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Patient Information

Enhanced Recovery Programme For Colorectal Surgery

Introduction

Welcome to the Enhanced Recovery after Surgery programme (ERAS), at the Royal Gwent.

The aim of this booklet is to help you to understand and participate in your programme of care following your surgery.

To achieve this you need to be aware of the expectations of the programme and to participate in achieving these daily.

The goals we work towards are achievable, and are designed to help you to recover sooner from your surgery and to regain your independence so that you can go home as soon as possible.

Your operation

Your surgeon will have discussed your treatment options with you, including the risks benefits and alternatives.

You will be given a date and time to attend Pre-Assessment clinic.

Pre-Assessment Clinic

At Pre-Assessment Clinic, basic tests will be performed to ensure that you are fit for your anaesthetic and operation.

The clinic nurses will ask questions about your medical history (any operations or illnesses you may have had) and take measurements of your height, weight, & blood pressure.

Blood samples and swabs may also be taken along with procedures such as ECG (heart tracing) or lung function tests.

If required, the clinic nurses may also arrange for you to be assessed by an anaesthetist.

We advise you to bring along a close friend or relative, who can be involved, and offer support

If you have questions please make a note of them so you do not forget when you arrive.

Before admission:

- Prepare for your operation by eating a varied diet with regular meals.
- Include snacks if your appetite is reduced.
- If you have lost weight or your appetite is very poor please tell your key - worker so that they can arrange for you to be seen by a dietician.
- Take regular exercise (if possible) and get plenty of rest.
- **If you are a smoker, it is a good idea to stop/cut-down before your operation if possible. Help for this is available on Free -phone 0800 085 2219 or stopsmoking@wales.nhs.uk.**
- **Nicotine replacement patches are available on admission if required – please ask your nurse.**
- Please discuss any concerns that you have about your return home after surgery as this allows us to plan and may prevents delays in your discharge.
- You may need to arrange support from family and friends so please ensure they are informed well in advance.
- **Please call the ward on the day of admission to confirm that your bed is available.* Do not come to the ward unless the availability of your bed has been confirmed***

Nutritional drinks before surgery:

- Increasing the amount of fluid you drink and eating a low residue diet in the 5 day leading up to your admission helps to reduce bowel content.
- In Pre-Assessment clinic, you will be given 6 nutritional drinks (Fortisip / Fortijuice / Ensure plus)
- Drink 3/day between meals on the 2 days before your operation.
- These come in a variety of flavours, and are best chilled.
- Fortisip Compact and Ensure plus can be diluted with milk and lemonade may be added to fortijuice if desired.

Carbohydrate drinks

- You will be given 4 carbohydrate drinks on the evening before and 2 the morning of your operation.
- These drinks will give you the energy you need during your operation and may help you to recover more quickly.
- You can also drink water until two hours before your operation but you must **NOT** take any food, milky drinks or sweets/chewing gum. The nursing staff will help you to time this correctly.

Admission:

Ward D2 East is the general surgical ward and you may return there after your operation. Depending on your individual circumstances and the operation you are having, you may go to The Post Anaesthetic Care Unit which is located in HDU on the 3rd floor.

Medication & Bowel preparation:

You should take your medicines as usual on the morning of your surgery, unless you are advised otherwise by your anaesthetist or surgeon. This should be discussed at pre - assessment clinic and you will be advised of any changes required.

You may have an enema on the evening before your operation and again in the morning. A nurse will administer this for you.

Oral bowel preparation is only required for specific operations. If you need this, you will be given liquid preparation to clear the contents of your bowels the evening before your operation. It is important to drink plenty of clear fluids after this to avoid feeling sick, dizzy or developing a headache.

Stoma Care Nurses

Certain operations can result in the formation of a stoma. If you have been told that you may need a colostomy or an ileostomy), the Stoma Care nurses will see you before your operation to provide information and support. After your operation, they will visit you daily until you become confident managing your stoma bag independently. The Stoma Care nurses may also act as your key-worker and follow you up after discharge.

Nurses on the ward will also provide assistance with your stoma during your hospital stay.

Colorectal Nurse Practitioners:

You may meet the Colorectal Nurses in clinic (they only attend the Royal Gwent Hospital) or during your hospital admission.

They can answer any specific questions you may have about your diagnosis and treatment, and help you to deal with any concerns and act as your key-worker.

Please find contact details at the back of this leaflet.

Preventing blood clots:

To reduce the risk of thrombosis (Blood clots) we will give you medication and prescribe compression stockings (TEDS) for you to wear during your hospital stay. Early mobility also helps to naturally prevent blood clots.

Managing pain and your anaesthetic:

Before your operation the anaesthetist will meet with you to explain and discuss the type of anaesthetic and pain relief that will be best for you.

This may be an **epidural** (a small drip placed into your back through which local anaesthetic can be given for 48 hours) a **spinal** (a single injection of pain killer and local anaesthetic in your back) or a **PCA** (patient controlled analgesia, activated by pressing a button to deliver pain relief). All of the above take place in the anaesthetic room and a drip will be placed in your hand to give fluids during your operation and another in your wrist to allow close monitoring of your blood pressure. When all the monitoring is in place, the anaesthetist will give the medicines that send you off to sleep.

If you wear dentures / wig / glasses etc., you may leave these in place until you are in the anaesthetic room. (Clear labelling or a container must be provided).

Your operation:

The ERAS programme is available to you whether you have a laparoscopic (keyhole) operation or open surgery.

Preparation for your operation includes the removal of any hair at the operation site and placing a tube (catheter) into your bladder to allow us to monitor your urine output carefully.

(These happen after you have gone to sleep). It may also be necessary to insert a tube into your abdomen once the surgery is complete to allow drainage of any excess fluid. This is quite normal and may stay in place for 1-3 days.

As it is not possible to determine the length of time you will be in theatre (you may be off the ward for up to 8 hours), your relatives can check your progress by telephoning the ward.

After your operation:

You will wake up gradually in the recovery ward and may still feel sleepy. You may need some extra oxygen to breathe. The nursing staff will closely monitor your progress by regularly checking your observations.

You may be encouraged to sit upright, as this can help you to breathe more deeply and is better for your chest.

Please tell a member of staff if you are thirsty and you can have a drink. You will still have the catheter in your bladder and this usually remains for 24-48 hours after your operation and will be removed by the nurses on the ward.

If you feel sick or have some pain it is important to tell the staff so that they can provide medication to relieve these symptoms. Once you are fully awake and comfortable, the nursing staff will return you to the ward.

Back on the ward:

The nursing staff will continue to monitor you closely on the ward.

Some discomfort after surgery is expected however, good pain control is an essential part of your recovery as it can help you to sleep better, breathe more deeply and to move around more easily after your operation.

Members of the Pain Management Team will visit you after your operation and advise you on ways to ensure your pain is well controlled. Your pain relief will be regularly assessed and adjusted to meet your needs.

You may need to have a drip providing you with fluids. As soon as you are able to drink reasonable amounts your drip will be removed.

Monitoring:

Many different things are monitored during your stay including:

- Fluid in
- Fluid out
- Food eaten
- Pain level
- Nausea / Vomiting
- Your wound
- Time bowel first started working again

These all help to monitor your progress, so please remember to tell a nurse what you eat, drink, and pass.

Mobility:

An early return to normal mobility is a key part of the ERAS programme.

Regular walking and sitting out of bed is important to maintain lung health and also to prevent blood clots following your operation.

Physiotherapists and ward staff will help you to achieve this goal as soon as possible after your operation.

The nurses may help you to get out of bed on the same day as your operation if you feel well enough to do so. You will aim to spend up to **2** hours out of bed on the first day after your operation (this does not have to be in one session), and **6 – 8** hours each day after that.

We have a 'sitting room' that you can walk to on D 2 East and we also recommend you sit out of bed for all your meals.

Rest:

Rest is also an important part of your recovery and the ward has a dedicated 'quiet time' after lunch to facilitate this.

Eating & Drinking:

Normal eating is encouraged after your operation where appropriate. The nurses can advise you about the most appropriate foods for you to choose following your operation.

You can continue with the high protein drinks (Fortisip & Fortijuce) three times a day, to help healing and to give you energy.

Try to include high protein foods (e.g. meat / fish / dairy / eggs) at each meal and high calorie snacks. We have a 'Patient Fridge' on the ward where clearly labelled snacks can be stored for you.

Your wound:

Wound(s) may be closed with stitches on the surface, stitches under the skin (subcutaneous) which dissolve and do not require removal, or clips.

Wounds are covered until dry and healing. During this time, it is possible to have a shower if you feel well enough - ask the nurse looking after you first.

Your practice nurse or a district nurse can remove stitches or clips after your discharge from hospital if necessary.

Important Discharge Information

Telephone follow- up:

On the ERAS programme, a clinician will aim to contact you within the first week of discharge if possible to provide information and support if necessary.

Complications do not happen very often but it is very important that you know the signs to look for.

During the first two weeks after surgery if you are worried about any of the following signs/symptoms, please contact your GP or your key-worker.

Abdominal pain:

Serious pain that lasts for several hours may be an indication of a serious complication such as a leak from where the join was made in your bowel during surgery. This is a rare, but serious occurrence and needs medical intervention.

If you have pain lasting between 1-2 hours or have a fever and feel generally unwell, you must seek medical advice.

Calling the ward may be your best option if you have trouble contacting anyone else.

Your wound:

Your wound will be slightly red, bruised or uncomfortable during the first 1-2 weeks following your operation.

If your wound becomes more inflamed, swollen or begins to discharge fluid or gape open, please seek medical attention as it may indicate an infection which may need treatment.

Your bowels:

Bowel habits can change when a portion of bowel is removed. Your motions may become **loose or constipated** which may settle down over time. Some foods may make this worse but adaptations to your diet may help.

If you are passing loose motions more than **3** times a day for more than **4** days, you should increase your fluid intake and may be prescribed medication (such as Loperamide / Imodium).

If you are **constipated**, drinking plenty of water, eating regular small meals and increasing your activity level can help.

If constipation lasts for more than 3-4 days seek medical advice.

Appetite:

Your appetite may take some time to return to normal and therefore you should continue to eat regular meals, and include snacks, when you go home.

If you are concerned about your food intake you can see the dietician on the ward.

It is normal to have lost some weight whilst in hospital, but if this continues at home your GP, or practice nurse, can arrange for a dietician to give you further advice.

Exercise / Hobbies / Activities / Driving:

Activity is encouraged from day one and once home regular exercise should be taken daily, building up to a normal level of activity over the four weeks following your operation.

Restarting your hobbies is also encouraged as these benefit your rehabilitation. Be guided by how well you feel and how comfortable your wounds are.

It is important to avoid heavy lifting and stretching for at least six weeks following surgery, this includes hoovering and lifting washing in and out of a machine.

Do not drive until you are confident that you can drive safely and perform an emergency stop. It is best to check with your insurance company before you start driving again.

Work:

Unless your work involves heavy manual labour or driving long distances, it is possible to return to work within 2-4 weeks.

Further medical certificates and advice can be sought from your GP.

If you have a problem or concern that is not addressed in this leaflet then do not hesitate to contact a member of your team or the Ward Sister for advice whilst an inpatient.

Once home, you can do this by phoning the contact numbers that follow:

Visiting times on D 2 East

Afternoon visiting: 3pm - 5pm

Evening visiting: 7pm - 8pm

Contact numbers: Ward D2E:

Donna Lafferty & Staff

Tel: 01633 234101 / 4102.

Advanced Nurse Practitioners for Colorectal Surgery:

Heather McGregor, Michelle Worwood & Joanne Clark

Tel: 01633 234779

Stoma Nurses:

Anne Gibbon Jayne Coyne & Karen Perry

Tel: 01633 234114

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Mae'r ddogfen hon ar gael yn Gymraeg”.**