



Enhanced Recovery Programme after colorectal surgery

i Important information
for all ERAS patients
following colorectal surgery

About this booklet

This booklet provides information for patients about the Enhanced Recovery Programme after surgery and what to expect when you go home.

What to expect when you go home

The Enhanced Recovery Programme means you will recover more quickly and return home faster. Your recovery will continue at home. This leaflet gives you important advice about what to expect and what to do if you have any concerns.

Although most people recover well, some issues can occur after you go home. If you are worried about any of the following, please follow the instructions at the end of this leaflet.

Abdominal pain

Some windy pains in your stomach are common in the week after surgery as the bowel function returns. Also, you will experience discomfort from your wound for a few weeks. Severe pains, however, can be a sign of the bowel join leaking inside you. This is a serious complication but does not happen very often.

If, in the first ten days when you go home, you:

- get severe pains lasting more than a couple of hours at one time;
- have a fever; or
- feel very unwell.

It is important you contact us immediately. Telephone numbers are at the end of this leaflet. If out of hours or you are unsure at all then please attend your nearest Accident and Emergency department.

Wound care

You may bathe and shower as normal after going home. It is normal for your wound to be uncomfortable for a few weeks after surgery and it may also look a little red. You should contact us if your wound becomes very painful and swollen or if it starts to leak fluid.

Bowel function

When you have had some bowel removed, your bowel habit is unlikely to be as it was before your surgery and may take some time to settle down. Most people do not have significant problems.

If your bowel motions are loose, you should concentrate on drinking plenty of fluids. If this does not settle down after a few days you can try over-the-counter diarrhoea treatments from your chemist but if you need advice regarding this, please do not hesitate to contact us.

If you get constipation, you should drink plenty of fluids and continue to keep mobile and exercise regularly. If this does not improve you could try over-the-counter laxatives.

If you have had a colostomy or ileostomy formed please liaise with your stoma nurse for advice on how best to manage loose motions or constipation.

Passing urine

After you have had a catheter it can take a few days for you to feel like you are passing urine normally again. If you continue to have problems or feel a burning or stinging sensation every time you pass urine you should contact us as you may have an infection and we will advise you on how to submit a specimen or urine to have this tested.

When can I get back to normal activities?

Exercise

You should be aiming to go on regular walks daily after going home and be back to normal activity within 3 to 4 weeks. If you normally exercise more vigorously, you should avoid this and all heavy lifting for 4 to 6 weeks and be guided by the discomfort in your wound when exercising.

Driving

You need to be able to drive safely. Before you consider driving, you need to be sure you can turn the wheel or carry out an emergency stop. This is unlikely to be before 2 weeks after your surgery.

Work

You should be able to return to work within 3 to 4 weeks providing you don't require any more treatment. If your job involves heavy lifting, however, you would not be able to do this part of your job for 6 weeks.

Hobbies

Again, as long as your hobby does not involve strenuous heavy lifting you should be able to return to this soon after discharge.

Frequently asked questions

What if I feel too sore to move?

Even with painkillers, some degree of discomfort is normal after surgery but this is usually not severe and does not stop you moving. The more you get up and move, the less sore you will be as you recover from your surgery. In addition to the regular painkillers you will be receiving, we can provide extra ones if you feel you are too sore. You should tell the nurses if you are worried about this.

What if I feel too sick to eat and drink?

Feeling sick/nauseated after surgery is not unusual. We can give you medication to help with this. If your nausea does not improve you should inform the nursing staff. You may need a different medication to help aid your recovery.

What if I start to feel nauseous and my stomach becomes bloated?

This may be due to having a post-operative ileus. This means that the bowel has slowed down and isn't functioning as normal. This is a common complication following abdominal surgery. Your consultant will have mentioned this when discussing potential complications at your pre-operative assessment. You may experience hiccups and belching, and no wind being passed down below. The treatment for this is to keep hydrated with intravenous fluids and rest the stomach completely until it resolves, this would mean being nil by mouth (having no food or oral fluid). If you experience vomiting, then it may be decided to pass a tube from your nose into your stomach to empty the stomach and relieve some pressure. It may take a couple of days for things to improve and for you to feel better. Keeping mobile may help in speeding up bowel function.

What is a low fibre diet?

A low fibre diet means avoiding foods high in fibre that could cause your bowel to become more irritable and therefore have to work harder to digest your food. The table below will help you to choose what is suitable for you from the hospital menu. You can ask the nursing and catering staff to help with this.

	Foods to choose	Foods to avoid
Breakfast cereals	Rice Krispies, Cornflakes, Ready Brek, Sugar Puffs	Weetabix, Shredded Wheat, Porridge, All Bran, Bran Flakes, Muesli
Bread and rolls	Bread and Rolls	Wholemeal, granary, wheatgerm, high fibre white e.g. Mighty white
Soups	Creamed soups e.g. chicken, tomato or strained soups	All other soups, e.g. lentil, broth, vegetable
Vegetable	Potatoes (no skins), crisps, root vegetables (no skins and well cooked) e.g. turnip, carrot, parsnip, spinach, beetroot	All other vegetables
Fruit	Fruit juices, melon, skinned peaches, pears. Remove pith from oranges, satsumas, tinned fruits, ripe bananas	All other fruit including dried fruit
Fats and Dairy	Milk, cheese, butter, margarine, cooking fats and oils, plain and flavoured yogurts	Yogurts containing fruits to avoid
Eggs, meat, poultry and fish	All types including meat and fish paste	Pre prepared dishes containing vegetables, pulses or wholemeal products e.g. chilli con carne
Cereals and pulses	White pasta, white rice, tapioca, custard	Brown rice, wholemeal pasta, barley, peas, beans, lentils
Miscellaneous	Sugar, chocolate, boiled sweets, jelly, ice cream, jelly jam, marmalade, lemon curd, honey, syrup, seasonings	Nuts, seeds, peanut butter, chutney, pickle, jam with seeds and pips

If you have a stoma

You should be managing your stoma independently before discharge home.

On discharge, the stoma nurse or ward nurse will ensure you have plenty of stoma supplies to take home. They will make a referral to the stoma service in your local health board who will be able to arrange future supplies of bags via a stoma delivery company or pharmacy.

Your local stoma nurse will follow up with you post discharge and will be able to support you with your stoma. Should you have any problems with your stoma or need advice, we will ensure you have the local stoma nurse details.

In the immediate post discharge period, the Golden Jubilee Stoma Nurse, Louise Hoolighan will telephone you to check on you. If you need to contact her, the ward telephone number is 0141 951 5450 (ext. 4743).

Contact details

If you have concerns when you go home, you can get advice by calling Ward 4 East General on 0141 951 5450.

If you are concerned something is seriously wrong or cannot get through, you should contact NHS 24 (111) or attend your nearest Accident and Emergency department.

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