

Please remember that following your discharge home from hospital we are still available to support you. If at any point you have any questions or concerns please contact us:

**Wycombe Hospital – Ward 12A**

Wycombe 01494 426401

**Stoma and Colorectal Nurse Specialist (Monday-Friday 08:00-17:00)**

Aylesbury: 01296 315121

Wycombe: 01494 426235

**Enhanced Recovery Nurse**

(Mon-Fri 07.00-15.00)

07920138705

**How can I help reduce healthcare associated infections?**

Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the main entrance of the hospital and at the entrance to every clinical area before coming in to and after leaving the clinical area or hospital. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

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# Elective Colorectal Surgery Enhanced Recovery Programme

Please bring this booklet into hospital with you

**Patient information leaflet**

If you require a translation or an alternative format of this leaflet please call the Patient Advice and Liaison Service on 01296 316042

Safe & compassionate care,

every time

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## 10. What if I cannot achieve the goals set?

Although your care pathway has a structure to it, the health care team looking after you will always consider your individual needs. You will not be discharged from hospital unless you are ready, and if complications occur, then the pathway will be adapted as required. However, the basic principles of **nutrition**, **mobilisation** and **active patient involvement** will remain a high priority so that you are soon completing your recovery at home safe and well.

Please remember, that once you are home if you have any problems or worries please do not hesitate to contact us.

When you are discharged you will receive a courtesy call on day two or day three from the enhanced recovery nurse, this allows us to check on your progress and gives you the opportunity to discuss any problems that you may be experiencing.

**All staff adhere to strict confidentiality code. Your treatment/condition will not be discussed with anyone without your express permissions.**

## Diet – Fortifying Foods

The following suggestions may help you to add extra energy and protein to everyday foods if you have lost weight or are not eating much; If any of these foods cause loose bowel motions or upset you, avoid for a few weeks and then gradually reintroduce them back into your diet. If you suffer from diarrhoea it is important to replace the fluid loss and to drink plenty of extra water.

**If you have a Stoma, your stoma specialist nurse will give you advice on your diet prior to discharge from hospital.**

### Milk

Try using full cream milk, condensed or evaporated milk in tea, coffee, sauces, milk puddings, or custard

### Breakfast cereals

Use full milk, add smooth jam, honey or syrup and sprinkle extra sugar on top

### Toast

Spread butter on whilst the toast is still hot, spread smooth jam marmalade, honey,

**Try the above** with crumpets, muffins and teacakes

### Sandwiches

Add mayonnaise or salad cream to fillings such as egg, tuna, cheese or meat

### Soups

Use 'cream of varieties' Add grated cheese, croutons, dumplings or pasta

### Puddings

Sponge, crumble, pies. Add sugar, glucose, honey, syrup, smooth jam full fat yoghurt, cream, custard, ice-cream

Try keeping a food diary, you may be able to see a pattern to what foods are causing you problems! Remember this is only a brief guide if you have a stoma formation please speak to the Specialist Nurses.

## 1. What is the Enhanced Recovery Programme (ERP)?

When you are admitted to hospital for your bowel operation you will be taking part in an **enhanced recovery programme (ERP)**. The aim of the ERP is to get you back to full health as quickly as possible after your operation. This information booklet should increase your understanding about the key aspects of the programme and how you can play an active part in your recovery. It is important that you are aware of what to expect from us and what is expected from you, before and after your colorectal surgery in terms of how you prepare for your operation and recovery.

The key benefits of ERP:

- Early introduction of food and drink
- Good pain relief
- Early mobilisation (reduced risk of deep vein thrombosis (DVT), and reduced possibility of a chest infection)

Research indicates that after surgery, the earlier we can get you out of bed, mobilising, eating and drinking, the quicker your recovery will be and you will be less likely to develop complications. Patients and health professionals are realising the benefits of a shorter stay in hospital, therefore, there will be daily goals which you will be encouraged to achieve. We will monitor your progress and will support you in reaching your goals.

## 2. Pre-operative Assessment

You will meet either the pre-operative assessment nurse or the enhanced recovery nurse, you may also see an Anaesthetist.

The Nurse will:

- Discuss your general health and record your medical history.
- Ask you about your current medication. **Please bring a list with you.** We will advise you if you need to stop any current medication prior to your operation.
- Carry out some tests including blood pressure, pulse and weight.
- Assess your general health for surgery and anaesthetic. The team will aim for you to be in the best possible health prior to your operation.

- Carry out blood tests, ECG (heart tracing), MRSA swabs. Other test may be required depending on your medical history.
- Ask you about your individual needs and home circumstances.

Your pre-operative assessment allows us to provide the information, support and education you need to take an active role in your treatment. Pre-operative assessment and planning is an essential part of the Enhanced Recovery Programme. You may also raise any concerns you have.

### 3. Preparing yourself for surgery

Your body needs plenty of nutrients to recover from an operation. Although you will not be allowed solid food from six hours before your operation, you will be given carbohydrate-rich drinks to have the day before your operation and on the morning of surgery.

**The day before your operation** please **avoid** drinking alcohol and caffeine containing drinks, including coffee and tea.

### Carbohydrate drink ‘Preload’ information

This is a nutritious drink that we want you to take prior to your surgery. This is to provide you with extra calories to make up for you not eating. The pre-operative nurse will provide the drinks and explain how to take them.

**Please note: these drinks are NOT suitable for diabetic patients due to their high carbohydrate content. If you are a diabetic please refer to the guidelines on fasting only.**

### (k) Diet

You may find that for a few weeks following your operation you may have to make some slight adjustments to your diet depending on your bowel pattern. You should try to eat a balanced diet which includes:-

- fruit and vegetables (well cooked/soft/pureed and no skin)
- milk and dairy foods – good source of protein to aid wound healing
- lean meat, fish, eggs, cheese which are also very good protein sources
- bread, rice, pasta, potatoes and other starchy foods (lower fibre varieties may be tolerated better initially) choose white rice and pasta and low fibre cereals such as cornflakes, rice krispies.

**The aim for you is to:**

- Try to enjoy your food
- Eat regular small meals and snacks
- Add extra energy and protein to your food
- Try to have a variety of foods so that you don't miss out on essential nutrients
- Avoid using low fat, food and drinks
- Try nourishing drinks/drink plenty of fluids
- Take small mouthfuls and chew your food slowly

### Nourishing Drinks

#### Fruit Milkshakes

Add pieces of soft/pureed fruit to milk or yoghurts

#### Milky Hot drinks

Use full fat milk with ovaltine, horlicks, hot chocolate, milky coffee. You can also add a spoonful of double cream (avoid caffeine in the early days as this can stimulate the bowel and make diarrhoea worse).

#### Supplement drinks

Powdered drinks such as Complan and build-up drinks are available from most chemists, they are available in a range of sweet, savoury and neutral flavours.

## (f) Urinary function

After bowel surgery you may get a feeling that your bladder is not emptying fully, this usually resolves with time. If you have excessive stinging or burning when passing urine please contact us for advice.

## (g) Mobilisation

Walking is encouraged from the first day following your surgery, you should continue to take short walks several times a day. Gradually increase how far you walk until you are back to your normal level of activity. The main restrictions we would place is that you do not undertake heavy lifting for at least 6 weeks after surgery, but remember that early in the recovery period short daytime rests are needed too.

## (h) Work and driving

You are advised not to drive for at least 4 weeks, or until your Consultant says that you are safe to drive. Depending on your occupation you should be able to return to work within 6-12 weeks

## (i) Deep Vein Thrombosis (DVT)

The risk of a DVT continues for some weeks after your discharge, So please continue to wear the stockings, or administer Dalteparin to reduce the risks. You will be advised by the nurse on discharge. Symptoms to be aware of that may suggest a blood clot include swelling of the calf or thigh (not ankle) pain in the calf, and hotness of the leg. If you are worried you may have a blood clot Please see your GP as soon as possible.

## (j) How will I feel after surgery?

An emotional response may sneak up on you when you least expect it. Most people find that once everything is over and they have gone home, they experience a lot of emotions all at once. Some people become snappy, angry, tearful or just quiet. This is a natural reaction and will pass. You may wish to warn your family of what to expect so they are not unduly worried.

## Stoma/Colostomy

Some types of bowel surgery involve the formation of a temporary or permanent stoma. The Stoma/Colorectal nurses will support and train you on this before and after your surgery.

## Useful things to bring into hospital

- Dressing gown and slippers (with non-slip soles)
- Current Medication in original packaging
- Chewing gum – this reduces trapped wind, encourages your digestion and aides recovery of bowel function
- Loose fitting pyjamas or night shirts and some comfortable clothes for after your operation and toiletries bag
- Pen and paper to write down your questions
- Mobile phone, if you have one. These are allowed on the ward and enable you to keep in touch with your family. Please keep them on silent mode to avoid disturbing others.
- Book and magazines

**Property Disclaimer:** The Trust will not accept responsibility or liability for patients' money and personal property brought onto Trust premises, unless it is handed in for safe custody, and an official receipt is obtained. Please do **not** bring any valuable items.

## Monitoring

During your stay with us we will monitor:

- fluid intake
- fluid out
- time out of bed
- pain levels
- wind passed
- number of walks
- food consumed
- bowel motion

## 4. Preparing to go home from hospital – being discharged

Please make sure your home is prepared for your discharge. We suggest you have Paracetamol and Ibuprofen available; make arrangements for your shopping to be done, and for someone to collect and support you on your discharge.

**My planned operation is.....**

**I'm expected to stay in hospital.....days**

## 5. The day of your operation

Most patients will be asked to come in on the morning of their operation. Please bring all your medicines in their original packaging. You will be welcomed onto the **Surgical Admissions Unit** an area where there are comfortable chairs and a relaxing environment for you to wait. You will be met by a nurse who will complete an Admissions Checklist with you and prepare you for surgery. The nurse on the unit will give you all the support you need. A final blood test maybe necessary.

Your **Consultant/Surgeon** will explain your operation to you, and, discuss the risks and benefits. Once you have all the information required to make a decision they will ask you to sign a consent form.

Your **Anaesthetist** will consider the types of anaesthesia available and what would be the best choice for you. They will discuss the benefits, risks, any complications and side effects of different types of anaesthesia.

Depending on where you are on the theatre list, you may have a period to wait, a family member or friend may wait with you. If possible, you will be asked to walk to the operation theatre. After your operation you will be transferred to a recovery area. Once the recovery staff are happy with your condition you will be taken to Ward 12A or ITU.

You may have the following tubes/attachments:

- a small tube in your back (epidural) which provides a continuous supply of pain relieving medication.
- a small tube in your hand Patient Controlled Analgesia (PCA) is connect from the machine to deliver pain relieving medicine every time you press the button. You are able to control this yourself and are given instructions on how to do this. The dose is set at a safe level for you.
- a tube (catheter) in your bladder so that we can monitor how much urine you are making.
- you will be given extra oxygen to breath via a mask or nasal tube.
- you will have a drip in your arm/hand giving you fluid.
- nurses will check your condition regularly and ask you if you have any pain or nausea.

If you become constipated – after 3 days try some mild laxative such as Lactulose. If you continue to have diarrhoea – monitor how often a day it is occurring and if more than 4 times a day please contact us for advice.

If you have constipation or diarrhoea with a stoma. Please call the stoma nurses - contact numbers on the back page of this leaflet.

### (c) Sickness

Some episodes of feeling sick (nausea) in the first few days is normal, however if this persists or you are actually being sick (vomiting) please contact us for advice.

### (d) Abdominal pain

You may suffer from stomach pains (colic) during the first few weeks after your operation. This should lessen over time and only last for a few minutes each time it occurs.

**If you have severe pain lasting more than 1-2 hours or have a fever and feel generally unwell, you should contact us on the given numbers.**

### (e) Wound care

Your surgical wound(s) should heal fairly quickly. You can remove the dressings after 72 hours. You can shower and get the wound wet as the dressings are waterproof. Please avoid shower gels/bubble bath getting onto the wound. Pat the wound dry with a clean towel and re-apply the dressings as instructed on your discharge.

It is usual for your wound to be slightly red and uncomfortable for the first 1-2 weeks, however if your wound becomes:

- Painful
- Swollen
- Feels hot
- Starts to discharge fluid

Please contact us for advice.

## PAIN SCORE 0-10 NUMERICAL RATING

### 0-10 Numerical Rating Scale



Prevention or early treatment of pain is far more effective than trying to treat established or severe pain – **don't wait until it is too late!**

## 9. Discharge - What if I feel unwell? What to do

Complications do not happen very often, but it is important for you to know what to look out for should you feel unwell. If you are concerned about anything in this leaflet, contact details are given on the back page.

### (a) Feeling generally unwell

You may feel tired, uncomfortable and emotional when you are discharged from hospital. This is normal; you have undergone a major operation which will take you time to recover. It may take several weeks for you to feel like 'you' again.

#### What to do:

- rest during the day
- eat small meals and often
- continue pain relief regularly as advised
- talk to someone

### (b) Bowel function

Your bowel function will change after part of your bowel is removed. You may be getting used to a new stoma. This can take several weeks to settle. There may initially be some dark blood in with your stools. This is normal but if it persists or the blood is bright red please contact us -

#### What to do:

- make sure you have regular meals
- avoid excessive alcohol
- drink plenty of fluids
- take regular walks

## 6. The evening after your surgery

A few hours after your operation you will be able to start to drink. You will be given nutritious drinks. By taking these drinks your body will receive the extra nourishment it needs to help heal your wounds and help your recovery. The nursing staff will help you to sit up in bed and if your condition allows, to get out of bed. This is a key part of your recovery, it helps prevent deep vein thrombosis (DVT – blood clots) and chest infections.

- You will be given a small injection to prevent any blood clots.
- Expect to wear compression stockings, you may have 'veneflow' (intermittent compression wraps) in place.
- You will be encouraged to eat something light, drink water and practice deep breathing exercises.

Having an operation has an effect on your breathing and your circulation. The following exercises will help to reduce complications and speed your recovery (**please practice exercises before you come into hospital**). You will be encouraged to mobilise regularly from day 1. The physiotherapists arrive on the ward approx 10.30am, they will help assist you to return to your normal mobility within 2-3 days.

**The following information is intended as a guide, and you will be assessed post-operatively to tailor your treatment to your clinical needs and recovery.**

### Deep breathing exercises

Following your operation you tend to breathe more shallowly and not expand your lungs at the bottom. Make sure you are in a comfortable position with your back supported, place your hand on the upper part of your stomach, relax your shoulders.

- take a slow deep breath in through your nose, concentrating on expanding the lower part of your chest, hold the breath for a count of 3, then sigh out through your mouth repeat 2 or 3 times, then rest.
- Try to do this 3 or 4 times an hour during the day.

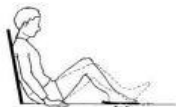


This cycle is designed to re-expand any areas of the lungs that may have closed down and loosen secretions, so you may cough something up afterwards. This cycle can be repeated as necessary. Try to repeat 4-5 times hourly during the day.

## Huffing

Helps to move phlegm in preparation for coughing

- try taking a sip of water before you start.
- take a deep breath in.
- open your mouth wide and squeeze the air forcefully out of your lungs as quickly as possible (as if steaming up a mirror).
- your stomach muscles should contract but your throat muscles should not tighten.
- The huff must be long enough to move phlegm from the airways.



## Circulatory exercises

Please remember not to cross your legs or ankles as this can make the circulation more sluggish.

- ankle circling involves moving the feet clockwise and anti-clockwise in circles. Repeat 10 times
- keeping your legs straight, bend your feet firmly up and down at the ankles. Repeat 10 times
- Keeping your legs outstretched, press the back of your knees down into the bed and tighten your thigh muscles. Hold for a count of 3 and relax. Repeat 10 times.

## 7. Day One (after your operation)

- a) You will be able to eat and drink today. Please read the Light Diet information on the ward and ask the staff if you have any questions regarding the menu or diet. You will also be given nutritious drinks as extra supplements throughout the day.
- b) Once you are eating and drinking, the epidural or PCA will be removed and you will be started on oral painkillers; your dose will be adjusted to give you optimal pain relief.



It is not uncommon to feel sick after an operation, please tell the nursing staff as you can be given anti-sickness medication to help with this. The intravenous drip will be removed on day 1 or day 2 depending on how much you are drinking.

- c) The physiotherapist will explain the importance of doing the deep breathing exercises, and assess your needs.
- d) The physiotherapist or nurses will aim to help you walk around the ward. You should try and spend approx 6 hours out of bed today, you may find it easier to sit out for shorter periods with rest in between.
- e) Your catheter will be removed Day 1 or 2. Sometimes the catheter can affect the bladder so we will need to check you are passing urine freely after its removal.
- f) If you have a stoma, you will be taught how to look after this everyday, until you feel confident.

## 8. Day Two onwards

You can drink and eat a light diet as well as being given extra nutritious drinks as supplements.

You should spend at least 6-8 hours out of bed and aim to walk to the end of the ward and further each day.

Doctors and nurses will ask you about whether you have passed wind or had your bowels open. This is a good indicator of your recovery.

Following surgery, your bowel function can be erratic and you may feel bloated and constipated. You may have diarrhoea. This is all part of the recovery; please talk to a member of staff if you are concerned.

## How is pain assessed?

Effective pain control is an essential part of your Enhanced Recovery Programme. We need you to be able to **Move, Deep Breathe** and **Cough** therefore pain control is vital to your recovery.

Your pain will be assessed regularly. Pain will be measured by using a score and you will be asked to describe where the pain fits on a scale of 0-10. You may find it easier to describe your pain as mild, moderate or severe, either way is acceptable. Pain assessment is necessary to identify, measure and plan your pain management.