

For further information please contact:

Colorectal Office or Stoma Nurse, Monday - Friday

9:00am - 4:30pm

Direct Tel: 020 8535 6563

Colorectal Nurse:

Kitty Aristides / Waveney Stanford

Stoma Care Nurse:

Christina Gonzalez / Lisa Tosley

For **out of hours** emergency advice please contact the
NHS direct on: **0845 46 47** or alternatively you may contact
your GP.

Whipps Cross University Hospital Trust

Whipps Cross Road

Leytonstone

London E11 1NR

Hospital Switchboard: **020 8539 5522**

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Enhanced Recovery Programme

Colorectal Department

Notes

Welcome to the Enhanced Recovery Programme

This booklet is to help you understand Whipps Cross University Hospital NHS Trusts Enhanced Recovery Programme and how you will play an active part in your 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 Whipps Cross Hospital until you are ready to go home, which is usually three to five 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.

Notes

Pre-assessment clinic

You will attend a clinic appointment in the outpatients department before your operation, for the nurses and doctors to assess you and to ensure that all preparations have been completed.

- Information will be given to you about your operation, the Enhanced Recovery Programme and your expected admission and discharge date.
- This leaflet will be a reminder for you so please try to keep this in a safe place for your reference at all stages of your operation.
- You may also see the stoma specialist nurse today or before your operation who will teach you how to manage a stoma (bag). Although you may not require a stoma (bag) to be formed, it is current practice for people undergoing certain operations to have the stoma specialist nurse mark the abdomen (site). You will be informed prior to your operation if you require a stoma bag.

Preparing for your operation

Do I need bowel preparation?

The majority of patients will not require bowel preparation. You will be told by the sister in the pre-assessment clinic whether you will need bowel preparation.

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 from 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. Most patients will be given a few enemas before the operation to clear the lower part of the bowel.

Other preparations for your surgery

You will be given a small injection of dalteparin in the skin. This helps reduce the risk of blood clots (thrombosis) by thinning your blood. This will be given to you each day while you are in hospital. You will also be required to wear elastic stockings while you are in hospital as these also help to prevent clots in your legs.

In addition, if you are planning to restart a routine exercise such as jogging or swimming you should wait until two weeks after your operation and start gradually. Your own progress and fitness will guide your exercise and rehabilitation.

Work

You should be able to return to work within two to four weeks after your operation. If your job is a heavy manual job then it is advised that heavy work should not be undertaken until six weeks after your operation.

Driving

You should not drive until you are confident that you can drive safely. A good indicator for this is when you have got back to most of your normal activities. Usually this will be within two to four weeks of surgery. It is important that any pain has resolved sufficiently to enable you to perform an emergency stop and turn the wheel quickly.

Hobbies/Activities

You should consider taking up your hobbies and activities as soon as possible after surgery. It enables you to maintain your fitness and will benefit your recovery. You should not need to restrict these unless they cause significant pain or involve heavy lifting, in which case avoid them for the first six weeks after your operation.

Diet

A balanced, varied diet is recommended. Try eating three or more times a day. You may find that some foods upset you and cause loose bowel motions. If that is the case you should avoid those foods for the first few weeks following your surgery.

If you are finding it difficult to eat it is still important to obtain an adequate amount of protein and calories to help your body heal. You may benefit from having three to four high protein or high calorie drinks such as Build-up or Complan (available in supermarkets and chemists) to supplement your food.

If you are suffering from diarrhoea then it is important to replace the fluid loss by drinking extra fluid. If you are losing weight without trying or are struggling to eat enough, you may benefit from a consultation with the dietetic - ask your GP / Consultant to refer you.

Exercise

Walking is encouraged from day one following your operation. You should plan to undertake regular exercise several times a day and gradually increase this during the four weeks following your operation until you are back to your normal level of activity. The main restriction we would place on exercise is that you do not undertake heavy lifting until six weeks following your surgery.

Day of your operation

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

You will sign a permission form giving consent for your operation.

Eating and drinking before your operation

The pre-assessment nursing sister will give the instructions that are relevant to you.

- You can eat until six hours before your operation (provided that you are not having a laxative bowel preparation).
- **You must not have anything at all to drink for two hours before your operation.**
- If you have a **hiatus hernia** or **suffer from severe heartburn** you should not have anything to drink for **four hours** before your operation.
- From six hours until two hours (or four hours – see above) **before** your operation you can drink water, **black** tea, **black** coffee or squash drinks. **No milky drinks are allowed.** We will give you **two energy drinks to drink three hours** before your operation (**pre-Op**). This improves your recovery.
- **Bowel clearance:** You may be given an enema two hours before your operation to clear the lower end of your bowel.

After your operation

Mobilisation/ getting out of bed

Following your operation, when you wake up, it is important that you perform deep breathing exercises. Breathe in through your nose and slowly out through your mouth. This should be done at least five times an hour.

The staff will help you out of bed after your operation. You should try to spend up to **two hours out of bed** on the day of your operation.

To help us to see how well you are recovering after your operation, you may be asked to complete a short questionnaire about how well you are eating, drinking and walking after your operation.

Eating and drinking after your operation

After your operation you **can** start drinking water and it is important that you drink, unless you feel sick. Try to drink about five glasses or cups. You will be given energy drinks after waking from your operation and should ask for them when you feel well enough.

Your bowels

Your bowel habit may change after removal of part of the bowel and may become loose or constipated. Make sure you eat regular meals three or more times a day, drink adequate amounts to keep well hydrated (drinking lots of water) and take regular walks during the first two weeks after your operation.

If constipation lasts for more than three days then taking a laxative is advised. If you are passing loose stools more than three times each day for more than four days, we advise taking medication such as loperamide, co-phenotrope or codeine phosphate.

If you have a stoma, your stoma specialist nurse will explain about your stoma before you go home. If you have any problems with your stoma after you go home, please contact your stoma specialist nurse.

Passing urine

Sometimes after bowel surgery you may experience a feeling that your bladder is not emptying fully. This usually improves with time. If you feel you are not emptying your bladder fully or if you have excessive stinging when passing urine, please ring the Colorectal Office and staff will assist you.

Abdominal pain

It is not unusual to suffer gripping pains (colic) during the first week following removal of a portion of your bowel. The pain usually lasts for a few minutes and goes away between the spasms.

Severe pain that lasts for several hours may indicate a leakage of fluid from the area where the bowel has been joined together. This can be a serious complication but does not frequently occur. Should this occur, it may be accompanied by a fever.

If you have severe pain lasting more than one or two hours or have a fever and feel generally unwell within two weeks of your operation date, you should immediately contact the Colorectal Office on the telephone number provided.

Your wound

It is not unusual for your wounds to be slightly red and uncomfortable during the first one or two weeks. Please let us know if your wounds:

- Become inflamed, painful or swollen
- Start to discharge fluid

Pain control

Good pain control improves your recovery as you can walk about, breathe deeply, eat and drink, feel relaxed and sleep well.

You may have a tiny tube in your back (epidural) which provides a continuous supply of pain relieving medication. In addition you will be given other pain relief by mouth, which help in different ways. Alternatively you may have patient controlled analgesia (PCA). This has a button that you press to give yourself pain relief. There is a safety device that prevents you taking too much. **It is essential that only patients are allowed to use this button.**

The anaesthetist will discuss these options with you before the operation

Feeling sick

After your operation you may feel sick or may vomit. This is usually caused by the anaesthetic or drugs used. You will be given medication during your operation to reduce this, but if you feel sick please speak to your nurse who will be able to give you medication to help you.

Tubes and drips

Whilst in theatre a tube (catheter) will be placed into your bladder so that your urine output can be measured.

You will have a drip put into your arm and fluid will be given through this to ensure you do not become dehydrated.

Monitoring

While you are in hospital we will check your blood pressure, pulse and temperature regularly. We will also check how much fluid you are taking in.

Stoma

If you have a stoma formed you will receive daily training to make sure that you can care for your stoma before you go home.

The stoma nurse will teach you how to manage the stoma bag before you have the operation and then again after your operation.

The third day after your operation (Day 3)

You need to continue to eat and drink, mobilise and get ready to go home. We will make arrangements for you to be seen in the outpatient clinic approximately one to two weeks after your operation.

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

The most likely problem that you may have is that your bowel stops working for a period after your operation. This occurs in many patients undergoing bowel surgery, but in some people this can last a few days or longer. Having an ileus (blockage of the small or large intestine) can make you feel sick or you might be sick. If this occurs tell your nurse. We may need to place a tube into your nostril to help with this.

What happens after your discharge?

Complications do not happen very often, but it is important that you know what to look out for. During the first two weeks after surgery, if you are worried about any of the following, please phone the office (the number is at the end of this leaflet). If you cannot contact the office, then ring the colorectal nurse. If you are still unable to get hold of someone you may contact your GP.

The second day after your operation (Day 2)

Mobilisation

Continue to mobilise as before.

Eating and drinking

Continue to eat and drink, as much you can tolerate. We advise 10 to 15 drinks each day.

Pain control

Your epidural or PCA will be removed today and you will continue on regular pain killer tablets.

Monitoring

Your blood pressure and pulse will be regularly tested throughout the day.

The day after your operation (Day 1)

Mobilisation

You should aim to walk along the ward corridor and back four times (about 60 metres four times). On each day after your surgery it is advised that, provided you feel well enough, you sit in the chair for six hours, with rests on the bed as needed.

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

Eating and drinking

You can start to drink and eat as soon as you wake up from the operation. It is important that you eat after your operation and you should try to drink about 10 to 12 drinks (about 2000ml) in total each 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 and high energy drinks would help your body to heal your wounds quickly, reduces the risk of infection and helps your overall recovery. Try to take three each day unless you feel sick.

Pain control

You can continue to use your epidural or patient controlled analgesia (PCA). Regular pain relief tablets will be started on day one.

Feeling sick

Tell the nurses if you feel sick. They will give you some anti-sickness medication to help you.

Tubes and drips

If you are drinking well the drip will usually be removed in the morning. And if you are mobilising the catheter in your bladder will usually be removed too but after pelvic surgery we may leave removing the catheter until day three. When this happens you will be asked to pass urine in a bottle or a bed pan so that we can measure your urine. You will still keep your cannula (plastic tube in the vein).

Monitoring

Your blood pressure, pulse, temperature, fluid balance and weight will be measured. You will be assessed regularly throughout the day.

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.

