

Enhanced Recovery After Surgery (ERAS) Bowel Surgery

The aim of this leaflet is to help you understand the Enhanced Recovery after Surgery programme (ERAS) and how you will play an active part in your recovery after bowel surgery. The enhanced recovery programme is different to traditional care and aims to get you back to full health as soon as is possible after your surgery.

Research indicates that if the following principles are adhered to recovery is easier and happens more quickly:

- Good advice and information prior to your operation
- Carbohydrate drinks (sugary) before your operation if appropriate. Some diabetics are unable to have the drinks
- Effective pain relief
- Commencing drinking and eating at an early stage
- Getting out of bed and walking regularly after your operation

These steps will help to reduce post operative complications such as chest infections, deep vein thrombosis and pulmonary embolism. We ask patients to take an active role and to work in conjunction with the multidisciplinary team including doctors and nurses. There is a group of Enhanced Recovery Nurses, the ERAS team, who are there to support you at all stages of your time before, during and after your stay in hospital.

The ERAS team's work times are Monday to Saturday inclusive - 7.30am to 5pm.

Contact Numbers: Office: 0300 131 5118
Mobile: 07769 876934
Mobile: 07795 520041

Your length of stay will be discussed with you. It does of course depend on how your recovery is and will only be a guide.

Expected Date of Admission: _____

Expected Date of Discharge: _____

Before you come into Hospital

When the decision has been made to have surgery you will be given an appointment to visit the pre-assessment clinic where you will be asked about your general health and fitness and have various assessments in preparation for your operation. You will be given advice on issues such as medication. You will also have blood taken and may have a tracing of your heart (ECG). The Enhanced Recovery Nurse will endeavour to speak to you before your operation; this is likely to be at your pre-assessment appointment, however on occasion we may contact you by phone or speak to you when you are admitted to the ward which is usually on the day of your surgery.

At the time of pre-assessment you will be asked about your plans for discharge from hospital. It will be important that you plan for your discharge from hospital as your stay in hospital is often

quite short. If you are concerned that there may be problems it is important that you discuss this with the nurse.

Having an operation of this sort can be both physically and emotionally stressful. Pre operative education and information can help to reduce anxiety. Important points to consider before your bowel operation include:

- **Eating and drinking well** - your body will need energy for repair, therefore it is important that you are as well-nourished and well hydrated as possible; it will assist in the healing of your wound and will improve your general recovery.

You will also be given some Pre-Op sugary carbohydrate drinks that will help with your recovery. They are specially formulated to help your body cope with the stress of surgery. They can also make you feel better after your surgery. There will be four Pre-Op drinks.

Please drink three Pre-Op drinks the evening before your operation and the remaining one Pre-Op drink before you become nil by mouth either in the morning or the afternoon depending on your individual nil by mouth instructions.

Alternatively, you may drink two Pre-Op drinks the evening before surgery and two Pre-Op drinks before you become nil by mouth either in the morning or the afternoon depending on your individual nil by mouth instructions.

Diabetic patients may not be given these drinks or given a reduced amount as they can make blood sugars rise too much. You will receive instructions in your admission letter regarding your dietary intake and your nil by mouth time. Sometimes if you require bowel preparation your oral intake instructions for the day before your surgery may change but you will be informed at your preadmission assessment by the ERAS nurse if this is the case. Information will be given to you regarding any bowel preparation that may be required.

- **Exercise** - being physically active before your operation will help your recovery.
- **Prevention of post operative chest infection** - It is important to familiarize yourself with deep breathing exercises before you come into hospital so that you can start them straight after surgery. Normal breathing relies on the contraction of various muscles. Anaesthetics and pain relieving medications can affect the way the muscles work which may result in shallow breaths. This could lead to a chest infection. Therefore it is very important that you can cough effectively and move around in and out of bed comfortably. Do not lie flat in bed as this increases your risk of chest infection, your position in bed should be head up at least at a 30 degree angle or more. Research shows good oral hygiene helps to reduce the risk of chest infection; please remember to bring in your toothbrush, toothpaste and a good mouthwash, if possible containing Chlorhexidine.

Deep Breathing Exercises

Sitting fully upright tends to be the best position for these exercises. Ensure you have adequate pain relief as deep breathing can be uncomfortable:

1. Support your abdomen with a towel or a pillow and your arms, bring your knees up slightly and lower your shoulders.
2. Breathe in deeply, feeling your lower chest expand as far as possible. Try to keep your neck and shoulders relaxed.
3. Hold the breath for up to three seconds.

4. Let the air out forcefully through your mouth in an even stream.
5. Repeat this three times and then return to breathing normally.

Coughing

The breathing exercises should be followed by a cough. Do not suppress a cough as it is necessary to clear any secretions from your lungs. To cough effectively place your arms with a rolled up towel or pillow over your abdomen/wound for support then bring your knees up slightly and lower your shoulders to reduce the strain on your wound sites.

Repeat the breathing exercises and coughing at regular intervals for the first few days following your operation.

- **Relaxation** - try to relax and not worry about your operation
- **Smoking and alcohol** - giving up or cutting down will help speed up your recovery and reduce your risk of developing complications. If you would like help to stop smoking please let us know.

If your operation involves having a stoma you will be referred to the stoma team. They will see you before surgery to discuss having a stoma. They will answer any questions you may have and demonstrate the use of stoma appliances. They will also put a mark on your abdomen to mark the site of the stoma - this may happen on the day of surgery. The stoma team will support you both during your stay in hospital and after discharge.

The Day of Admission

The day of admission is usually the day of your operation. Your admission time is usually 7.45am but it may possibly be an afternoon admission - **check your admission letter**. You may be asked to attend The Richard Ticehurst Unit reception at Conquest Hospital to book in or report directly to a ward. Usually you will be allocated a bed on Gardner ward. This is a mixed gender ward but has male and female six bedded single sex bays. Occasionally you will go to the theatre from The Richard Ticehurst Unit and then to your bed on a ward following a recovery period in theatre.

A nurse will go through the admission procedure with you. This may be the ERAS nurse. You will be given a gown to wear. Observations will be taken. You will also be measured for anti embolic stockings that will help to prevent a blood clot from forming in your calf (Deep Vein Thrombosis (DVT)). A surgeon will come to say hello to you as will an anaesthetist. The anaesthetist will discuss your anaesthetic and pain relief with you. You will be informed approximately what time your operation will be and it maybe that you will be able to have some water to drink if the operation is later in the day; your surgeon and anaesthetist will decide this.

Some people require an enema before surgery to clear the lower part of the bowel and this will be administered on the ward.

The nurses go through a check list with you and this will be done again by the nurse who comes from the theatre to escort you there for your operation.

Following your operation

It is normal to stay in the recovery area for some time after surgery. You will be discharged back to the ward when the staff are happy that you are recovering and that your pain is controlled and your observations are within your normal limits. Breathing exercises can begin in the theatre recovery.

You will have some oxygen via a mask or a nasal cannula. This is normal and will be removed when your oxygen saturation levels are satisfactory. Other observations such as blood pressure, temperature, pulse and respirations will be monitored closely.

You may have a drip in your arm which will ensure you receive adequate fluids until you are drinking well. You will have a urinary catheter to drain your urine so that staff can monitor your kidney function and ensure that you are producing urine. You will have a dressing on your wound.

Good pain control encourages a good recovery. During the operation the anaesthetist commonly give blocks via fine catheters that make your stomach muscles numb. These blocks wear off and it is important that your analgesia (pain relief) is maintained, some patient return from theatre with the fine tubes into their stomach muscles still in place these can be used to "top up" blocks. Sometimes a spinal anaesthetic may also be administered by the anaesthetist this again wears off in time. Good pain relief allows you to rest comfortably, take deep breaths and cough effectively and allows you to mobilise.

The nurses will assess your pain regularly. You may have an epidural infusion which goes into your back, this provides continuous pain relief. Alternatively, you may have a Patient Controlled Analgesia (PCA) system. This goes through a drip in your arm. The PCA involves you controlling your pain by pressing a button that then releases pain relief (usually morphine) into your system. In addition you will likely receive paracetamol through your drip. It is important that you tell us if the pain relief is not adequate as there are different or additional types of analgesia that we can use. We can also draw on the expertise of a group of nurses that specialise in pain control and the anaesthetists.

You may experience some nausea/sickness. You will be given anti sickness medication during your operation to reduce the chance of this happening. Again, it is important that you tell us if you feel sick so that we can give further medication.

An hour or two after your operation you will be offered a drink and/or a refreshing ice lolly. You may also be given a nutritious supplement drink called a fortisip (milk based) or a fortijuice (juice based). Patients with diabetes can be given milk as an alternative. These will aid recovery. However, it is important that you do not force yourself to eat and drink if you are feeling sick or unwell. If you tolerate the drinks you may be able to have a little food. You may find eating "little and often" after your surgery rather than full meals is more suitable, you can bring in to hospital a selection of snacks that you enjoy for this purpose such as biscuits, crisps etc. There is research to suggest that chewing gum three times a day can encourage bowel activity, this is called "sham eating" please bring chewing gum into hospital to have after your operation.

If you feel able to get up on the day of surgery the nurses will help you to do some marching on the spot or sit for a short period in the chair.

During the evening after your operation you will be given an injection either in your stomach or your arm or your thigh which is a blood thinning injection called Clexane. This is designed to help reduce the risk of blood clots developing. These injections are a daily injection and will continue for 28 days from the day of surgery and you will be taught how to continue with these at home.

Subsequent days following Surgery

Continue your breathing and coughing exercises. You will be encouraged to eat and drink as long as you don't feel sick. High energy fortisip/fortijuce drinks are offered and you should try to drink two/three of these each day.

Your drip will be taken down as soon as you are drinking well. This is often the day after your operation.

Your urinary catheter will be removed as soon as you are mobilising. This may be the day after your operation or when appropriate. We will need to monitor the amount of urine passed for the first two times following removal of your catheter, so you will be given a cardboard container to pass urine into. This is to ensure you are passing urine satisfactorily following the removal of the catheter.

Your epidural or patient controlled analgesia (PCA) will stay for approximately 48 hours. When this is removed you will change to oral analgesia. This is usually a long acting opiate based pain killer that is given twice a day. Additional analgesia can be requested at any time. Please do not wait for the drug rounds.

You will have regular blood tests to ensure you are recovering well. You will also be seen by the surgical team daily.

Your wound will be checked as needed. Often this is on alternative days. Appropriate dressings will be used.

On the day of your surgery, if you feel well enough, we will assist you to sit on the edge of the bed to take deep breaths and if possible to stand and walk on the spot. Each day after your surgery it is advised that you sit out in your chair both morning and afternoon. On the first day after your operation you should aim for six hours in the chair. Each subsequent day you should continue to aim for at least six hours or more. You should aim for a walk on the second day after the operation. The nurses are there to help you.

Benefits of early mobilisation include reducing the risk of deep vein thrombosis or pulmonary embolism, improve wound healing and reduce the risk of developing a chest infection. When sitting in the chair it is helpful to march your legs on the spot, move your ankles up and down and bend and straighten your knees. As each day passes you should gradually increase your exercise until you are back to your normal level of activity. The nurses will help you to build up your walking; you will be encouraged to walk along the corridors for about 60 metres four to six times a day. Try to wear your day clothes following surgery as it can help you to feel positive about your recovery.

It is important that you tell us when you start passing flatus as this is a sign your bowels are recovering. We also need to know when you have your bowels open. If you have a stoma you will be supported by both the stoma care team and the nurses until you feel confident to manage by yourself.

Going Home

You will be ready to go home when:

- You have regained your pre surgery mobility or you are managing with a temporary stick/zimmer frame safely as per physiotherapist instructions

- You are eating and drinking satisfactory amounts
- Your pain is adequately controlled
- You have either passed flatus or had your bowels open
- If you have a stoma you are able to care for it independently
- Your blood tests are satisfactory
- The support identified as necessary is available at home

Your Discharge

- Your discharge takes time to organise so please be patient while various measures are put in place
- If you go home on Clexane injections you will be taught how to give yourself the injections. We will give you your council number to ring when you have completed the course so that they can come and collect your sharps box. The sharps box will be given to you and it is where you put your used needles
- Medication will be given to you by the ward nurses. This will include any analgesia and other medications you may need
- A copy of your discharge letter will be given to you for your reference. A copy also goes electronically to your GP
- An outpatient appointment will be made and either posted to you or given to you by telephone or given to you prior to your discharge
- You will be given open access to the surgical assessment unit (SAU) at the Conquest for a length of time that will be discussed with you prior to discharge, usually 10 to 14 days post-op. This will mean that if you have any concerns you can ring for advice 24 hours a day. They will advise you if you need to go to the hospital to be seen by a doctor. We would ask that you contact the ERAS nurses if you have any questions that we can help you with. Unfortunately we are unable to look at wounds but can offer advice
- You will be advised on wound care. Spare dressings will be given to you if needed. We usually advise that you make an appointment with your practice nurse to have your clips removed from 10 to 14 days. We also give you clip removers
- We would be grateful if you complete our questionnaire on or after discharge. We look at all of these and act appropriately to any concerns
- We will give you a spare pair of anti embolism stockings. Washing instructions are on the packet. These should be worn for 28 days post operatively. They can come off for feet washing
- If you have a stoma the stoma nurses will order you all of the necessary equipment and give you contact numbers that you will need so that more stock can be ordered
- We will give you the ERAS numbers to contact if you are concerned about anything
- **Please do not hesitate to ask the nurses if you have any questions at all**

At Home

We will endeavour to ring you the day after discharge to see how you are (or Monday if you go home on a Saturday).

Complications do not happen often but it is very important to know what to look out for:

- **It is not unusual to suffer gripping abdominal pain which should only last a few minutes. However, severe pain that lasts for several hours within two weeks of your operation may indicate a leakage of fluid from where the two pieces of bowel were rejoined. You may get a fever with this and feel generally unwell. Please contact us or the surgical assessment unit immediately.**

- Your wound may be slightly red and uncomfortable for the first two weeks. Please contact your GP if your wound becomes inflamed, swollen, painful or is leaking fluid.
- Your bowel habit may change as part of your bowel has been removed. You may experience loose stools or constipation. You may also feel an urgency to go to the toilet. This may happen for a few months and this is normal. If you have persistent diarrhoea for more than 3 to 4 days or if you are constipated for more than 3 to 4 days then contact the ERAS nurse for advice.
- Good nutrition is a vital part of recovery. It may take weeks before your appetite returns to normal. Try eating small meals frequently. Add snacks also. Sufficient food intake helps to prevent tiredness and promotes a faster recovery. Please make sure that you drink plenty of fluid at home, particularly if you have a stoma or loose stools.
- You should take regular exercise daily. Gradually increase your exercise during the four weeks following your operation until you are back to your normal level of activity. It is important to rest in between. Feeling physically tired after an operation is natural. Be guided by your body and your common sense.
- Avoid lifting for a minimum of six weeks as healing inside takes place.
- Do not drive until you are confident that you can drive safely, and make an emergency stop. This is usually 4 to 6 weeks. It is best to contact your insurance company to inform them of your operation.
- Many people are able to return to work within 6 to 8 weeks of surgery. If your job involves heavy, manual labour this period may be longer.

Useful Contact Numbers:

Conquest Hospital

Colorectal Macmillan Nurse Specialist:

Telephone: 0300 131 5127

Stoma Specialist Nurse:

Telephone: 0300 131 5128

Surgical Assessment Unit:

Telephone: 0300 131 4332

Eastbourne District General Hospital

Colorectal Macmillan Nurse Specialist:

Telephone: 0300 131 5356

Stoma Specialist Nurse:

Telephone: 0300 131 5128

Consent

Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 (direct dial) or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The Trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff

use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The directorate group that have agreed this patient information leaflet:
Diagnostics, Anaesthetics and Surgery Division

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Responsible clinician/author: Minette Farne Elliott, Colorectal ERAS Matron

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