Patient Information

University Hospitals Coventry and Warwickshire NHS Trust

Colorectal surgery

Enhanced Recovery After Surgery (ERAS)

Checklist before Surgery

Before surgery	**Yes**	**No**	**If not, why?**
Have you met with the CNS or ERAS nurse?			
Did you get an ERAS leaflet and contact telephone numbers?			
Have you had pre-operative assessment?			
If you need one, did you meet with the stoma nurse?			
Do you know what to expect after surgery?			
Do you know how to find the ward?			
Do you know when people can visit you?			
After surgery:			
Drink clear fluids, like water, black coffee, or tea.			
Do deep Breathing exercises, every 15 mins, if you can.			

What is enhanced recovery after colorectal surgery?

ERAS is a way to help you recover faster after surgery. You will have an important role in this process.
Here is how ERAS works:

- Using modern surgical techniques, like robot-assisted surgery.
- Making sure you have good and effective pain control.
- Getting you out of bed and moving around early and exercising to help your body recover.
- Staff will give daily goals to help you get better faster. These goals are also a way for you to be involved, in your own recovery.

Before you come into hospital

Pre -operative assessment clinic
At this appointment you can:

- Ask questions about your surgery and talk about any worries you have about going home after.
- Meet staff like physiotherapists, occupational therapists, specialist nurses, and the discharge team who can help you.
- Have tests and health checks to make sure you are ready for surgery.

In the ERAS talk:

- You will get information on what to expect before, after and during surgery.
- A checklist of things to do before coming in for surgery.
- A daily diary explaining what the hospital staff will do each day and what goals you should try to reach before going home.

Stoma Nurse

If your surgery involves having a stoma, a Stoma nurse will:

- Teach you how to take care of your stoma.
- Give you an information pack to help you practice.
- Visit you after surgery until you feel confident managing your stoma.
- Arrange stoma supplies and discuss your stoma care follow up.

Eating and Drinking

Eat a healthy diet in the weeks before surgery.

- Drink 8 to 10 cups of fluid every day.
- You might need to eat less fibre to reduce bowel contents. Information on a low-residue diet will be given to you.

Getting ready for surgery

- The night before surgery, eat your dinner as usual.
- You can drink as usual until 6am on the day of surgery, but then no food or drink.
- If you need bowel preparation you will need to stop eating earlier and start drinking plenty of clear fluids while taking bowel preparation.

Pre-Operative carbohydrate drinks

- If you are diabetic or take proton pump inhibitors, like lansoprazole or omeprazole, you will not be given these drinks.
- High energy drinks help your body prepare for surgery and help with your recovery.
- It is recommended that you take 3 X 200ml cartons the day before surgery and one the morning of surgery before 6am.
- They are best served cold and shake before drinking.

What to expect on the day of admission

- Nursing staff will welcome you and check you in.
- Your surgical team will go through the operation again and ask you to sign a consent form to agree to the surgery.
- The anaesthetist will talk to you about pain relief after surgery.
- If you have a stoma, a stoma care nurse will mark on your tummy where the stoma will be placed.

Pain control

It is important to manage your pain so you can move, breathe deeply, cough, and sleep comfortably.
Different types of pain relief include:

- Epidural: A small thin tube put in your lower spine before surgery, sending painkillers directly to your spine to numb your tummy.
- PCA (Patient Controlled Analgesia): This is the most used pain relief. Pain relief is given into your vein when a button is pressed, and this is controlled by you. There is a built-in time, so you can't take too much.
- TAPP block: The surgeon places local anaesthetic into your tummy.

Your pain should get better in 1 to 2 days. After that, you will switch taking pain killers by mouth.

Tubes and Drips

When you wake up from your operation:

- You will have a small tube (catheter) in your bladder to collect urine. This is usually removed 1 or 2 days after surgery.
- A cannula (small plastic tube) will be inserted into your hand or arm and a bag of intravenous fluid will be attached. This is to keep you hydrated until you can drink enough on your own.

Feeling sick (Nausea)

- The anaesthetic and pain medications can make you feel sick.
- Sometimes the bowel becomes sleepy after surgery (paralytic ileus), making you feel sick.
- You will be given anti-sickness medication during surgery, but if you still feel sick, tell a member of staff, and they will give you more medicine to help.

Eating and Drinking

- As soon as you wake up from surgery, you can start drinking water or clear fluids.
- You will slowly return to normal eating and drinking.

Bowel movements

- It may take a few days for your bowel to start working again.
- Your first stools (poo) might be loose at first.
- It can take a few weeks for your bowels to return to normal.

- If you have a stoma, the stoma care nurse will discuss your expected bowel function and how best to manage this.

ERAS diary day 1

	Yes	No	If not, why?
Sit out of bed in the morning			
Catheter removal today			
Doctor ward round			
Pain well controlled			
No feeling sick (nausea) or vomiting			
Free fluids (no fizzy drinks)			
Deep Breathing exercise, every 15 mins if you can.			
Physiotherapist			
Blood test			
Drink Fortisps as much as you can			
See Stoma nurse (if you have one)			
Walked 250 steps			
Anti embolic stockings (TEDs)			
Dressing removal if laparoscopy			

ERAS diary day 2

	Yes	No	If not, why?
Sit out of bed in the morning			
Catheter removal today if wasn't removed day 1			
Doctor ward round			
Pain well controlled			
No feeling sick (nausea) or vomiting			
Soup and sweet (plain soup, yogurt, jelly, custard, ice cream)			
Deep Breathing exercise, every 15 mins if you can			
Blood test			
Drink Fortisps as much as you can			
See Stoma nurse (if you have one)			
Practice injecting clexane			
Walked 500 steps			
Anti-Embolic stockings (TEDs)			
Dressing removal			

Eras diary day 3

	Yes	No	If not, why?
Sit out of bed in the morning			
Doctor ward round			
Pain well controlled			
No feeling sick (nausea) or vomiting			
Low fibre diet Meal suggestion for breakfast, toast and marmalade, rice Krispies. Lunch/dinner, jacket potato (no skin) with cheese or tuna. Omelette, sandwich in white bread with tuna, chicken or cheese			
Deep Breathing exercise, every 15 mins if you can.			
Blood test			
Drink Fortisps as, much as you can			
See Stoma nurse (if you have one)			
Practice injecting clexane			
Walked 750 steps			
Anti-Embolic stockings (TEDs)			

ERAS day 4 - Day of discharge

	Yes	No	If not, why?
Sit out of bed in the morning			
Doctor ward round			
Pain well controlled			
No feeling sick (nausea) or vomiting			
Low fibre diet			
Deep Breathing exercise, every 15 mins if you can			
Blood test			
Drink Fortisps as, much as you can			
If you have a stoma, you will be confident in managing it Referral to community stoma care nurse and further follow up arranged			
Confident injecting clexane			
Walked 1250 steps			
Anti-Embolic stockings (TEDs)			
Wound checked			
Referred to early discharge team or district nurse			
Follow up clinic appointment in 6 to 8 weeks			

ERAS feedback after surgery

Did you get enough information about ERAS before surgery?				YES /NO
How can we make it better? **Please circle** Longer session More detail Shorter session Less detail More written information Less written information Just right				
Since Surgery, have you had any of the following in the last 24 hours? **Please circle**				
Nausea	None of the time	Some of the time	Most of the time	All the time
Vomiting	None of the time	Some of the time	Most of the time	All the time
pain	None of the time	Some of the time	Most of the time	All the time
Are you happy with the care you received on the ward?				YES/NO
Discharge process				
Were you told when you could go home? Were you told how to get help and advice if needed once you are home? How did your discharge feel? **Please circle** Too quick Just right Too slow				YES/NO YES/NO

Overall Experience
How would you rate your experience out of 10 (1 being lowest, 10 highest) 1 2 3 4 5 6 7 8 9 10
Other comments

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