

INFORMATION FOR PATIENTS
ABOUT
THE ENHANCED RECOVERY PROGRAMME

This information is available in other formats on request. Please ask your nursing staff to arrange this

INTRODUCTION

A recent development in elective bowel surgery is the introduction of the Enhanced Recovery Program. The aim is to improve your recovery after surgery, enabling earlier discharge, without compromising on quality, safety and wellbeing.

This program requires a team approach from health professionals, you and family and friends all playing a vital role in your recovery and achieving the aims of the program.

PRE OPERATIVE INFORMATION

At pre-assessment, you will receive six cartons of “pre-op” nutricia which is a carbohydrate lemon drink, shown to improve wellbeing after surgery, as it reduces post-operative loss of muscle mass, improves wellbeing i.e. less thirst, hunger and anxiety and enhances recovery.

The day before your operation you will be advised to have four of these cartons, at 4pm, 6pm, 8pm, 10pm.

On the day of your operation you will be asked to drink the remaining two cartons two hours before surgery.

Three days before your surgery we advise a low fibre diet (see diet sheet). This reduces the stool residue in the bowel.

The day prior to surgery we advise clear fluids only.

If you are at risk of having a stoma (colostomy or ileostomy) you will need to be seen by the Stoma Care sister to be assessed, and arrangements made for stoma education before surgery, as not being proficient in managing your stoma can delay discharge.

If you are having surgery for rectal or sigmoid cancer you will require bowel prep. This will involve either a phosphate enema or receiving sachets of powder which you dilute in water the day before surgery with the intention of cleaning your bowel. This will be discussed with you at pre-operative assessment.

AFTER SURGERY

Mobilisation has been shown to reduce hospital stay as it helps the bowel to get working, and encourages a feeling of wellbeing for you.

When you wake up from your operation, you will be asked to start deep breathing exercises, which reduces the risk of chest infections. By sitting out of bed, lung function is improved, and more oxygen is carried around the body. This will be assisted by you receiving oxygen via a face mask, which also reduces the risk of you feeling sick and vomiting after surgery.

The staff will get you out of bed six hours after surgery and sit you in a chair for two hours, and then eight hours the following day. Staff on the ward will support you during this time, and if you are not well enough to achieve these goals then we try again the next day.

PAIN CONTROL

Refer to your patient information leaflet on pain buster

INTRAVENOUS FLUIDS

Intravenous fluids via a drip will be given at an appropriate rate, adjusted to what you are drinking, urine output, and, if you have a stoma (colostomy or ileostomy) what your output is.

Monitoring your blood at this time is very important in determining how much fluid you have through your drip.

ORAL FLUIDS AND DIET

On the evening of your operation, high protein/high calorie drinks as well as being allowed free oral fluids (unless contraindicated by your surgeon). This regime will be continued on subsequent days, and on the 2nd day of your operation you will be offered a light meal and snacks which will be continued on subsequent days, until you are taking a normal diet.

Introducing fluid and diet early after your operation will improve your recovery and hasten the return to normal bowel function after surgery.

INDWELLING CATHETER

During your operation a tube will be put into your bladder, which will drain urine. The catheter will be removed as soon as possible after your operation. The catheter is removed sooner if you are mobile and walking around the ward.

DRAINS

It may be necessary to insert a drain into your abdomen at surgery to drain any excess fluid; this will be removed as soon as

possible after surgery. This will be determined by how much fluid is draining.

DISCHARGE INFORMATION

You will require 28 days of Daltaparin injections following discharge. Instruction on how to do this will be given prior to discharge. If you are unable to do the injections yourself, arrangements will be made with the district nurse to visit and administer the injections. The aims of the injections are to reduce the risk of blood clots after major bowel surgery, and are in keeping with National Institute of Clinical Effectiveness (NICE) guidelines.

Complications of surgery are rare but it is important that if any of the following occur that you contact your GP or the Colorectal Nursing Service on the telephone numbers provided.

- **Abdominal pain**

If you are experiencing ongoing abdominal pain, and generally not feeling well, you may think you have a temperature, and the pain is not being relieved by pain medication.

- **Wound**

Wound discomfort is not uncommon after bowel surgery and taking regular pain medication for the first couple of weeks after surgery will help with any discomfort you may be experiencing.

If your wound begins to discharge fluid, becomes swollen or very inflamed (red), this requires assessment.

- **Bowels**

Your bowel habit after surgery will have changed because you have had part of the bowel removed (this will already have been discussed in depth with you by your surgeon). Bowel function after surgery varies from patient to patient, and advice given will vary. If you do have concerns around function please discuss this with the Colorectal Nursing service.

- **Passing urine**

Sometimes after bowel surgery you may feel that you are not emptying your bladder fully, this usually resolves in time. If the symptom continues and you start to experience a burning or stinging sensation when passing urine, then we need to exclude the possibility of an infection.

RECOVERY

A balanced diet of fruit, vegetables, dairy products, carbohydrates, meat and fish is recommended. You will find that certain foods may affect your bowels, either making them loose or causing constipation, or something in between which is not your 'normal' and you will need to experiment with foods to find out which foods cause upset. If you have any concerns contact the Colorectal Nursing Service who will discuss this further with you.

Exercise is encouraged throughout your recovery. You should take daily exercise, gradually increasing over the subsequent weeks following your operation, until you are back to normal activity. Avoid any heavy lifting or driving for at least 3 weeks after surgery, common sense will guide your activity and exercise.

With regard going back to work, this would need to be discussed on an individual basis.

To answer your questions and give information please contact:

GP

Or

**Mel Aubin & Pippa Cottam
Macmillan Gastrointestinal/Colorectal
Clinical Nurse Specialists**

Monday - Friday 8.00 hours -16.00 hours

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