

BACKGROUND:

The enhanced recovery program is about improving patient outcomes after surgery. The program focuses on making sure that patients are active participants in their own recovery process. It also aims to ensure that patients receive evidence-based care that has been validated in ERAS centers of excellence worldwide. This leaflet is to assist you and your family to understand the Enhanced Recovery Program and your role in your journey of care. Facets of this care may vary from what you might anticipate.

BEFORE YOUR SURGERY:

This can be a busy period with consultations set up with members of the multidisciplinary team. It is to ensure that you are physically optimized and emotionally prepared.

ERAS COORDINATOR

You will meet the ERAS coordinator. She will talk you through the ERAS program, facilitate your care before admission, in hospital and after discharge (independent of the hospital)

ANESTHETIC CONSULTATION

During this appointment, you will meet your anesthetist who will assess your fitness and risks for the anesthetic. Pain management options will also be discussed. Further investigations or other specialist referrals may be deemed necessary. Please take along a list of all your current medications, including supplements and homeopathic medication. You are encouraged to take along a family member.

PHYSICIAN CONSULTATION

If you are deemed at risk, you will see a physician preoperatively who will assist in your post-operative care.

PHYSIOTHERAPY CONSULTATION

Your baseline fitness is assessed and you may be provided with suggestions on increasing your exercise levels and breathing exercises. The physiotherapist will assist with your care in hospital, and if necessary, on discharge.

NUTRITIONAL CONSULTATION

You will be referred to a dietitian if you are assessed to be at nutritional risk

PSYCHOSOCIAL SUPPORT

If required we can arrange for a consultation with a specialist in this field at any stage.

ONCOLOGIST

Most patients do not need to see an oncologist preoperatively. If required we can arrange for a consultation with a specialist in this field.

PREPARING FOR DISCHARGE

It is good to plan well in advance for your discharge. You may require someone to help with heavier tasks for a few weeks. This includes food shopping and heavy 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.

EXERCISE

It is advised that you increase your exercise, aim for 5000 steps per day.

DIET

It is important that you eat a mixed healthy diet. If you are assessed as having a high nutritional risk, e.g. excessive or unexpected weight loss, poor appetite or overweight, you will be referred to a dietitian who will optimize your nutritional status before surgery and the dietitian will continue to be available post operatively. You may be required to commence on nutritional supplement pre operatively and this is on occasion continued postoperatively.

THE NIGHT BEFORE YOUR SURGERY:

EATING AND DRINKING BEFORE YOUR OPERATION

The ERAS coordinator will give you the instructions that are specific to you. You can eat until six hours before surgery provided that you are not having a bowel prep. It is a good idea to have a meal the evening before the operation. From 6 hours until 3 hours before your operation, you can drink water, black tea and coffee or clear drinks. No milk or sugar is allowed. You must not have anything to drink three hours before your operation. If you have a hiatus hernia or suffer from severe heartburn you should not have anything to drink for four hours before surgery.

BOWEL PREPARATION

Most patients will not need a bowel preparation. You will be told by the surgeon whether this will be required. You may be given an enema two hours before your operation to clear the lower end of your bowel. Please bring this leaflet to the hospital when you are admitted to remind yourself of what to expect.

THE DAY OF YOUR OPERATION (DAY 0):

ADMISSION

You will be admitted to hospital on the day of the operation. Please be aware that there may be a lot of waiting, so bring a good book to read, music of your choice and earphones. There is a television on the ward.

MOBILIZATION/GETTING OUT OF BED

Following your operation, you will be transferred to either the high care or GIT ward. When you wake up, it is important that you perform deep breathing exercises. Breathe in through your nose and relax the air through your mouth. Undertake this at least five times an hour. Do cough when you need to and try holding your abdomen (tummy) to reduce the pain. The staff will help you out of bed after the operation. You should try to spend up to two hours out of bed on the day of your operation. This is not always possible.

EATING AND DRINKING AFTER YOUR OPERATION

It is important to drink after your operation. You will be offered tea, coffee, water or energy drinks. You can eat when you feel ready to do so.

PAIN CONTROL

Good pain control improves your recovery as you can walk about, breathe deeply, eat and drink, feel relaxed and sleep well.



These notes give an overall guide to your treatment. You may see some differences in the details of your treatment, since it is tailored to suit your own condition.

You may have a tiny tube in your back (epidural) which provides a continuous supply of pain-relieving medication. In addition, you will be given other painkillers by mouth, which help in different ways. Alternatively, you may have patient-controlled analgesia (PCA). This has a button you press to give yourself pain relief. There is a security limit that prevents you taking too much. The anesthetist will discuss these options with you before surgery.

NAUSEA AND VOMITING

After your operation you may feel nauseous and vomit. You will be given medication during and after the operation to reduce this, but if you feel unwell, please speak to your nurse, who will be able to give you something to help.

TUBES AND DRIPS

Whilst in theatre a tube (catheter) may be placed into your bladder so that urine output can be measured. You will have a drip put into your arm and fluid will be given through this to ensure you do not become dehydrated. On occasion you may have a tube placed via your nose into your stomach (NGT)

MONITORING

Whilst you are in hospital your blood pressure, pulse and temperature will be checked regularly. Your fluid intake will also be checked.

DEEP VEIN THROMBOSIS (DVT)

After surgery you will have calf pumps on your legs, this helps with blood circulation. These usually come off when you go back to the ward. You will be given a small injection in the skin. This helps reduce the risk of blood clots (thrombosis) by thinning your blood. This will be given to you each day you are in hospital. You will also be asked to wear elastic stockings, these must be worn for 6 weeks after your surgery.

STOMA

If you have a stoma, you will receive training before you go home to make sure you can care for your stoma. The stoma specialist will plan your care whilst you are in hospital.

THE DAY AFTER YOUR OPERATION (DAY 1):

MOBILIZATION

On each day after surgery, it is advised that, provided you are well enough, you sit in a chair and walk, a physiotherapist will assist you but it is also up to you to get up if you are able to. The nursing staff can also be asked for assistance. By being out of bed in a more upright position, and by walking regularly, your breathing is improved and there is less chance of you developing a chest infection or clots in your legs and your bowel function usually recovers faster. Do cough when you need to and try holding your abdomen (tummy) to reduce the pain. This is not always possible. The program is tailored to meet individual needs.

EATING AND DRINKING

It is important that you eat and drink after your operation. There is no restriction. Most patients do not have much of an appetite initially but this gradually improves.

PAIN CONTROL

Regular pain killer tablets will be started on day 1. Some people find that walking can help with the pain.

NAUSEA AND VOMITING

See above. This is not uncommon. Please inform the nurse if you feel unwell.

TUBES AND DRIPS

If you are drinking well, the drip will usually be removed. The cannula will remain (plastic tube in vein).

If you are mobilizing, the catheter in your bladder will usually be removed today, but after pelvic surgery we may leave the catheter until day 3. When the catheter is removed, you may be asked to pass urine in a bottle or bed pan so that we can measure your urine.

MONITORING

Your blood pressure, pulse, temperature, fluid balance and weight will be measured. You will be assessed regularly throughout the day.

WASHING AND DRESSING

After you have a wash today, you should put on normal clothes, provided you feel well enough. This helps you feel positive about your recovery.

DAY 2 AFTER YOUR OPERATION (DAY 2):

MOBILIZATION

Continue to mobilize as before.

EATING AND DRINKING

Continue to eat and drink as you can tolerate. We advise six to twelve glasses (200–250mls) each day.

PAIN CONTROL

You will continue on regular pain tablets.

MONITORING

Your blood pressure, pulse and temperature will be monitored regularly throughout the day.

DAY 3 AFTER YOUR OPERATION (DAY 3):

PREPARING FOR DISCHARGE

You will need to continue to eat and drink, mobilize and get ready to go home. We will make arrangements for you to be seen in our offices one or two weeks after your operation. If your care needs do change from what is planned, we will let you know. The most likely problem you may have is that your bowel stops working for a period of time after your operation (ileus). Having an ileus can make you feel nauseous, or you might vomit. If this occurs, tell your nurse. We may need to place a tube through your nostril to help with this.

WHAT HAPPENS AFTER DISCHARGE?

DISCHARGE

Before you are sent home we would ideally like you to:

- Be eating and drinking
- Be walking
- Have your pain adequately controlled
- Have a normal temperature

ABDOMINAL PAIN

It is not unusual to suffer gripping 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 spasms. 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 have severe pain lasting more than one or two hours, or have a fever and feel generally unwell, please contact the ERAS coordinator.

WOUND

It is not unusual for your wounds to be slightly red and uncomfortable during the first one or two weeks. Please contact the ERAS coordinator if your wound becomes inflamed, painful or swollen or starts to discharge fluid.

BOWELS

Your bowel habit may change after removal of part of the bowel. Your stools may become loose or constipated. Make sure you eat regular meals three or four times a day, drink adequate amounts, and take regular walks during the first two weeks after your operation.

If constipation lasts for more than three days, taking a laxative is advised. If you are passing loose stools more than three times per day for more than four days, please call and ask for advice. If you have a stoma, your stoma specialist nurse will explain about your stoma care before you go home.

URINE

Sometimes after bowel surgery, you may experience a feeling that your bladder is not emptying completely. 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 color urine. If you find that your urine is darker, it may be a sign that you are dry and you should likely increase your fluid intake.

If you feel you are not emptying your bladder fully, or if you have excessive burning when passing urine, please contact us as you may have an infection.

DIET

A balanced, well-varied diet is recommended. Try eating three or more times a day. You may find that some food upsets you and causes loose bowel motions. If that is the case, you should avoid these foods for the first few weeks following surgery. If you are finding it difficult to eat, it is 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 to supplement your food intake.

If you are suffering from diarrhea, then it is important to replace the fluid loss and to drink extra fluid and call for advice. If you are losing weight without trying to, or are struggling to eat enough, you may benefit from a consultation with a dietitian.

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 surgery. In addition, if you are planning to restart a routine exercise such as jogging or swimming, you should wait until at least two weeks after your operation and start gradually. Common sense will guide your exercise and rehabilitation. In general, if the wound is still uncomfortable, modify your exercise. Once the wounds are pain free, you can normally undertake most activities.

WORK

You should be able to return to work within two to four weeks after your operation. If your job is a heavy manual job, it is advised that heavy work is not undertaken until four to six weeks after your operation. However, you should check with your employer in case there are rules relevant to your return to work.

DRIVING

You should not drive until you are confident that you can drive safely.

CONTACT NUMBERS:

ERAS COORDINATOR:

Lyndall Metherell – 0844 515 154

Dr Matley and Partners: 021 683 3893