

Planning and preparing for surgery

Before your operation it is really beneficial for you to try and make yourself as fit as possible. You can do this by adopting the following advice.

Diet

Having a balanced diet means eating the right amounts of a wide variety of foods to help you feel well. The NHS website (www.nhs.uk) has information on the Eat Well Guide, which shows how much of each food type to include in your diet.

Smoking

If you smoke it is ideal to give up smoking as soon as you can before your operation. Your GP can help with this. Smoking can adversely affect your recovery and healing process. You will be more prone to chest infections, blood clots and heart circulation problems if you continue to smoke, all of which may result in you having a slower recovery and a longer stay in hospital.

Alcohol

It is advised ideally to stop or at least to reduce your alcohol intake prior to surgery.

Exercise

Increasing physical activity will not only help to improve your general fitness level but can also help with your recovery after surgery. Physical activity can be as simple as walking – for example, a 30 minute walk every other day is a good start.

Stoma care

If there is a possibility of surgery resulting in stoma formation, a member of the stoma team will see you to discuss stoma care and living with a stoma bag. Stoma practise before your operation will make it easier for you to care for your stoma after your operation, and may reduce your length of stay in hospital.

Pre-operative assessment clinic

An appointment will be made for you to attend the pre-operative assessment clinic before your scheduled date of admission. You will see a nurse who will check your general health. Blood tests and ECG (heart tracing) will be arranged if required. You will also be given advice on taking regular medication – please bring all your regular medications with you when you are admitted.

Certain bowel operations require preparation to clear your bowel before surgery – you will be given specific instructions for this during your appointment.

You may be seen by an anaesthetist who will give you detailed information about your anaesthetic, post-operative pain relief and post-operative relief for nausea and vomiting. If you have any concerns regarding your anaesthetic please ask – your anaesthetist will be happy to help.

In order for you to be in the best possible condition for your surgery you will be given special carbohydrate drink called 'Preload' to take the day before and morning of your surgery. You will be given specific instructions on how and when to take them.

Preparing for theatre

On the day before your operation you may be asked to take a strong laxative to clear the content of your bowels. This will be explained to you and provided for at your pre-op assessment clinic appointment. This makes your bowels quite loose, so it is important that you drink plenty of fluid to replace what is lost. Otherwise, you may feel dizzy, sick or have a headache.

After surgery

The aim of enhanced recovery is to get you back to full health as quickly as possible after your operation. Research has shown that the earlier you get out of bed, sit up and walk the less likely you are to develop post-operative complications such as chest infections and blood clots in your legs. You will be given a small injection of blood thinning medication each day whilst you are in hospital, this helps reduce the risk of thrombosis occurring in the legs. In addition to this, eating and drinking early has shown that bowel function returns more quickly which means we can commence discharge planning.

What happens after the operation?

When you are sufficiently awake and your condition is stable the recovery staff will transfer you to the ward or High Dependency Unit/Intensive Care Unit if required. You will have intravenous fluids running; pain relief (analgesia) prescribed (this will have been discussed with your anaesthetist), anti-sickness medication will also be prescribed, as some analgesia can make you feel nauseated. You will have a urinary catheter and you may also need an abdominal drain – these will be removed after surgical reviews.

Day of surgery – sit up in bed, start your breathing and calf exercises – this is important to reduce the risk of post-operative complications such as a chest infection or a blood clot in your leg (deep vein thrombosis - DVT). You will be able to drink fluids.

Day 1 post-operative – you will be seen by your consultant surgeon. You will be assisted out of bed and if well enough aim

for a short walk. Moving early is one of the most important parts of the Enhanced Recovery Programme – (as previously explained). If your surgeon is happy you may commence eating and drinking (dietary advice is at the end of this document).

Day 2 post-operative – Drains and catheters will be reviewed with a view to removal. If tolerating fluids your Patient Controlled Analgesia can be removed and you can commence oral analgesia. You should be aiming to walk 25 metres four times a day.

Day 3 post-operative – If drains and catheters are removed, you are tolerating a light diet, moving well and you have passed wind/opened your bowels we will commence discharge planning.

Discharge criteria

Before you are sent home we would like you to:

- Be eating and drinking
- Be walking
- Have passed wind from your bottom/stoma to be active
- Have your pain adequately controlled by pain killers
- Have a normal temperature.

Diet post surgery – Your surgeon will decide when you can commence eating, and this will start with soup / jelly / ice cream and then slowly build up your diet to commence a lighter diet and then a more 'normal' diet. This is explained on a separate diet sheet which will be provided and can be accessed on the ward. Tolerance to diet changes will be monitored by the surgeon and ERAS nurse to ensure recovery is well adapted to your needs.

Post discharge planning

It is well worthwhile planning in advance for your discharge. You may require someone to help with heavier jobs for a few weeks. This includes food shopping and household jobs such as vacuuming and gardening. Although it is not necessary some people feel more confident to go home if a friend or family

member can stay with them or put them up for a short period. If you live alone or feel unsupported then please highlight this at the earliest possible convenience. Therefore we can ensure help with planning for this in advance to your discharge.

Abdominal pain

It is not unusual to suffer griping pains (colic) during the first week following removal of a portion of your bowel. The pain usually lasts for a few minutes and goes away between the spasms.

If you have severe pain lasting more than one or two hours or have a fever and feel generally unwell within two weeks of your operation date, you should immediately contact a nurse on the telephone numbers provided.

Your wound

It is not unusual for your wound(s) to be slightly red and uncomfortable during the first one or two weeks. Please contact your nurse specialist if your wounds:

- Become inflamed, painful or swollen
- Start to discharge fluid.

Your bowels

Your bowel habit may change after removal of part of the bowel and may become loose or constipated. If constipation lasts for more than three days or if you are passing loose stools more than three times per day for more than four days, please call and ask for advice.

Your stoma

If you have a stoma and you have any problems with your stoma after you go home, please contact your stoma specialist nurse, you will be given contact details before you leave hospital.

Passing urine

Sometimes after bowel surgery you may experience a feeling that your bladder is not emptying fully. This usually improves with time. It is also worth keeping an eye on the colour of your urine. If you are well hydrated you should be passing straw coloured urine. If you find that your urine is darker it may be a sign that

you should drink more. If you feel you are not emptying your bladder fully or if you have excessive stinging when passing urine, please ring for advice as you may have an infection.

Diet at Home

A balanced, varied diet is recommended. Try eating three or more times a day. You may find that some foods upset you and cause loose bowel motions. If that is the case you should avoid those foods for the first few weeks following your surgery. If you are finding it difficult to eat it is still important to obtain an adequate amount of protein and calories to help your body heal. You may benefit from having three to four nourishing, high protein, high calorie drinks such as Build-up® or Complan® (available in supermarkets and chemists) to supplement your food. If you are suffering from diarrhoea then it is important to replace the fluid loss and to drink extra fluid (if you have a stoma this will need to be discussed with your Stoma nurse as advice will differ).

Exercise

Walking is encouraged from the day following your operation. You should plan to undertake regular exercise several times a day and gradually increase this during the four weeks following your operation until you are back to your normal level of activity. The main restriction we would place on exercise is that you do not undertake heavy lifting and contact sports until six weeks following your surgery.

Driving

You should not drive until you are confident that you can drive safely. A good measure for this is when you have got back to most of your normal activities. Usually this will be within four to six weeks of surgery. It is important that any pain has resolved sufficiently to enable you to perform an emergency stop and turn the wheel quickly please check with your insurance company.

Tiredness

You might find that you have low energy levels in the first few weeks that you are at home. It is important to mix activities with some rest as needed, but do get out of bed each day and get dressed if possible.

Summary

To enhance your recovery you will be expected to return to normal as quickly as possible. This means that you need to actively participate in your recovery by walking, eating and drinking. We will assist you by removing attachments such as the drip soon after the operation to make walking easier. Each day you should feel some improvement but do ask if you have any questions.

Telephone numbers

ERAS nurse/Colorectal Nursing Team - 01493 453689

Ward 4 – 01493 452004 Ward 5 – 01493 452005

Ward 9 – 01493 452009 Charnwood Suite - 01493 453900

Secretaries Mr Aryal 01493 452233 Mr Velchuru 01493 452158
for: Mr Lal/Mr Aakif 01493 453555 Mr Liao 01493 452233

Your Feedback We want your visit to be as comfortable as possible - talk to the person in charge if you have any concerns. If the ward/department staff are unable to resolve it, then ask for our Patient Advice and Liaison (PALS) information. Please be assured that raising a concern will not impact on your care.

OUR VALUES

Proud of the Paget

Collaboration

We work positively with others to achieve shared aims

Accountability

We act with professionalism and integrity, delivering what we commit to, embedding learning when things do not go to plan

Respect

We are anti-discriminatory, treating people fairly and creating a sense of belonging and pride

Empowerment

We speak out when things don't feel right, we are innovative and make changes to support continuous improvement

Support

We are compassionate, listen attentively and are kind to ourselves and each other

Before leaving please complete a Friends and Family Test feedback card.

Help us transform NHS services and to support patient choice.



The hospital can arrange for an interpreter or person to sign to assist you in communicating effectively with staff during your stay. Please let us know.

For a large print version of this leaflet, contact PALS 01493 453240

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