

Enhanced recovery after colorectal surgery

You can play an active role in your own recovery

This booklet should increase your understanding of the enhanced recovery programme and how you can play an active part in your recovery. It deals with all aspects relating to your surgery. It does not explain your specific operation; you will have been given information separately on this. If there is anything you are not sure about, please ask. It is important that you understand how you can support your recovery and the support your family or friends may be able to make

Contents	Page
1. What is enhanced recovery?.....	2
2. Before you come into hospital.....	2
3. Pre-operative assessment	2
4. Preparing for your stay	3
5. On the day of your operation.....	3
6. After your surgery	4
7. Ward information.....	5
8. Leaving hospital	5
9. Useful contact numbers	6

1. What is enhanced recovery?

The enhanced recovery after surgery (ERAS) programme will help you to recover from your operation and regain your independence as quickly as possible, as well as reduce post operation complications. There is research-based evidence that says early mobilisation, good eating and drinking, exercise and good pain control, leads to a quicker recovery. This programme puts emphasis on these aspects of your recovery and how you can help yourself.

2. Before you come into hospital

It is important that you eat and drink well as your body will need fuel to repair. It is also important that you are physically active. For those patients who smoke and/or drink alcohol we advise you to use this opportunity to stop or cut down. This will help your recovery and reduce the risk of any complications.

As part of ERAS, it is important that you are fully involved in planning your care and recovery. This will begin from the time you are seen in clinic. **It is important that you tell us as early as possible if you have any concerns about managing your daily activities once you have been discharged after your operation. You should also let us know if any of your circumstances change during your admission.** There are a team of healthcare professionals who can help to organise whatever support you might need.

If you smoke it is good to cut back or quit beforehand. We can support you to do this or offer advice. Please call our smoking cessation service on: 0207 288 5236.

3. Pre-operative assessment

Prior to your operation you will have an appointment with the pre-operative assessment nurse. You may be asked to attend a 'drop-in' appointment on the same day as your outpatient's consultation, or asked to return on another day. Your pre-operative assessment appointment can take up to one hour. It is important that you attend this appointment. The purpose of your visit is to make sure you are fit for your anaesthetic and surgery. This appointment involves the nurse asking you questions about your general health, listening to your heart and lungs, doing an electrocardiogram (which traces your heart beat, often referred to as an ECG), taking bloods and swabs to check for MRSA. In some cases patients may require cardiopulmonary stress testing which sees how well your heart and lungs function under exercise (CPX). You may also be given some pre-operative drinks with instructions on how to take it and other information such as the amount of time you should fast prior to your surgery. If the nurse has any concerns with your assessment, they will speak to the anaesthetist about it. **Please bring in any medication you are currently taking when you attend this appointment.**

Pre-operative education session

You should attend your pre-operative education session. The education session allows you to meet various members of staff who will be involved in your care whilst in hospital and gives you an opportunity to ask questions. You may also have the opportunity to meet other patients who may be undergoing similar surgery.

Staff you will meet at the education session are: The enhanced recovery nurse (ERN), physiotherapist, dietician, acute pain nurse and stoma nurse. Each member of staff will explain to you how they can help you to recover quickly from your surgery and what you can do to help yourself to regain your independence as soon as possible.

[If you need a stoma \(ileostomy/colostomy\)](#)

You will receive an appointment with the stoma care nurse to find out how to care for the stoma. It is important to know what to expect. They will also mark a suitable site on the skin for the stoma.

4. Preparing for your stay

Prior to coming into hospital you should ensure that your family/friends are aware of what they may need to know while you are in hospital. Remember not to leave things to the last minute. It is a good idea to go shopping before your operation to stock up your cupboards and freezer. You might want to ask someone to help with the housework and shopping after your surgery.

We do not have safety boxes or safes on the ward. We advise that you leave all expensive items at home. Do bring a book or magazine to read as there will be times when you will need to wait. When packing your bag for hospital remember your toiletries, dressing gowns, firm non slip footwear, your current medications in their original containers, a couple of pairs of pyjamas and day clothes.

[Please do not bring:](#)

- Valuables such as jewellery or large amounts of money
- Cigarettes or tobacco. The Trust operates a strict no smoking policy in all of its buildings and grounds
- Portable televisions or radios
- Cooked food requiring refrigeration or reheating

5. On the day of your operation

On the morning of your surgery you will be admitted to the Patient Admissions Unit where the team will prepare you for surgery. The nurse will put an identification band on you, take your observations, ask some general questions and give you the opportunity to ask any questions you may have. You will be visited by your surgeon who will briefly go over your surgery and ask for your consent to do the operation.

If your surgeon has discussed the possibility that you may need a stoma, the stoma nurse will also come and see you.

[Anaesthetic](#)

On the day of your operation you will be visited by the anaesthetist who will go through a routine anaesthetic assessment. They will discuss the anaesthetic method with you and pain management. Anaesthetic techniques play a large part in the success of enhanced recovery. There are different types of anaesthetic including local, regional and general. This can be administered through an epidural, Patient Controlled Analgesia (PCA) or oral analgesia. The anaesthetist may take some blood from you, depending on the type of surgery you are having.

Recovery

Following your surgery you will be taken to the recovery room where you will receive one-to-one care until you are fully awake and recovered from your anaesthetic. You might see oxygen, monitors and drips on you when you wake from your surgery. This is normal; we use these to monitor you following surgery. You may feel groggy and a little sick, this is quite normal following an anaesthetic. Recovery staff will arrange to transfer you to the ward once you are fully awake, your pain is well controlled and vital signs such as blood pressure, heart rate and oxygen level are within a normal range. If you need closer monitoring, arrangements may be made to transfer you to the High Dependency Unit.

6. After your surgery

We will encourage you to mobilise and exercise after surgery.

Until you are walking normally, you should complete breathing exercises, supported coughing and circulation exercises. Breathing exercises help to prevent chest infections following surgery. You should start breathing exercises as soon as you wake up from surgery. Sit up as straight as possible in bed or in the chair and slowly breathe in all the way to the bottom of your lungs. You might feel some tightness around your stitches- do not worry, this is normal. Hold your breath in for three seconds, and then breathe out slowly. Repeat 10 times every hour that you are awake.

Breathing deeply may give you the urge to cough. Coughing is safe and important as it clears the airways of phlegm and prevents chest infections. Sit up as tall as possible and bend your knees. Support your stitches with two hands or press a pillow firmly across them. Breathe in deeply, tighten your stomach and cough strongly 1-2 times. If you really can't manage this, try "huffing" with your mouth open like you are fogging up a mirror with your breath. Finish with some more breathing exercises.

Surgery and bed rest puts you at risk of developing blood clots or deep vein thromboses (DVT). This can potentially be a very serious condition so it is very important to wear surgical stockings and do exercises to prevent DVT.

You should repeat the following exercises once an hour (when you are awake):

- Flex and point your feet 10 times vigorously (move from your ankle joint)
- Bend and straighten one knee carefully. Do this five times on each leg

The physiotherapist and nursing staff will provide support and help to regain your independence as quickly as possible. You should aim to spend at least eight hours out of bed each day, you may return to bed after lunch if you want a rest. If you normally use a walking aid, please bring it with you into hospital if possible, otherwise we can lend you one.

Occupational therapist: You may see an occupational therapist if you require any special equipment following your surgery, for example a commode or if you will need help with washing or dressing. They will see you shortly after your admission to ensure anything you need is in place when you are discharged. If you feel that you will need extra support on your discharge (for example with shopping) you should let us know as soon as possible, so that it can be ready for when you are discharged and not delay you going home.

Eating and drinking: After surgery we will encourage you to eat and drink as soon as possible, initially with water, then tea, coffee, juice, solids. We will give you nourishing nutritional drinks after surgery, and will encourage you to take normal food. You will be asked to continue with the nourishing drinks until your diet is adequate.

Pain: Controlling your pain is a priority for us. Being in pain can delay your recovery time. The acute pain team will review you daily if you are on an epidural or PCA. Everyone has a different response to pain and the drugs given to control pain. It is important that we get the right combination of drugs for you so that you are comfortable. Good pain control will enable you to walk about, start deep breathing exercises, eat and drink, feel relaxed and sleep well.

The length of time it takes to recover from your surgery will be dependent on the type of operation you have had and your body's response to it. Your consultant will give you an estimated discharge date following the procedure to help you, your family and friends and nursing staff plan for you to go home.

7. Ward information

Visiting: Generally visitors are welcome between 2pm and 8pm. We ask that no more than two visitors are with you at any one time. There may be exceptions to this, for example if you are in intensive care or on the High Dependency Unit (HDU). Visitors should wash their hands and use the hand gel on entering and leaving the ward.

Meal times: You will be given breakfast, lunch and supper during your stay in hospital. Coffee/tea is available between meals and on your request.

8. Leaving hospital

Our aim is to discharge you as soon as we feel that you are medically fit and it is safe to do so. We will do this at the right time, with the appropriate follow up care in place. Before you go home you will be seen by the enhanced recovery nurse, doctors and stoma nurse (if required). Please arrange for someone to pick you up when you are ready to be discharged. If you have a problem with this, please speak with your nurse. Hospital transport is only available in specific. If you need to wait to be collected you may be asked to wait in the patient discharge lounge.

Before you leave the hospital, you will be given the following:

- Important telephone numbers
- Information leaflet on discharge advice following major abdominal surgery
- Discharge summary
- Medications to take home

We hope that this information has helped you prepare for your operation. When you are in hospital, if things are not happening as you would expect, then please ask.

9. Useful contact numbers

Stoma specialist nurse: Call 020 7272 3070 (switchboard) and ask for bleep 2604 or call 020 7288 5134.

Monday – Friday: 9am - 5pm

Colorectal nurse specialist: 020 7288 5975 or 07920 236 864

Out of hours:

Call 020 7272 3070 (switchboard) and ask them to bleep the 'on call surgical registrar'

Or call:

The ward you have been discharged from by calling switchboard 0207 272 3070, and asking for your ward (available 24 hours a day).

Patient advice and liaison service (PALS)

If you have a compliment, complaint or concern please contact our PALS team on 020 7288 5551 or whh-tr.whitthealthPALS@nhs.net

If you need a large print, audio or translated copy of this leaflet please contact us on 020 7288 3182. We will try our best to meet your needs.

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