



Northumbria Healthcare
NHS Foundation Trust

The Enhanced Recovery Programme

Issued by the Colorectal Team



This booklet is to help you understand the Colorectal Enhanced Recovery Programme and how you will play an active part in the recovery. Aspects of this care can vary from what you might expect. This programme is different to traditional care and can improve your recovery considerably. The booklet describes the steps in your journey of care through your hospital stay until you are ready to go home, which is usually about 4 to 7 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.

Risks and Benefits

In order to improve the quality of patient care we have implemented an *Enhanced Recovery Programme* (www.18weeks.nhs.uk) for patients undergoing colorectal surgery. Evidence shows that patients on Enhanced Recovery Pathways recover more quickly following surgery, and so can leave hospital and get back to normal activities sooner.

Pre-assessment Clinic

You will attend a clinic appointment before your operation; you may speak with a member of the surgical ward team who will give you information about your operation and hospital stay.

There may be some discussion about a stoma today. If you are having a stoma you will be contacted by a stoma nurse specialist who will prepare you for living with a stoma.

CPEX Clinic

You will attend a clinic appointment to assess your fitness for surgery in the presence of an anaesthetist.

Things you can do before your operation which will help your recovery

Before your operation it would be really useful if you could improve your general health and wellbeing as this will help with your post-operative recovery. There are some simple ways you can do this. Your GP can also offer help.

- Stop smoking. Smoking slows down wound healing and will make you more prone to breathing complications during and after your operation.
- Alcohol intake should also be reduced before your admission and for the next six weeks.
- You should try to eat a mixed, healthy diet every day (unless you have been given a specific diet to follow). If you are under weight or have lost weight (without meaning to) it is helpful to try and increase your weight. It may be useful to visit NHS Choices at www.nhs.uk for advice or you can ask your GP.
- It is also important to exercise, even a 30 minute walk every other day is a good start. It is also very important to continue exercising in the recovery period.

Preparing for your operation

In most cases you will be admitted to hospital on the morning of your operation unless told otherwise. Please bring all of your normal medication with you.

You should have (or be helped to have) a shower, bath or bedbath the evening before or the day of your surgery. You should not remove hair from the surgical site.

Eating and drinking before your operation

- You can eat until six hours before your operation provided that you are not having a laxative bowel preparation.
- From 6 hours until 2 hours before your operation you can drink water, black tea, black coffee or squash drinks. No milky drinks are allowed.
- We will provide you with sachets of carbohydrate drinks to make up. These drinks need to be drunk the night before and again on the day of surgery. The last sachet must be finished no later than 2 hours before your operation. You will normally be given these drinks and instructions at your preassessment or CPEX appointment.
- You must not have anything at all to drink for two hours before your operation.

Do I need bowel preparation?

Most patients will not require bowel preparation. You will be told by the sister in the pre-assessment clinic whether you will need bowel preparation. You will also be told if you are to take this at home or you are to be admitted into hospital.

If you need bowel preparation: The day before your operation, you may be asked to drink a laxative medicine to help clear the contents of your bowel. This gives you loose, watery stools. It is important that you drink plenty of clear fluids (drinks which are not fizzy, such as tea or coffee without milk) to replace the fluid you are losing. This should stop you feeling dizzy, sick or getting a headache. You should not eat any solids on the day you take the laxative drinks or until after the operation. Some people have a drip (intravenous fluids), you will be told if this is needed.

Many patients will be given an enema before the operation to clear the lower part of the bowel.

Other preparations for the surgery: To help reduce the risk of a blood clot (thrombosis) you will be required to wear elastic stockings while you are in hospital (unless contraindicated). You will also need to wear them when you are discharged home.

You will be given supplement drinks before your surgery.

Supplement drinks: Preload drinks will be provided to take the day before surgery and the morning of surgery, full instructions will be provided.

Clothing and food: Wearing your normal clothes soon after surgery will give you a positive outlook to your recovery. We suggest that you bring in loose fitting clothing, elasticated waistbands are a good idea. Please bring in full fitting slippers not mules. We would also suggest you bring in some snacks that you like such as plain biscuits, crackers, bananas to have during your recovery period.

Your anaesthetic and pain management

An anaesthetist will see you before your operation. They will ask you some questions and then discuss the type of anaesthetic normally used for your particular surgery. The anaesthetist will help you to understand the risks and benefits of the anaesthetic that is decided upon. Please feel free to ask them any questions you might have.

In most cases the anaesthetic will consist of a general anaesthetic and an injection in the back called a spinal anaesthetic. This combination is preferred because it is safe, effective and allows you to be up and about sooner after your operation.

The spinal anaesthetic involves a small injection of pain killers between the bones of your lower back into the fluid surrounding your spinal nerves. It is usually performed before you go off to sleep. It allows the anaesthetist to give you powerful long acting pain killers which will help you feel more comfortable after the operation. During the operation local anaesthetic is usually put into your wounds and this might make them feel numb for the first few hours after you wake up. Sometimes a small tube is left sitting under the skin, allowing local anaesthetic painkillers to be given continuously on the ward after surgery. Other pain relieving drugs will also be used. Some will be given into your drip by a Patient Controlled Analgesic pump (PCA), and others will be given to you in tablet form. It is important that you take the painkillers that are prescribed for you unless they are causing you any side effects.

Other anaesthetic choices include a general anaesthetic combined with either an epidural injection or a PCA. An epidural injection is similar to a spinal anaesthetic but it can be continued after surgery in the ward.

What is a PCA pump? PCA stands for Patient Controlled Analgesia. Analgesia is another word for pain relief. A syringe containing painkiller is placed in a pump and attached to your drip and a patient demand button allows you to give yourself small doses of painkiller straight in to your drip whenever you press the button. The pump is locked; this ensures no-one else can interfere with it. There are safeguards to stop you giving yourself too much. The PCA pump will be connected to your drip in recovery. There the nurses will help you understand how to use it.

How much pain should I expect to feel? As you are having a major operation some pain is inevitable. Pain management aims to make you comfortable enough to take deep breaths, cough, move and sleep. If we are not managing to achieve that then please tell your nurse as additional painkillers are available.

Day of your operation (Day 0)

You will be admitted to the hospital on the day of your operation either early in the morning or late morning.

Eating and drinking before your operation: The surgical team member will give the instructions that are relevant to you.

- You can eat until 6 hours before your operation (provided that you are not having a laxative bowel preparation).
- You must not have anything at all to drink for 2 hours before your operation.

Bowel Clearance: You may require an enema before your operation to clear the lower end of your bowel.

The consultant may also wish you to have further bowel prep. Instructions will be given at Pre-assessment.

After your operation (Day 0)

After your surgery you will be woken up in theatre, although you may not remember this. You will be moved to the recovery area for up to an hour to ensure that you are comfortable, warm and not feeling sick. Your blood pressure and oxygenation will be monitored. You will have an oxygen mask, a catheter (tube) in your bladder and a drip in your arm.

Pain control: Pain control is an essential part of the enhanced recovery programme as this will allow you to start walking around, breathe deeply, eat and drink, feel relaxed and sleep well. A little bit of discomfort is to be expected after major surgery but if your pain level is too great to allow you to do any of these activities, you must speak to the nursing staff looking after you so that your pain control can be reviewed.

Feeling sick: You will be offered a drink of water in the recovery area. This will help to get your bowel working again after surgery. You may feel sick after the operation; however, you will be given medication during your operation to reduce this. If you do feel sick, please speak to your nurse who will be able to help.

Chest care: Following your operation it is important that you perform deep breathing exercises. This is to ensure your lungs are fully opened and functioning normally after your operation. Breathe in through your nose, hold for 2 seconds and then relax the air out through your mouth. This should be done at least five times an hour. It is normal to feel some discomfort when you do this, or when you cough.

When you cough you should place firm pressure on a folded towel over your wound. This will make the cough more effective and less painful. It is quite normal to have a few secretions on your chest post operatively. If you are struggling to clear these the chest physiotherapist will help you.

Eating and drinking after your operation: After your operation it is important that you drink unless you feel sick. In the afternoon or evening of your operation try to drink about five glasses or cups of liquid, such as water, tea and coffee. High protein, high energy drinks are provided after your operation to help your body heal and help your overall recovery.

Return to the ward: Once you are comfortable and stable, you will then be moved to the ward. Sometimes after an operation your blood pressure may be a bit low. If this happens when you have a spinal anaesthetic/regional block, we may decide to treat the low blood pressure with medication. You will require an injection of a drug called Tinzaparin. This helps reduce the risk of a blood clot (thrombosis) by thinning your blood. The Tinzaparin injection will be administered daily and will continue when you are at home for a total of 28 days after your operation. You will be shown how to administer the injection or a district nurse will be requested to administer the injection.

The day after your operation (Day 1)

Mobilisation: On each day after your surgery it is advised that, provided you feel well enough, you sit in the chair for at least 6 hours, with rests on the bed as needed.

You should aim to walk along the ward corridor and back up to 4 times (about 60 metres 4 times). You will be assisted by the physiotherapist and the ward staff.

By being out of bed in 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 bowel function usually also recovers faster.

Eating and drinking: It is important that you eat after your operation. You should try to drink about 10 to 12 drinks (about 2000ml) per day unless you feel sick. Each cup is usually about 150-200ml. You can drink a variety of non-fizzy drinks whilst in hospital.

High protein, high energy drinks after your operation help your body to help heal wounds, reduce risk of infection and help your overall recovery. Try to take 4 a day, unless you feel sick.

You may be able to try to eat a light breakfast such as porridge, lunchtime soup and light dessert. Teatime soup and a light dessert.

Pain control: The type of pain relief you need will be reviewed and it may well be that you will not need the PCA. Regular painkiller tables will be started on day one.

Feeling sick: As before, tell the nurses if you feel sick.

Tubes and drips: If you are drinking well the drip will usually be removed in the morning. If you are up and about the catheter in your bladder will usually be removed today. When this happens you will be asked to pass urine in a bottle or a bed pan so that we can measure your urine. But after pelvic surgery we may leave the catheter in for 2-3 days. You will still keep your cannula (plastic tube in the vein).

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

The second day after your operation (Day 2)

Mobilisation: Continue to mobilise as before.

Eating and drinking: Continue to eat and drink, as you can tolerate. We advise about 10 to 15 drinks each day.

Pain control: Your pain control will be reviewed again, for most patients they will no longer need the PCA, but occasionally it needs to be kept for another night.

The third day after your operation (Day 3)

You will continue to eat and drink, mobilise and get ready to go home.

Criteria for being allowed home:

- Be eating and drinking
- Be walking
- Have passed wind (flatus)
- Have your pain adequately controlled by pain killers
- Have no pain
- Blood results meet consultant requirements
- If you have a stoma be able to self care.

We will make arrangements for you to be seen in the outpatients clinic. This is often 2-6 weeks after your operation depending on your type of operation.

If your care needs to change from what is planned in this booklet we will tell you.

The most likely problem that you have is that your bowel stops working for a period of time after your operation (an ileus). This occurs in many patients undergoing bowel surgery, but in some people this can last a few days or longer. Having an ileus can make you feel sick or might be sick. If this occurs tell the nurse. If you require to remain in hospital you will be transferred to the surgical unit at North Tyneside Hospital.

Discharge: We will aim to discharge you from the hospital as soon as possible. This will be planned with you at pre-assessment.

Enhanced recovery discharge information

When you leave hospital: Complications do not happen very often, but it is important that you know what to look out for.

During the first 2 weeks after surgery if you are worried about any of the following, please phone the telephone numbers in this leaflet. If you cannot contact the people listed, then ring your GP.

Abdominal pain: It is not unusual to suffer with gripping pains (colic) during the first week following the surgery. The pain usually lasts for a few minutes and will go away completely in between spasms. Severe pain lasts for several hours and might be caused by a leakage or fluid from where the bowel has been joined together. This is a rare but serious complication. Should this happen you will have a fever and feel generally unwell; you should contact us on the telephone numbers provided.

Your wound: It is not unusual for your wound to be slightly red and uncomfortable during the first 1-2 weeks. Please let us know if your wound:

- becomes more red, inflamed, sore and swollen
- or**
- starts to leak

If this happens you should contact your local district nurse.

Your bowels: Your bowel habit may change after part of your bowel has been removed and you may become more loose or constipated. This should settle after a period of time in to a more normal pattern. Make sure you eat regular meals 3 or more times a day, drink plenty of water and take regular walks.

If the constipation lasts more than 3-4 days then taking a laxative is advised. If you are passing loose stools more than 3 times per day for more than 4 days we advise taking medication such as loperimide (Imodium).

If you have a stoma: The stoma nurse specialist will provide a supply of equipment needed for discharge. A follow up appointment to see you either at home or in clinic will also be arranged. If you have any problems with your stoma after you have gone home please contact the stoma nurse specialist.

Passing urine: Sometimes after bowel surgery you may experience a feeling that your bladder is not emptying fully. This will improve over time. Please keep an eye on the colour of your urine. If your urine is darker than normal then it may be that you are dehydrated and need to drink more. If you have excessive stinging when passing urine please contact your GP as you may have an infection.

Diet: It is recommended that you have a balanced varied diet and you should try to eat 3 or more times a day. You may find some foods upset you and cause loose bowel motions. In this case you may want to avoid those foods for a few weeks following your surgery. If you find it difficult to eat, it is still important to have adequate amount of calories and protein to help your body to heal. You may benefit from having 3-4 high protein, high calorie drinks such as Build-up or Complan (available from supermarkets and chemists) to supplement your food.

If your appetite does not improve after a few weeks, or you are losing weight without trying, you may benefit from a referral from the dietician. This can be done by your GP, consultant or specialist nurse.

Exercise, hobbies and activities: We would encourage you to be active from day 1. You should plan to take regular walks several times a day, and gradually increase this during the 4 weeks following your operation until you are to your normal level of activity. Taking up your hobbies as soon as possible again after your operation will also enable you to maintain your activity and will benefit your rehabilitation and recovery.

The main restriction we would place on exercise and activities is that you do not undertake any heavy lifting for at least 6 weeks after your operation.

If you are planning to restart a routine exercise such as swimming or jogging, you are advised to wait at least 2 weeks after your operation and start very gradually.

Once your wound is pain free you can normally undertake most activities as before.

Work: Many people are able to return to work within 2-4 weeks after surgery. If your job is a heavy manual job then we would not advise any heavy work until 6 weeks after surgery.

Driving: Do not drive until you are confident you can drive safely. It is usually 4-6 weeks after surgery. You may want to check with your insurance company before you start driving again.

Further concerns: If you have any problems or concerns or questions please contact the numbers provided. We will be able to help you with your concerns over the phone, but if you have a problem that requires physical assessment we will advise you to come to hospital to see the colorectal team or whether you should make an appointment with your GP.

Contact Numbers

If you need further information please contact us.

Telephone 0344 811 8111 and ask for the extension.

The Northumbria Specialist Emergency Care Hospital

Monday to Sunday Ward.....

Ext

North Tyneside General Hospital

Monday to Sunday Ward.....

Ext

Alternative Formats

If you would like a copy of this information in large print, another language, audio tape or other format please call the Contact Centre on **03 44 811 8118**

Other sources of information

NHS 111

NHS Choices

www.nhs.uk/pages/homepage.aspx

NICE (National Institute for Health and Clinical Excellence)

www.nice.org.uk

Patient Advice and Liaison Service (PALS)

Freephone: **0800 032 0202**

Text: 01670 511098

Email: northoftynepals@nhct.nhs.uk

Northumbria Healthcare NHS Foundation Trust

General Enquiries **03 44 811 8111**

www.northumbria.nhs.uk

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