

Patient information

Patient Discharge Information Enhanced Recovery After Surgery (ERAS)

This information leaflet describes what you may expect following discharge from hospital after your bowel operation. Please feel free to contact the Colorectal ERAS nurses should you require any advice over the telephone. We are available from

8:00 to 17:00 Monday to Friday & some Saturdays

Telephone numbers – 0300 131 5118 / 07769876934 / 07795520041

Will I have pain?

You will most likely suffer griping/windy type pains during the first few weeks after surgery. The pain may last for a few minutes and then go away.

Severe pain that lasts for several hours may indicate a leak of fluid from where the bowel has been joined together. This can be a serious complication although rare. Should it occur it is likely to be in the first 2 weeks following surgery. You may also have fever and/or flulike symptoms. If you are concerned, please ring the Surgical Assessment Unit (SAU) at the Conquest Hospital to ask for advice. SAU is open 24hrs a day. You can also ring the Colorectal ERAS nurse. You may be asked to attend the SAU for a review depending on the information you give. You will have open access to SAU.

The number to ring for SAU is 0300 131 4332

Tell them you are an ERAS patient with open access to SAU.

You will have been given a letter for the SAU open access, it will include the above information and the name of your Surgeon, your surgical operation, date of operation and date of discharge

When you go home you will be given advice about “over the counter” painkillers or may be given a supply of painkillers according to your individual needs. You should only need to take pain killers until you can perform your normal activities without significant discomfort. If you find you require further supplies, please visit your GP. Simple measures such as supporting your abdomen with a cushion will help to avoid putting a strain on your wound.

What should I expect from my wound as it is healing?

Your wound may not have fully healed before you go home. You are likely to have some bruising around the wound which is normal and will get better in time. You may have clips or stitches that need to be removed. For some patients their wound[s] will be closed with stitches under the skin which dissolve on their own. You may have some paper steri-strips covering your wound, which will drop off on their own accord. If you have clips or stitches which need removal the nurses will give you instructions regarding this. It is likely that they will ask you to make an appointment with the practice nurse at your GP surgery to have them removed approximately 10 – 14 days from the day of surgery. If you are unable to leave the house the nurses may ask a district nurse to visit you.

All wounds progress through several stages of healing that can last for 6 months. The following points are commonly experienced:

- Unusual sensations such as numbness, sensitivity, tingling or itching.
- Slight pulling around the stitches/clips as the wound heals.
- A hard lumpy feeling as new tissue form.

Occasionally infections develop in the wound. If you notice increased redness, pain, inflammation, or a discharge from the wound it is important that you see your GP. You may require antibiotics.

Reducing the risk of Deep Vein Thrombosis (DVT) / Pulmonary Embolism (PE)

A DVT is when a blood clot forms in a deep vein in the leg. If this happens you may experience pain, tenderness and swelling of the affected leg. You may also notice a change of colour or temperature in your leg.

A PE occurs when part of the clot breaks off and travels in the blood stream to the lungs causing a blockage in an artery. You may experience shortness of breath, chest pain particularly when you breathe in and it may even cause you to collapse suddenly.

It is important to seek medical advice if you experience the above symptoms.

Having a surgical operation can increase your risk of DVT/PE and therefore to help prevent this we ask that you wear your surgical stockings (if appropriate for you) for 28 days in total from the day of surgery. They should be removed for an hour each day to allow for foot washing etc. It would be helpful to continue your leg exercises also. In addition, you will have a blood thinning injection called **Clexane** for a total of 28 days from the day of surgery. We will teach you how to inject yourselves and you will be provided with enough Clexane injections to complete the course when you go home. You will also be provided with a Sharps bin for the safe disposal of used syringes. Once you have administered the last injection, please close your sharps bin and contact your local council; before discharge you will be provided with the relevant phone number to call. Some people take blood thinning medication, and your surgeon will decide if you should resume this prior to discharge; if this is the case blood thinning injections may not be appropriate for you.

What can I have to eat and drink?

It may take a while before you get your appetite back. Instead of eating 3 meals a day it may be easier to have small and more frequent meals. After your surgery on your bowel, you can start to eat a healthy, well balanced diet including fruit, vegetables, whole wheat cereals and bread. Unless you have been given other instructions you can gradually resume eating your usual foods. You should aim to drink between 1-3 litres of fluid per day.

What will happen with my bowel habits?

If you have a stoma, the stoma care team will give you all of the information and guidance that you need to know and will make an appointment to see you in your home. Please contact the stoma care nurses if you have any problems regarding your stoma.

Your bowel habits may change following bowel surgery. They can be erratic, and this is normal. They will take time to settle, and it can sometimes take 3-12 months for you to know what your new pattern will be. Some people may find that their bowel pattern changes and does not return to its previous pattern. Everyone is different following bowel surgery and for some people it may take up to 7 days for the bowel to begin to work. You may have episodes of diarrhoea and/or urgency and also days where you do not have your bowels open.

It is normal to experience diarrhoea initially. You may get a sore bottom. If this happens, we advise you to wash your bottom every time you have your bowels open, pat dry, and use a very small amount of barrier cream to protect the skin. It is important to drink plenty of fluids if you have diarrhoea to prevent dehydration. If you have continued diarrhoea for more than 6 days, you may require anti-diarrhoeal medicine. Contact your ERAS nurse, colorectal nurse, or GP for advice.

Occasionally you may experience constipation. Do increase your fluid intake if this is the case. If your bowels have not worked for 4 days or more, please contact your GP or ERAS nurse, colorectal nurse for advice. You may require a stool softener.

It is also normal to expect a lot of wind, sometimes associated with abdominal discomfort. This will gradually settle.

Your bowel pattern once you return home may vary in the number of times you go in a day. Any bowel problems often improve by looking at your diet and what you are eating. If you are concerned you should speak to your surgeon, GP or Colorectal nurse.

Remaining positive will help as you adjust to your new routine and learn to find out what your new 'normal' is.

How often should I rest and exercise?

It is normal to feel tired and weak for up to 3 months after major surgery. This will gradually improve, and you will become stronger each day. It is important that you use common sense and listen to what your body is telling you. This means that you should rest when needed. Do not push yourself too hard. However, it is also very important to do daily gentle exercises to help build up your muscle strength. Start by going for a short walk daily and increase the distance by a small amount each day. If you participate in any regular exercise/sports such as swimming you should introduce these back into your life gradually.

Good nutrition in the form of a well-balanced diet is essential. Having sufficient food and fluids will help to keep your energy levels up.

You should avoid any heavy lifting for the first six weeks. As an example, you should not lift anything heavier than a 1kg bag of sugar. If you do, you may cause yourself pain and strain muscles which could cause a hernia.

If you normally take part in strenuous sport or exercise, you may be able to begin again after six weeks depending on your fitness. Most people will have returned to their normal level of fitness 3 months after their surgery.

Bathing and Showering

It is quite safe to get your wound wet after you have gone home as long as your wound is healing well. You will be advised if this is different for you. You should avoid soaking in the bath for too long, though initially you may find it difficult to get in and up out of a bath therefore, a shower is preferable and avoid using scented products as they may sting. And make sure the

wound is carefully patted dry. If you still have a dressing covering your wound the nurse will advise you individually although most of the dressings, we use are waterproof.

When can I drive again?

You should check with your insurance company when you are covered by your policy to drive again after major abdominal surgery. We advise you don't return to driving for approximately 4-6 weeks after major bowel surgery. This time allows the abdominal muscles to heal, so there is less chance of you hurting yourself. For your own safety and that of others, you must have the strength and movement to drive safely and be able to perform an emergency stop without the pain of the operation preventing you from doing so. Remember, any strong medication which causes drowsiness will also affect your ability to drive. If you feel ready to drive before this time, please discuss it with your GP. There is no reason why you shouldn't wear a seat belt.

When can I return to work again?

You can return to work when you feel ready to. To begin with you may feel tired and deciding when to return to work is an individual decision - everyone is different. If your surgery was performed laparoscopically recovery time may be quicker. If your job involves lifting, pulling, pushing, or stretching then it is best not to go back to work for at least six weeks. You should consider asking for lighter duties also to begin with.

If you require "fitness to work" certificates, please ask the staff on the ward to help you on your day of discharge before you leave the hospital.

Can I travel abroad?

It is usually safe for you to travel abroad after six weeks, but it is advisable that you wait until you have had your follow-up appointment with your surgeon so that you can discuss this with them if appropriate.

When you are applying to travel abroad you should be sure you are not travelling against medical advice; you may require a letter from your GP. It is a good idea to check your insurance policy for 'pre-existing medical conditions' that may need to be declared for the policy to be valid.

When will my follow up be?

A follow-up appointment will be made for you. In general, you will be seen in the outpatient department approximately 6 weeks after your surgery.

Important information

This patient information 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 4784 or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

We are 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 our leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department on 0300 131 4434 or esh-tr.AccessibleInformation@nhs.net

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

Reference

The following clinicians have been consulted and agreed this patient information:

Mr R. Harshen and the ESHT Colorectal Surgeons, Robert Wilson, Head of Nursing DAS

The Clinical Specialty/Unit that have agreed this patient information leaflet:

Diagnostic, Anaesthetic and Surgery

Next review date: November 2025

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