

Enhanced Recovery Programme before colorectal surgery



i Important information
for all ERAS patients having
colorectal surgery

About this booklet

This booklet contains information for patients about the Enhanced Recovery Programme before and after Surgery and your role in recovering from your procedure.

Important information

This may be different from what you expect or what you have experienced before. We now know that the earlier you start eating, drinking and walking after surgery the quicker you can get back to normal health and the lower your risk for complications. To achieve this, we will need to work together and you will be given a list of goals to achieve for each day of your hospital stay. You should share this information with your family so they can support you with this.

Your role responsibilities in helping to improve your recovery

Steps to a successful recovery start **before** your operation.

Healthy steps to take before your operation:

Food and Drink

- Eat well, your body needs fuel to repair itself.

Sleep, Rest and Play

- Staying physically active and doing regular walking before your operation will help you to get better, faster. Try to relax. Try not to worry and spend time with family and friends.

Smoking and Alcohol

- If you do drink or smoke, use this as an opportunity to stop or cut down. This will help your recovery and reduce the risk of complications.

Practical steps to support your recovery

Set up your plans for going home before you come into hospital. This information might be useful to talk through with a friend, carer or family member to ensure that you have the practical support in place to help your recovery.

My to do list

- I have told the right people where I will be.
- I have packed a small bag with the right items (e.g. clothes, comfy lounge wear, reading material, toiletries).
- I have remembered to pack any medication I take.
- I have checked I have the right equipment and support at home.
- I have an idea as to what my discharge date will be.
- I have arranged my transport to and from the hospital.

I need to:

- Take an active part in my recovery – follow the advice and instructions of your clinical team.
- Be positive about my recovery.
- Start to eat and drink – your body needs fuel to repair.
- Inform staff if I feel my pain or nausea is not well controlled.
- Being mobile will help you recover but ensure you do not over exert yourself as this will add more fatigue.
- Practice moving my arms, legs and walking before and after the operation.
- Understand my daily goals: remember little steps go a long way.

Don't be afraid to ask questions and for information to be repeated. If you are not sure, please say so.

Before your surgery

You will attend a pre-operative assessment clinic where we will make all the necessary preparations for your surgery. We may give you a carbohydrate energy drink called 'Pre-op'. You should drink four of these over the course of the evening before your operation and 2 again the morning of surgery. An information leaflet with these instructions will be given to you, but please note if you have diabetes you will not be given these drinks.

You will also be given advice on how to take your bowel preparation before surgery if this is required.

If you are to have a stoma formed as part of your surgery, you will see a stoma nurse who will draw on your stomach to show you where your stoma is likely to be positioned. The stoma nurse will also provide education on how to care for your stoma after surgery.

Coming to hospital

When it is time for you to come to hospital you will be admitted either the day before surgery or the morning of surgery. This information will be sent out to you. Please bring any medication you take in their original boxes. If you have a home help or social worker before you come into hospital, please bring contact details so we can start to plan for your discharge.

When you arrive on the ward the nursing staff will take you through the admission process. You will also see an anaesthetist and your consultant to complete your consent form. Do not hesitate to ask questions or raise any concerns.

Before your surgery

- You can eat until 12am, midnight, the night before your surgery.
- You can drink water or diluting juice until 6am on the morning of your surgery.
- If applicable you will take your prescribed bowel preparation.
- If applicable, drink another two of the 'Pre-op' energy drinks and have these finished by 6am on the morning of your operation.
- Do not take anything else to drink after 6am as you will now be fasting.
- We will give you pressure stockings to wear for all the time you are in hospital and after you go home. These reduce the risks of clots in your legs and lungs. You will continue to wear these at home for a 6 week period.
- We will also give you a daily injection throughout your hospital stay to further reduce the risks of clots.
- During your surgery the anaesthetist and surgeon will be working to minimise the impact of the surgery and anaesthetic on your body. This is to help you recover better and reduce the risk of complications.

When you return from theatre (Day 0)

- You will have drip in your arm. This will give you fluid and/or pain relief through your vein. You will possibly have a catheter in your bladder and oxygen delivered through a mask or nasal prongs.
- Controlling your pain reduces the strain on your body, helps your breathing and allows you to move around more easily. The anaesthetist will discuss with you the most appropriate type of pain relief for your surgery. This may be a Patient Controlled Analgesia (PCA) machine that will give you pain relief through your vein.

- You can drink fluids as soon as you wake up. We will offer you high protein drinks. These help your bowel to work and provide nutrients to help your body to heal.
- We will help you to sit up for 2 hours.
- You should try to take 5 deep breaths in through your nose and slowly out through your mouth. You should try to do this every hour and continue this through your hospital stay to help reduce the risks of chest infections.

The first day after surgery (post-op day 1)

- You will sit out of bed in a chair for at least 2 hours in the morning and 2 hours in the afternoon. When getting out of bed, we will help you to walk the length of the ward and back or march the same amount 'on the spot'. This helps reduce the risk of chest infections, blood clots and helps your bowel function to return to normal.
- You can eat a light, low fibre diet and should aim to drink 2 litres of fluid over the day. The nurses will encourage you to drink 2-3 high protein drinks over the course of the day.
- In addition to your epidural or PCA, we will also give you regular medication for pain control and to stop you from feeling sick. These should allow you to achieve your goals for the day.
- We would encourage you to wear your own pyjamas or even comfortable clothes as opposed to wearing a hospital gown, as this in itself can make you feel better and more like yourself.

The second day after surgery (post-op day 2)

- If you have a catheter and/or a drip this will be removed. This may also happen on post-op day one. If your drip has been for pain relief this will be replaced with other effective oral painkillers. This will free you up and allow you to move easier.

- You will sit in your chair for 6 hours over the course of the day and should be remembering to continue your breathing exercises regularly.
- The staff will help you to walk the length of the ward and back. This should be done four times during this day to allow you to meet your mobility goals.
- You will be encouraged to walk to and from the bathroom for the toilet.
- You can eat a normal diet and drink 2 litres of fluid over the day. You will get another 3 protein drinks.

The third day after surgery onwards (post-op day 3)

- You should continue to eat and drink normally and take your 3 protein drinks.
- You will continue sit out of bed for a greater period of time over the course of the day.
- You can start to do your 4 ward walks on your own. If you feel unsure, the nurses will be able to advise you. We encourage you to do more than this if you wish.
- We will start looking towards your discharge date which is usually about 5 days after your surgery but can be earlier if appropriate.
- You will go home when:
 - Your pain is under control
 - You are mobile
 - You are eating and drinking normally
 - You feel reassured about going home

We will give you further information before you go home covering what will happen once you get home and what to do if you think something is wrong along with contact numbers for the Ward.

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

What other support is available?

Sharing your experience and any anxieties can sometimes help you with your overall wellbeing. Our pastoral support team are available if you feel you would like to talk to someone other than nursing or medical staff.

This service is available to all patients, relatives and visitors alike. Whether your approach to life is based on faith or philosophy, we are here for you. Caring for the whole person— body, mind and spirit, can play a positive role in the process of healing and rehabilitation. We can arrange visits to patients who may be far from home, and can also arrange visits from representatives of local faith and belief communities if requested.

The Spiritual Care Centre is situated on the ground floor corridor, between the hospital and the hotel. The Centre is open all day every day and includes a lounge to relax in, quiet areas to pray and think, as well as information and inspirational literature for people of all faiths and beliefs.

What if I feel I am going home too early?

Actively engaging with the enhanced recovery guidance means you should recover and will be ready for home quicker than you previously would have expected. If you have any concerns about going home, you should tell the nursing or medical staff. They will answer any questions and give you the information you need to feel confident about going home.

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 NHS 24 on 111 or 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 will attend your practice nurse for a wound check. The nursing staff on the ward will advise on when to arrange this for. If your wound becomes very painful and swollen or if it starts to leak fluid at any time before or after seeing the practice nurse you should contact us on the numbers provided.

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 drink plenty of fluid. 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.

What enhanced recovery will mean for you

Planning and actively participating in the steps of the Enhanced Recovery Protocol before and after your operation can help you to:

- Make you feel better sooner
- Reduce your risk of complications
- Leave hospital sooner
- Return to normal living quicker

Contact

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 take this leaflet to the Accident and Emergency department of the hospital where you had your surgery and they will arrange for one of the surgical team to see you.

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