

Colorectal Surgery

Enhanced Recovery Programme



Preoperative Information

Useful information

Name:

Consultant:

Date of Surgery:

Operation:



Explaining the enhanced recovery programme

This booklet is to help you understand the enhanced recovery programme and how you will play an active part in your recovery. This programme is different to traditional care and can improve your recovery considerably. The booklet describes the steps of your journey of care through Doncaster Royal Infirmary from admission, until you are ready to go home, which is usually two to five days after your operation.

If there is anything you are unsure about, please ask a member of staff or call one of the numbers at the end of this booklet.

Part 1 - Preparations before surgery

Pre-assessment clinic

All patients need to attend the pre-assessment clinic where their fitness is assessed and preparations are made for their forthcoming surgery. This is usually run by the pre-assessment nurses, but you may also see an anaesthetic doctor.

Stoma preparation

Some patients needing bowel surgery may require a stoma. Your surgeon will discuss this with you. If this is the case, the colorectal / stoma care nurse will run through what is involved and give you relevant information. A practice kit will be given to you so you can get used to taking care of a stoma. In the days leading up to your operation, you may be asked to attend the hospital to have your tummy marked for the stoma.

The week before surgery

In most cases no special preparations are needed in the days leading up to your operation. Unless otherwise instructed, you should eat normally and do everything as normal until the day before the operation. Some of your normal medications may need to be stopped up to a week before your operation. The pre-assessment nurses will give you all the necessary information about this if it is needed.

Admission to hospital

Depending on the type of surgery and timing of the operation you may be admitted to the hospital on the day before surgery or on the day of the operation.



Preparation to clear the bowel before surgery

Many patients requiring bowel surgery do not require medication to clear the bowel. Those patients who do may be given laxative drinks to take the day before the operation. Alternatively they may be given an enema to wash the bowel out on the morning of surgery. Some surgeons may also give mild laxatives for you to take at home for a few days prior to the enema. You will be told by the pre-assessment nurses in clinic whether bowel preparation is necessary and which form will be needed.

Laxative drinks give you loose, watery stools. When taking them, it is important that you drink plenty of clear fluids (drinks which are not fizzy, such as water, squash, tea or coffee without milk) to replace the fluid you are losing. This should stop you from feeling dizzy, sick or getting a headache. You should follow the instructions that come with the laxatives carefully. Some people may need to come in to hospital the day before the operation to take their laxative so they can have a drip (intravenous fluids) to keep them hydrated. You will be told if this is needed.

Prevention of blood clots (Thrombosis)

All patients who undergo bowel surgery are at risk of developing blood clots in the veins in their legs (thrombosis). To prevent this you will be given a small injection in the skin the evening before your operation and each day while you are in hospital to thin your blood. Most patients attend the pre-assessment clinic or ward the day before the operation for their injections, but some patients chose to administer this themselves at home. You will also be required to wear elastic stockings (unless you have specific problems with the circulation in your legs). These should be kept on while you are in hospital and for six weeks at home afterwards.

Eating and drinking before your operation

Prior to having an anaesthetic it is important that your stomach is empty of food and fluids. The pre-assessment nurse will give instructions that are relevant to you. Most patients will be asked to do the following:

- six hours before your operation you should not have anything to eat
- six hours before your operation you can drink water, black tea, black coffee or squash drinks. No milk drinks are allowed
- two hours before your operation you must not have anything to drink.



Patients who have a hiatus hernia or those who suffer from severe heartburn should not have anything to drink four hours before their operation. Patients taking laxative drinks for preparing the bowels may also be given different advice about eating.

All patients will be given two cartons of an energy drink (Polycal). One carton is to be drunk on the evening before surgery and half of the other (100mls) is to be drunk two hours before surgery. This helps to speed up the recovery of your bowel after surgery.

Part 2 - After your operation

As part of the enhanced recovery programme you will be asked to do a number of activities after surgery to help speed up your recovery. To help with this you will be given a diary to fill in each day to record your progress. The diary will outline the targets you should aim for each day, with charts for you to complete as shown below:

Day 1 Targets to be achieved today

1. Walking and moving
You need to sit out of bed as much as possible today. You should also aim to take a short walk at least three times a day. The ward is marked with signs every 10 metres. Please record your progress on the chart opposite. Aim for at least 60 metres each time.

2. Drinking and eating
You should aim to drink at least six cups of fluid today (water, squash, tea or coffee). We will also give you energy drinks to sip three times today, try and eat a little bit. Use the chart opposite to record your progress. Sometimes your bowel is not ready to start working straight away. If your tummy feels very bloated and you feel sick then you should stick to just sipping fluid until you start to feel a bit better.

3. Breathing and leg exercises
Every half hour you should take six deep breaths in and out holding each one for a few seconds, then point each toe in turn and bend your foot up and down ten times.

4. Pain control
It is important that you are not in too much pain so you can walk and do your breathing exercises. We will give you regular pain killing tablets, but you must tell us if you are in pain so that we can give you additional medicine if needed.

5. Removal of pipes and tubes
If you are drinking well then your fluid drip will be taken down and your catheter (the pipe into the bladder) may be taken out.

6. Managing your stoma care
Having a stoma takes some getting used to. You should try to have a look at the stoma and get involved in taking care of it as soon as possible. If you are worried or frightened about this please let us know. Complete the questions opposite about your stoma.

What have I done today?

Walking

Time of day	Please record how far you have walked in metres	If you have not walked today please tell us why below?
Morning metres	
Afternoon metres	
Evening metres	

Drinking and eating

Time of day	Number of cups drunk	Energy drinks drunk	Please record what you have eaten today	If you have not eaten please tell us why?
Morning		(including breakfast)		
Afternoon		(including lunch)		
Evening		(including tea)		

Stoma (Circle Yes, No or Not Applicable as appropriate)

Have you looked at the stoma today?	Yes	No	N/A
Have you passed wind, fluid or poo into the bag?	Yes	No	N/A
Have you practiced emptying or changing the stoma bag?	Yes	No	N/A
Has anyone asked you how you felt about the stoma today?	Yes	No	N/A

Walking and moving

If you feel well enough after your operation, you should sit in a chair each day. You should aim to have a short walk three times a day. The ward will be marked with signs to help you to measure your progress. By being out of bed in a more upright position and by walking regularly, your breathing is improved and there is less chance of developing a chest infection or blood clots in your legs. Your bowel function also recovers more quickly.



Drinking and eating

You should aim to drink at least six cups of fluid (water, squash, tea or coffee) each day. You will also be given three energy drinks to sip through the day as well. You can start eating when you feel up to it, though you should take things gently and build up your food intake steadily. Eating and drinking helps to stimulate the bowel to start working again after the operation. It is not unusual for the bowel to take a couple of days to start working properly. If you start to feel bloated and sick then you should stop eating and cut back on your drinking until you are feeling better. Sometimes pain killers or the anaesthetic may also make you feel sick or vomit. If you feel sick then speak to your nurse who will be able to give you medication to relieve this.

Preventing chest infections

In order to prevent chest infections you should sit up in bed or in a chair as much as possible. Take a deep breath and hold it for the count of three. You should do this six times every half an hour when you are awake. If you need to cough, hold a rolled up towel firmly over your wound with both hands.

Preventing blood clots

In addition to wearing your stockings and receiving your daily blood thinning injections, you can help to reduce your risk of blood clots by following this simple exercise: point your toes and move your feet up and down ten times every hour. Do this during the day when you are in bed or sitting in a chair.

Pain control

Good pain control improves your recovery by helping you to move about, breathe deeply, eat and drink, relax and sleep well. After laparoscopic (keyhole) surgery most patients will be given pain killers by mouth as long as they are not feeling sick. With larger incisions you may be given an epidural (a tiny tube in your back providing a continuous supply of pain killers) or a wound catheter (a tiny tube placed under the skin to give pain killers into your wound). The anaesthetist will discuss these options with you before the operation. If you have pain then please tell the nurse looking after you and you will be given extra medication.



Removal of tubes

After your operation you may be connected to a number of tubes which may include:

- a drip in your hand or arm which gives you fluid to keep you hydrated until you start to drink enough
- a catheter, a tube into your bladder to collect your urine. Wound catheters or an epidural to give you pain relief.
- Other coming out of your tummy (drains) to enable any unwanted fluid to drain away if required. We will aim to remove these tubes as soon as possible after your operation once they are no longer needed.

Managing your bowel or stoma

It usually takes at least a couple of days after your operation before your bowels or stoma start to work. Usually you will start to pass wind first. Sometimes you may get a stomach cramp pain in the lower tummy before your bowel or stoma works properly, but this will improve with time. If you have a stoma then you should try to become involved with looking after this as soon as possible after the operation. Having a stoma takes some getting used to. If you are worried or frightened about how you will manage, please let the nurses know.

Washing and dressing

You should wash and put on your normal clothes each day, provided you feel well enough. This will help you feel positive about your recovery.

What happens if you are not able to do all of the activities?

Every patient is different and not everyone will be able to do all of the activities mentioned above. If your bowel is a bit slow in recovering after the operation this may stop you from eating and drinking initially. However, you should try and do as many of the activities as you can. You will be told if your care needs to change from what is planned in this booklet.

Leaving hospital

There is no set time for you to stay in hospital. You can go home once you can manage the following:

- eating and drinking comfortably
- moving around enough to manage at home



- passing water normally
- you feel confident about going home
- you are able to manage your stoma, if you have one.

It is not necessary for your bowels to work fully before you go home.

Some people may go home the day after surgery. For others it may take several days. When you go home we will give you advice and information about what you should be doing, problems to look out for and who to contact should you have any problems.

If you have any questions about the information in this booklet or about your coming operation then please contact one of the following numbers.

Colorectal / stoma care office

To contact the colorectal/stoma care, please Tel: **01302 553141.**

Pre-assessment office

To contact the pre-assessment office, please Tel: **01302 381394.**





Please ask!

If you have any questions about your treatment, medicines or the care you are receiving, please ask! Please use the space below to write down any questions you may have for your doctor, nurse or therapist...

Patient Advice & Liaison Service (PALS)

PALS staff are available to offer advice or information on healthcare matters. The office is in the Main Foyer (Gate 4) of Doncaster Royal Infirmary. Contact can be made either in person, by telephone or email. PALS staff can also visit inpatients on all Trust sites.

The contact details are:

Telephone: 01302 553140 or 0800 028 8059

Minicom (Text talk): 01302 553140 Email: pals.dbh@dbh.nhs.uk