

## Colorectal

# Patient Information for the Enhanced Recovery Programme

### Introduction

Your surgical team led by the consultant has recommended that you have an operation. At your appointment with your surgeon, it was explained to you that you are suitable to use the enhanced recovery programme to help you recover quickly and safely from the operation.

In the past, recovery from bowel surgery could be slow. The surgeon would often wait for signs that the bowels were working before letting the patient eat and drink. We now understand that this can delay recovery and may cause sickness and vomiting. Allowing patients to eat and drink earlier speeds up recovery and reduces the risk of complications.

In order to get the best out of enhanced recovery the patient (you) will need to play an active part in the programme. This information booklet will help you understand what you need to do for the enhanced recovery programme and how it will help you.

The enhanced recovery programme will set daily goals that the staff in the ward will help you to achieve. Achieving these goals will help you return home sooner and reduce your risk of major complications.



### **Before coming into hospital**

Before you come into hospital you will be seen in the pre-operative assessment clinic. This is to check that you are fit enough for the anaesthetic and the operation. It is important that you let us know if you have any concerns about whether you will be able to manage at home after your operation. We have a team of people who will be able to help. These include physiotherapists, occupational therapists, social workers, clinical nurse specialist and a discharge and assessment team.

If your operation means that you need to have a stoma (colostomy or ileostomy) you will be seen by one of the colorectal specialist nurses. They will give you information about the stoma and will teach you how to manage it after the operation. Practising this before you come into hospital will make it easier to cope with your stoma after your operation.

### **Admission to the ward**

The plan is for you to be admitted to

ward \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_ hours.

These details may change but if they do we will send you the new information by post or contact you by telephone.

### **Bowel preparation (delete as appropriate)**

- You do not require any bowel preparation
- You will need to take laxative medication the day before your operation to clean the bowel. This will be given to you to take home, together with instructions about when to take it. We will also need to replace the fluids and salts that you will lose from your body because of the bowel preparation. You will need to drink more fluids than normal and we will also replace fluids directly into your vein through a drip in your arm
- You need to have an enema a few hours before the operation to clean the lower part of the bowel

### **Preventing blood clots**

Blood clots in the legs or in the lungs is a serious complication of surgery. To help prevent blood clots you will be given a daily injection that makes the blood less sticky. The first injection will be given before the operation and these will continue until you leave hospital. We will also ask you to wear firm elastic stockings as these can also help to prevent clots forming. We recommend that you take the stockings home with you and wear them for the next three to four weeks until you are fully recovered.

If your operation requires a stoma (colostomy or ileostomy) one of the specialist nurses will see you again just before your operation to mark a suitable position on your abdomen (tummy) so that the surgeon knows where to place the stoma.

### **Eating and drinking**

On the day before surgery you will be able to eat and drink normally. If any dietary restrictions are needed you will be told specifically about these. To help the bowel recover you will be given a special energy drink the night before your operation and a further energy drink a few hours before your operation.

### **After your operation**

After your operation you will wake up in the recovery room of the operating theatre. The medical staff here will make sure that you have fully recovered from the anaesthetic and that you are comfortable before letting you go back to Ward 22 ECU (The enhanced recovery unit)

### **Pain control**

It is important that your pain is controlled properly after your operation. It will allow you to breathe deeply, cough, start walking around, feel relaxed and

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sleep well. There are a wide variety of different types of pain control. More important than the type of pain control used is that it is working well for you.

- **Epidural** – this is given by means of a thin tube that the anaesthetist will place in your back before your operation. The epidural allows painkilling medicines to be delivered directly into the spine
- **PCA (patient controlled analgesia)** – this device allows painkillers to be given directly into a vein. You will be in control of how often the painkiller is given by pressing a button
- **TAPP block** – the surgeon will inject local anaesthetic into your abdomen (tummy) at the end of the operation

After a day or two it is likely that your pain will be well controlled using painkillers taken by mouth. We will then be able to stop the epidural or PCA

## Tubes and drips

When you wake up after the operation you will find that we have placed a small rubber tube (called a catheter) into your bladder. This allows us to measure how well your body is producing urine. The catheter will be taken out after a day or two and you will then be able to pass urine normally.

You will also have a small plastic tube inserted into a vein (usually in the arm) so that we can give you fluids and other medicines. The fluids are to prevent you from becoming dehydrated (dry). Once you are drinking normally, we will remove the tube from your arm.

## Recovering from your operation

Recovering from the operation is an active process. There is a lot you can do to help your own recovery and avoid complications.

### Exercises

When you wake up from your operation you will need to carry out deep breathing exercises every hour or so when you are awake. This helps you to recover from the anaesthetic and helps to avoid chest infections. The nursing staff on the ward and the physiotherapists will help you with this and will be happy to explain what you should do. Here are a few of tips to help carry out the exercises.

- Breathe deeply through your nose hold the air in your lungs briefly for a few seconds before breathing out through your mouth slowly. Do this three times in a row
- 'Huff' with your mouth, as if trying to clean spectacles. You may find it more comfortable to support your abdomen (tummy) whilst you do this. It often helps to hold a folded towel across your tummy for support. Repeat this twice.

You should also try to do exercises with your lower legs to help the circulation and to prevent clots forming.

- Point your feet up and down fully 10 times in a row.
- Then move your ankles by drawing an imaginary circle with the big toe of each foot 10 times.

You will be encouraged to get out of bed and walk as soon as you are able to and most patients will be able to get out of bed for an hour or two on the same day as the operation, particularly if your operation is in the morning. On each day after your operation, you will be encouraged to spend at least six hours out of bed. You also need to get out of bed to have your meals.

You will be encouraged to walk 60 metres, three times on the first day after your operation. The distance and frequency of walks will then be increased on each day after that.

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Being out of bed in an upright position and taking exercise improves the function of your lungs and reduces the risk of serious complications. It also helps your bowels to start working again.

### **Eating and drinking**

As soon as you have recovered from the anaesthetic you will be able to start drinking. If you are well enough and feel like it, you may even be able to have something light to eat on the evening of your operation. We will also provide some energy drinks which will help your recovery. We will encourage you to drink three of these a day whilst you are in hospital. Eating and drinking after your operation improves your recovery and provides the energy you need for healing to take place.

### **Sickness (nausea)**

Sometimes people feel sick after an operation and sometimes are sick. This is usually caused by the effects of the anaesthetic, or the medicines we give you to control pain. You will be given medication during the operation to reduce the risk of this happening, but if you do feel sick, please tell a member of staff who will be able to give you something to help. It is important that we relieve your sickness to allow you to feel better so that you can eat and drink normally.

### **When can I go home?**

You will be able to go home once you have achieved certain goals and we can be sure that you will manage safely in your own home. The goals to be achieved are as follows:

- You are eating and drinking normally
- You are not experiencing sickness (not requiring injections for sickness)
- The pain is well controlled with tablets (not requiring injections for pain)
- You are passing urine without difficulty

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- You have opened your bowels (or have passed wind and your surgical team is happy to let you home)
- You will be able to manage yourself at home or have someone to look after you
- If you have a stoma, that you are able to manage it yourself without help.

You will be checked on a daily basis to see how you are progressing. Once the surgical team and the nursing staff feel that you are getting close to achieving all the goals, they will talk with you about arrangements for going home. They will inform you about the time of discharge and then make sure that everything you need to take home (for example painkillers) is ready. If required (for example if you have dressings that need changing) the district nursing team will be informed of your discharge. An appointment for you to be seen by the surgical team in the Out-patients Clinic will be sent to you in due course.

Although you will be well enough to go home, you will not have fully recovered from the operation. Your recovery will continue over the next few weeks. The following information is to let you know what to expect and also what to look out for. We will give you information about how to contact the hospital or arrange for you to be seen if you are worried.

### **Abdominal (tummy) pain**

It is not unusual to have cramp-like, griping pains (colic) during the first week after the operation. The pain can be quite severe, but usually lasts for a minute or two. The pain goes away between spasms. This type of pain is quite normal and is caused by the bowel starting to work again.

Severe pain that last for several hours could be due to a problem with the join in the bowel. If this happens, you may also feel sick, or be sick or develop a high temperature (fever) and feel unwell. Although this is a rare complication,

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it can be very serious. If this happens, you should contact us using the numbers provided at the back of this leaflet. If you cannot contact us, you must tell your own GP.

### Your wound

At the end of most operations, the wound on your tummy will be closed with a stitch that remains buried under the skin. This stitch dissolves over the next few weeks and does not need to be removed. Sometimes the surgeon will use skin clips or stitches that do not dissolve. If this is the case, we will make arrangements for the clips or stitches to be removed by the district nurse or by the practice nurse at your GP's surgery.

It is not unusual for the wound to be uncomfortable or even 'itchy' during the first couple of weeks. Please let us know if your wound becomes:

- Swollen or very painful to touch
- Fluid starts to leak out of it
- Inflamed (redness and pain spreading into the skin either side of the wound)

The wound should be kept clean using plain water, avoid soap or shower gels. Getting the wound wet in a shower or a quick bath is fine, but the wound should not be soaked for a long time. Make sure you dry the wound gently, but make sure it is dried thoroughly. Avoid wearing clothes that rub the wound or irritate it.

### Your bowels

Your bowel habit often changes after this sort of operation. It can become looser or more frequent but can sometimes become more constipated. You should not worry about this as it often becomes more normal again over time, which may be several months.

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If you find you are very constipated we would advise that you drink plenty of water, take regular walks and increase the fibre in your diet (fruit, vegetables, bran, brown bread etc.) If the constipation persists for more than 3 to 4 days then you can try taking a laxative such as Movicol or Lactulose (your colorectal specialist nurse can advise you about this)

If your bowels become loose or frequent then you may need to avoid foods that are high in fibre. However, you still need to drink plenty of liquid to replace the fluid you are losing. If your bowels become very loose or very frequent, please contact the colorectal specialist nurse who will advise you.

### **If you have a stoma**

The colorectal specialist nurses will make sure that you are happy looking after your stoma before your discharge home. They will provide you with a supply of equipment to take home with you. If you have problems with your stoma or need advice you can contact them during normal working hours using the contact numbers you have been given. Out of normal hours or at weekends you should use the numbers given at the end of the leaflet.

### **Diet**

After this sort of operation there are no real restrictions about what you can eat or drink. We would recommend a varied, balanced diet and often a little of what you fancy is the right thing. After bowel surgery small regular meals will be easier to manage than a single large one.

To help your body to recover, you will need to eat more protein, calories and vitamins to help the healing process. If you are finding it difficult to eat enough you can have two or three nutritional drinks a day. These can be prescribed by your doctor or you can buy Build-up or Complan from your chemist.

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If you are unable eat, particularly if it is because of vomiting, you should contact the hospital for advice, or your GP if it is out of normal hours.

Activity, such as regular walks, is encouraged as it will help to speed up your recovery. You should plan some form of gentle exercise several times a day when you go home. You should slowly increase the level of exercise until you are back to your normal level of activity. This will usually take between three and six weeks. Taking up hobbies again will make it easier to exercise and quicker to regain your previous fitness. However, strenuous exercise should be reintroduced gradually and you should not undertake heavy lifting for six weeks. Common sense will be your best guide to what you should and should not do. If exercise causes more than mild to moderate discomfort then you should stop. If you are not sure then please ring for advice.

## Returning to work

Many people are able to return to work within four weeks of their operation. However, if your job involves heavy manual work or driving you will probably need six weeks off. If you have any concerns then ask advice from senior colleagues at work (especially occupational health) or one of the surgical team.

## Driving

You are not allowed to drive immediately after your operation. You will need to judge for yourself when it is safe to drive. The most important guide is your ability to drive safely and to perform an emergency stop if you should need to do so. Once you feel that you have recovered sufficiently to perform an emergency stop and you are comfortable enough to drive, you should inform your insurance company that you have had an operation, but are now recovered enough to drive again. It is unlikely that you will be ready to drive earlier than four weeks after your operation.

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### **Sex**

Sexual relationships can resume as soon as you feel comfortable.

### **Follow-up**

You will be contacted by phone within 24 hours by the enhanced recovery nurse following your discharge home.

An appointment for you to be checked by your surgeon will be sent to you for six to eight weeks after your operation

**Please contact the following numbers if you have concerns regarding your recovery at home:**

**UHCW (NHS) Trust (switchboard) 024 7696 4000**

**Colorectal Specialist Nurses:**

**Tel No 024 7696 5825**

### **Colorectal Surgeons**

Mr N Williams	024 7696 6102
Mr L Wong	024 7696 6103
Mr Bajwa and Mr Sood	024 7696 6099
Mr Leong	024 7696 6963
Mr Aslam and Miss Patel	024 7696 6097

## Patient Information

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 5617 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

To give feedback on this leaflet please email [feedback@uhcw.nhs.uk](mailto:feedback@uhcw.nhs.uk)

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