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Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Enhanced Recovery After Surgery Programme (ERAS) Patient Information Booklet

Abdominal Hysterectomy or Laparotomy

'Helping you to get better, sooner, after surgery'

This leaflet should increase your understanding of the Enhanced Recovery Programme and how you can play an active part in your recovery. If there is anything you are not sure about, please ask.

It is important that you understand so that you and possibly your family or friends can take an active role in your recovery. It also includes contact numbers for the healthcare team.

Enhanced recovery improves the way in which the health care is organised to help you get better more safely and quickly.

'helping you to get better, sooner, after surgery'

Two important principles lie behind enhanced recovery to you:

- Clear communication: a full range of information and explanation
- A fully structured and well-organised sequence of clinical care. This means that all health care professionals will work from a specific programme, called a care pathway which allows all elements of your care to follow each other more promptly

For the best results from enhanced recovery, you should be as healthy as possible before the operation.

Your General Practitioner and the hospital will aim to work together about what types of health checks are most useful before surgery. The most important are given here, but in general all types of long-standing disease (heart disease, asthma, high blood pressure) should be controlled as well as possible.

General healthy living goals: there is evidence of faster and safer recovery associated with stopping smoking, weight loss (if overweight), reduced alcohol intake (if drinking to excess) and increased exercise. Vigorous physical exercise is not required, but a regular session of everyday activity is useful. These should start as early as possible as the benefits may take a number of weeks to appear.

A list of items to bring to the ward	Tick
Night wear	
Dressing gown	
Loose fitting clothes	
Underwear	
Slippers or shoes (flat back, not mules)	
Bath towel, hand towel and face cloth	
Toiletries (soap/shower gel/shampoo/toothpaste and brush)	
Glasses/hearing aids	
Money for telephone/newspapers etc	
All medications in original boxes	

Please organise your own transport in and out of hospital. You may be eligible for hospital transport if you have no transport of your own

Telephone 0300 100 0012 for information and advice

Hospital Cleaning

Cleanliness of the ward environment is extremely important for the prevention of infection.

Domestic cleaning staff need to be able to gain access to clean all surfaces around your bed areas effectively.

Items such as laptops and mobiles are difficult for the cleaners to move and may be damaged. With this in mind we would request that your personal belongings are kept to a minimum in hospital and removed from the be tables, chairs and lockers when the cleaner is working there.

Aneurin Bevan Health Board cannot accept liability for any loss or damage to personal belongings.

Smoking

The NHS offers free help and support to help giving up smoking and this hospital does have a strict no smoking policy. The helpline number for this is 0800 085 2219. Inpatients will be offered support to manage cravings during their stay in hospital.

Alcohol

If you drink regularly in excess of the national agreed safe limits of more than 3 units a day (large glass of wine) you should cut down to reduce your risk of bleeding and other serious problems during surgery. The free phone helpline number is 0808 808 2234 (available 24 hours).

Check for anaemia

This is when there are fewer blood cells in your blood than there should be. There are a number of causes including regular blood loss, poor diet, a range of chronic diseases. Tests are required to find the cause. If the cause is a lack of iron in the diet, then iron supplements which can be prescribed by your GP may help. The treatment and tests needed depend on how urgent your surgery is.

Improve diabetic care

Good control of blood sugar levels in patients with diabetes is associated with faster healing after surgery, fewer infections and a shorter hospital stay. If you have diabetes, your GP or specialist diabetes nurse should try to get your blood sugar levels as well controlled as possible. Weight loss and increased physical activity can help with this.

These ideas for surgical anaesthetic and nursing care, and for rehabilitation mostly focus on reducing the 'stress reaction' of the body. Simple things like being at home the night before surgery, being able to get up and about quickly and an early return to normal eating and drinking all help reduce the body's response to stress. In enhanced recovery, and in all anaesthesia for surgery, the anaesthetist will be working with the surgeon to minimise stress on the body throughout the operation. This can be achieved by:

- The use of modern anaesthetic drugs
- The use of local anaesthetics that can cause numbness when placed near relevant nerves
- Giving you a targeted amount of fluid during your surgery

Before your operation

You will be seen in the pre-admission clinic before your admission. At pre-admission clinic we assess your fitness for your operation and anaesthetic. You may be seen by a nurse practitioner and if appropriate a consultant anaesthetist. We will ask many questions about your past medical history and perform an examination.

We may also perform any tests necessary such as swabs, blood tests, ECG (heart tracing), lung function tests or x-rays. We will provide you with information about your operation and anaesthetic.

We will discuss your home circumstances before admission. This helps us and you to arrange any necessary support you may require after your operation.

You will be given the opportunity to ask any questions.

Are you diabetic?

Let the anaesthetist know if you have diabetes or high blood sugar. People with high blood sugar have greater chance of getting infections after surgery.

these symptoms could indicate that you could have a wound infection. You should tell your **family doctor** who would decide if you require treatment. A swab may be taken from the surface of your wound and sent to the laboratory for testing and you may be prescribed antibiotics.

Surgical site infection surveillance

As part of the initiative we are also measuring the rates of patients developing surgical wound infections. We will obtain information via the district nurses and from the nurses when you visit the outpatients clinic regarding your wound. If you have any questions or need further information please speak to one of the healthcare staff looking after you.

Keeping Warm

Research has shown that the risk of infection is reduced if you keep warm. Please ensure you bring warm clothes into hospital with you, for example a dressing gown. You should also wear warm clothes when you come into hospital. In cold weather you could also heat up the car before you get in. if you feel cold during your hospital stay, please ask the nursing staff for extra blankets. If the radiators by your bed are not working, please inform a member of staff.

Hand Hygiene

Hand hygiene is one of the most effective ways of preventing the spread of infection. The chances of developing infection can be significantly reduced if healthcare staff decontaminate their hands before and after examining patients. Please ask healthcare staff who come to examine you if they have washed their hands or used the alcohol rub. Please do not feel embarrassed or awkward when requesting this information as we welcome your help in keeping you safe. The same principles apply to your visitors providing personal care, such as bathing, washing, dressing and helping to feed and toileting. All visitors are expected to use the alcohol gel on entering and leaving the ward.

Your Wound Dressing

During your stay in hospital, the nurse who changes our wound dressings will check for any sign of infection. If you are concerned about your wound, please tell the nurse who is looking after you. Do not be tempted to touch your dressing, touch your wound or wound drain. You could accidentally transfer germs from your fingers to your wound.

Before your admission to avoid problems please:

- DO NOT take recreational drugs for 14 days before your operation
- DO NOT drink alcohol the night before your operation
- DO NOT smoke for 24 hours before your operation
- AVOID wearing jewellery, body piercings, make up or nail varnish on the day of admission

At the pre-admission clinic you attend before your operation, you may be given some nourishing drinks. Most patients will be given 6 pre-operative drinks to take the night before and morning of surgery. These are high in carbohydrate energy. These will be given at the pre-operative assessment.

Patients who have had recent weight loss or are under-weight will also be given 2 days' worth of build-up drinks (e.g. Fortisip). These drinks are important before and after your operation, as your body needs more nourishment to help heal your wounds, reduce the risk of infection and help your recovery generally.

If you are, or have been, having difficulty with your appetite or eating, you may also like to supplement your diet with drinks such as Build-Up or Complan, which can be purchased from a chemist.

An information leaflet will be given to you with instructions for taking these drinks (see page 12).

If you are required to have extra protein build drinks, then two days before your operation, you will need to have three of the high protein drinks. Then you should have another three high protein drinks plus four cartons of the pre-operative drinks the day before surgery. you will also need to drink two further pre-operative???

After Your Operation

A few hours after your operation, you will start drinks and if you wish food. It is important that you eat and drink early after your operation and we will encourage you to have a light diet and to eat small amounts frequently. It is better to have soup and sweets for the first day and avoid big stodgy meals.

You may be prescribed compression stockings to wear and you may also be given a small injection of Heparin that helps reduce the risk of blood clots (thrombosis) occurring in the leg by thinning the blood. This will be given to you each day while you are in hospital.

Try and wear your day clothes as soon as you can after your operation as this can help you feel positive about your recovery.

Staying out of bed and walking

After you wake up from your operation, it is important that you start deep breathing exercises. Support your abdomen with a towel and your arms, bring your knees up slightly and lower your shoulder. Breathe in through your nose and out through your mouth slowly. Do this three times and then 'huff' with your mouth as if trying to clean spectacles. Repeat the exercises twice. The whole process should be repeated each hour. This should reduce the risk of a chest infection. You should also point your feet up and down and circle your ankles to reduce the risk of clots in your legs.

Bed rest is not recommended post-operatively. early mobilisation maintains muscle mass and promotes muscle strength whilst maintaining respiratory function. Limited mobility is associated with increased risk of thromboembolism.

Information for Patients

How to prevent surgical wound infections

Most patients who have surgery recover well. however sometimes patients may get an infection. A surgical wound infection occurs when germs from the skin or the environment enter the incision (cut) operation. A surgical wound infection can develop at any time from two or three weeks after the operation. Very occasionally, an infection can occur several months after an operation, infections after surgery can lead to other problems such as a longer stay in hospital. The hospital is taking part in a national initiative to look at the causes of wound infection and how they can be prevented.

What can I do?

You and your family can help lower the risk of infection prior to and after surgery. Here are some ways you can help:

Pre-operative shaving

To help reduce the risk of infection, we request that you do not shave wax or use hair removal creams around your operation site for 10 days prior to the operation date. This prevents damage to the skin, which can leave it open to infection. Some surgeons remove hair prior to surgery but this will be undertaken in theatre. Should someone try and shave you before surgery as why you have to be shaved and speak to your surgeon if you have any concerns.

Washing prior to surgery

You can help to reduce infection by ensuring you have a thorough wash with hot soapy water prior to your operation, paying particular attention to skin folds. Alternatively, you can use antiseptic wash which you can get from your local pharmacy.

If you are being admitted the day before your surgery, please bring your drinks into hospital with you

Please note
If you are diabetic, you may not have these drinks
We will advise you in the Pre-Admission clinic

Pain Control

The plan for post-operative recovery for early rehabilitation will depend upon the nature of the surgery and the condition of this patient.

An example for early rehabilitation post-operative in gynaecology ERAS is as follows:

- On the day of surgery sit out for up to two hours post-operatively
- Sit out for 4-8 hours each subsequent day post-operatively
- Try and walk at least 4 times 50-60 metres every day post-operatively (or adapted goals for patients with pre-existing mobility problems)

Nurse on the ward will monitor you closely. It is important that your pain is controlled so that you can walk about, breathe deeply, eat and drink, feel relaxed and sleep well.

You may have an injection in your back (spinal), which gives approximately 20 hours of long-acting pain-relieving medicine. The pain team and doctors may also prescribe other types of pain-relieving medicine which work in different ways and you will have these regularly.

Sickness

Sometimes after an operation, a person may feel sick or be sick. The anaesthetist agents or drugs we use sometimes cause this. You will be given medication during surgery to reduce this, but if you feel sick following surgery, tell the staff who can provide other medications. It is important to relieve sickness in order to allow you to feel better so that you can eat and drink normally which will aid your recovery.

Tubes and drips

During your operation, a tube will be put in your bladder so that we can check that your kidneys are working well and producing urine. This will be removed as soon as possible, usually the morning following the operation. You will have a fluid drip put in your arm during your operation to make sure you get enough fluid. This may be removed the same day of your operation if possible or at least by the next day provided you are tolerating 1000 ml of fluid.

You may be given extra oxygen to breathe after the operation until you are up and about.

Monitoring

Many different things will be monitored during your treatment including:

Fluid intake and output, food eaten, when your bowels first start working, pain assessment, number of walks and time out of bed.

Please remember to tell us about everything that you eat and drink and whether you have passed urine and had your bowels open.

Pre-operative drinks

At pre-admission clinics you will be given 6 pre-operative drinks. You may also be given 6 high protein build up drinks if you have had poor appetite prior to your surgery.

You should continue to eat and drink as normal plus:

- You will need to take 4 cartons of the pre-operative drinks in the afternoon or evening, the day before your operation
- 3-4 hours prior to your surgery you will need to drink 2 cartons of pre-operative drinks – the operating lists usually start at 08:30 and so you need to have these drinks at the latest between 05:30 and 06:00 am
- You may have sips of plain water (not flavoured or fizzy) to enable you to take your normal medications as instructed until 06:00. PLEASE DO NOT DRINK, SUCK MINTS OR CHEW GUM AFTER 06:00
- Please do not eat or drink any food or other fluids apart from the above within 6 hours of your surgery. this includes avoiding sucking mints and any fat containing fluid such as milk

Optional:

If you have also needed to take high protein drinks to build you up, please take them as follows:

- Two days before your operation please take 3 high protein drinks:
 - 1 x after breakfast
 - 1 x after lunch
 - 1 x in the evening
- The day before your operation:
 - 1 x after breakfast
 - 1 x after lunch
 - 1 x in the evening

Important Discharge Information

When you leave hospital

You may be contacted by telephone within the first week of your discharge. Complications do not happen very often but it is important that you know what to look out for. During the first two weeks after surgery if you are worried about any of the following, please telephone the numbers on this leaflet. If you cannot contact the people listed then ring your GP.

Abdominal Pain

You will most likely suffer griping pains during the first week following removal of your uterus.

Severe pain that lasts for several hours is not common and may indicate that you need reviewing in hospital.

If you have severe pain lasting more than 1-2 hours, or have a fever and feel generally unwell, you should contact us on the telephone numbers provided on page 11.

Your Wound

It is not unusual for your wound to be slightly red and uncomfortable during the first 1-2 weeks. Please let us know if your wound is:

- Becoming inflamed, painful or swollen
- Starting to discharge fluid

Your bowels

- Make sure you eat regular meals 3 or more times a day, have an adequate fluid intake and take regular walks during the first two weeks after your operation.

Passing urine

- Sometimes after gynaecological surgery, you may experience a feeling that your bladder is not emptying fully. This usually resolves with time but if it does not or if you experience excessive stinging when passing urine in the first two weeks after surgery, please ring us as you may have an infection.

Diet

- A healthy, varied diet is recommended. Make sure you eat regular meals 3 times a day. You may find some foods cause looseness of your bowels. If this is the case, you should avoid these foods for the first few weeks following your surgery.
- It is very important to obtain adequate intake of protein and calories so try to eat a healthy and varied diet. Add desserts and snacks between meals if your portion sizes are only small. If you are finding it difficult to eat, you may find it helpful to take 2 or 3 nourishing drinks a day to supplement your food. These can include high-protein drinks such as 'Build-Up' or 'Complan'. You can ask your GP to prescribe Fortisip or Fortjuice. If you have diarrhoea, it is important to replace the fluid loss and drink extra liquid.

- More details can be found in the booklet 'Advice for a small Appetite' which the ward staff can give you when you go home, if you think you need it.

Exercise

- Activity is encouraged from day one following your surgery. you should take regular exercise daily. Gradually increase your exercise during the 4 weeks following your operation until you are back to your normal level of activity. Do not undertake heavy lifting until 6 weeks following your surgery. common sense will guide your exercise and rehabilitation. If your wound is uncomfortable, go easy with your exercise. Once your wound is pain free, you can undertake most activities.

Work

- Many people are able to return to work within 6 weeks following their surgery. if your work involves heavy manual labour, do not return to work until 12 weeks following your surgery.

Driving

- You are advised not to drive for 4-6 weeks after surgery. Do not drive until you are confident that you can drive safely. It is best to check with the General Practitioner and insurance company before you start driving again.

Hobbies and activities

- In general, you can take up your hobbies and activities as soon as possible after your surgery. This will benefit your convalescence. However, do not do anything that causes significant pain or involves heavy lifting for at least 12 weeks following your surgery.

Sex

- It is normally recommended to wait 4-6 weeks after this operation before having sexual intercourse. This allows the healing of your internal muscles and structures.

Your doctor may alter this advice depending on your surgery.

**This document is available in Welsh /
Mae'r ddogfen hon ar gael yn Gymraeg**