

The enhanced recovery programme

Introduction

This booklet will help you understand the St Mark's Hospital 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, as this programme is different to traditional care and can considerably improve your recovery time. The booklet describes the steps in your journey of care through St. Mark's Hospital until you are ready to go home, which is usually around four days after your operation.

If there is anything you are unsure about, please ask a member of staff or call the relevant number at the end of this booklet.

What can I do to prepare for my operation?

Before your operation it is really beneficial for you to try and get yourself as fit as possible and there are a number of ways you can do this. These include eating better, stopping drinking alcohol, stopping smoking and increasing your exercise levels. Ideally you should start making these changes a month or more before your operation, but from today is fine.

The following information is general and may not be appropriate for all patients. If you have any doubts speak to a doctor, nurse or physiotherapist.

You should try to eat a mixed, healthy diet each day. If you are underweight or have lost weight (without meaning to) it is helpful to try and increase your weight. You can go to the chemist or supermarket and buy energy drinks to supplement your diet. Alternatively you can go to your GP and ask for advice. If you are not underweight you should try and eat a healthy diet with a mixture of foods types. If you are unsure about what to eat, it can be useful to visit NHS Choices at www.nhs.uk for advice, or ask your GP or community nurse.

There is research to suggest that if you give up smoking before your operation, this will improve your recovery after your operation. Your GP or local stop smoking service can help with this. Deep breathing exercises before and after the operation will help people who do smoke or have smoked in the past to prevent complications such as a chest infection or cough after surgery. But all patients should undertake deep breathing exercises after their operation to prevent complications.

If you drink alcohol it is ideal to give up drinking for a month before your operation. If you need help ask your GP.

It is also useful to increase your exercise before your operation. A 20-30 minute walk every other day is a good start.

There is research to suggest that you will recover better after your operation if you are able to improve your fitness beforehand.

Pre-assessment clinic

You will have already attended your clinic appointment in the outpatients department where you received this booklet. During this appointment your fitness for your operation was assessed. The Enhanced Recovery Programme was explained to you and this booklet should act as a reminder for you.

What should I bring into hospital with me?

There may be some waiting about when you are in hospital, so bring a good book or magazine to read. There is a television on the ward.

It can be useful to bring in snacks to eat between meals and this can help you to eat a little more when you are in hospital. It is not possible to heat food up but there is a fridge that you can put your food in but don't forget to put your name on the food so that other people know it is yours.

It is also ideal that you bring in loose fitting, comfortable clothes to wear after your operation. Once all the drips and other hospital equipment are disconnected from you, please get dressed in your day time clothes as this helps you to feel a little better after your operation.

Do I need bowel preparation?

The use of bowel preparation will depend upon the type of operation you are having or your surgeon's decision about your operation. Some patients will not require bowel preparation. Bowel preparation might be oral or an enema. You will be told by the nurse in the pre-assessment clinic whether you will need bowel preparation. If you have been asked to take oral bowel preparation there are specific instructions below.

Oral bowel preparation

You only need to read this section if you have been told that you need to drink an oral laxative medicine to clear the contents of your bowels out.

Two days before your operation you need to have a low fibre diet. On this day your diet should consist of some of the following foods - boiled or steamed white fish, chicken (no skins), eggs, cheese, white bread, plain muffins, butter, margarine, white rice, white pasta, rich tea biscuits, potatoes (no skins), cauliflower, Tofu, natural yoghurts, plain cottage cheese, tinned peaches/pineapple, plain sponge cakes, clear soup (without bits in). **Do not eat** foods such as red meat, pink fish, raw fruit or other vegetables, skins/pips, cereals, salad, mushrooms, nuts, seeds, sweetcorn, wholemeal bread etc. You also need to try and drink two litres of clear fluids (8-10 glasses).

The day before your operation you can eat the foods listed as appropriate above until around 1pm. Then you need to drink a laxative medicine to help clear the contents of your bowel at 2.30pm and 5.30pm. If you need to have an injection (see

below why you might need this) the day before your operation, then drink the laxative after your injection. The bowel preparation gives you loose, watery stools. On the day of the oral bowel preparation it is important that you drink plenty of clear fluids but not fizzy drinks to replace the fluid you are losing. Clear fluids include black tea or black coffee, water, squash or juice. Clear soup and jelly are appropriate. It is also advisable to take about 1000 calories during the day in the form of 'high protein, high calorie' drinks that can be bought from a pharmacy or supermarket. This should stop you from feeling dizzy, sick or getting a headache. You should not eat any solids or milk once you start the laxative drinks or until after the operation.

Other preparations for your surgery

If you have been advised that it is appropriate for you to eat the day before surgery, it is a very good idea to have a good meal the evening before your operation.

Although you may not require a stoma to be formed, it is current practice for people undergoing certain operations to have the stoma specialist nurse mark the abdomen (site) before the operation. If you do want to know more about stomas please see the back page for contact details.

You will most commonly be given a small injection of blood thinner. 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 asked to wear elastic stockings while you are in hospital as these also help to prevent clots.

If you are coming into hospital on the day of your surgery you will often need to have this injection the evening before your operation. This will have been arranged with you at your pre-assessment appointment

Before the operation it is essential that you sign a consent form. The surgeon will do this with you before your operation. This is often on the day of your operation.

Before your operation, the anaesthetist will discuss pain relief options with you. There are a variety of ways to control your pain after your operation and one of these is an epidural, giving you continuous pain relief directly into your back using a little tube. There is also a button that you can press yourself, called patient controlled analgesia (PCA). The anaesthetist will explain these and possibly other options and what is best for you.

Please bring this leaflet into the hospital when you are admitted to remind yourself of what to expect.

What to eat and drink before your operation

The pre-assessment nurse will talk to you about what is best for you, but generally:

- You can eat until six hours before your operation (provided that you are not having an oral laxative bowel preparation).
- The night before your operation and until two hours before your operation you can drink water, black tea, black coffee or squash drinks. No milky drinks are allowed. However, if you have a hiatus hernia or suffer from severe heartburn you should not have anything to drink for four hours before your operation.

- We may give you two cartons of an energy drink (preOp) in the pre-assessment clinic. Please drink these three hours before your operation to help improve your recovery. After you take these, do not drink anything more unless you are told to do so.
- If you need to take your medicine, take it with the preOp drink.
- You must not have anything at all to drink in the two hours before your operation.

Coming to hospital

You will usually be admitted to hospital early in the morning (between 7.15 and 7.30am) on the day of your operation to the theatre admissions unit (see the end of the booklet for directions).

Clearing your bowel

You may be given an enema before your operation to clear the lower end of your bowel. If you require an enema, this will be given to you in hospital.

After your operation

To improve your recovery it is important for you to follow a number of guidelines. You can help yourself to recover sooner, by following our advice.

- If you feel able to eat you should try to eat little and often.
- Chew your food well.
- Snacks between meals can help you to eat a little more. You can bring in cold snacks such as crackers or biscuits and your visitors can also bring in cold food for you.
- Infrequently it is not sensible to eat after surgery and if this is the case you will be told the reason why.
- It is also important to walk, sit out of bed and perform deep breathing exercises as directed by the physiotherapy team, doctors and nurses. Exercise is shown to reduce the risk of chest infections and blood clots, such as a deep vein thrombosis in your legs.
- Resting is also important at night. It is essential to get out of bed each day to help you to feel tired at night and to help you sleep.

Getting active and out of bed

Following your operation and each day you are in hospital, when you wake up, it is important that you perform deep breathing exercises. Breathe in through your nose and relax the air out through your mouth, at least five times an hour. Do cough when you need to and holding your abdomen can reduce the pain when you cough.

A few hours after your operation the staff will help you out of bed or to sit up in bed. You should try to spend up to two hours out of bed on the day of your operation or sit upright in the bed.

On each day after your surgery it is advised that you sit in the chair. This should be for about eight hours each day, with rests on the bed as needed. A few people are advised by their surgeon not to sit in a chair. If this is the case you will be advised

when it is safe to do so. For some operations sitting is not allowed and if this is the case you will be told specifically and why this is.

You should aim to walk along the ward corridor and back four times (about 60 metres each time). The first walk is usually with a physiotherapist technician or nurse. If you feel that you are unable to walk alone please ask for assistance from one of the nurses or healthcare assistants.

Being out of bed in a more upright position, deep breathing, coughing and walking regularly will improve your breathing. This means that there is less chance of you developing a chest infection or clots in your legs. Also your bowel function usually recovers faster. If you are not sure how to perform these tasks or need assistance please ask the physiotherapist or nurse looking after you.

Eating and drinking after your operation

After your operation it is important that you drink, unless you feel sick. On the afternoon or evening of your operation try to drink around five glasses or cups of liquid, such as water, tea and coffee. You may also be given energy drinks after waking from your operation and should ask for them when you feel well enough.

Each day after your operation it is important that you eat. After certain operations it might not be appropriate for you to eat and if this is the case we will tell you what you may or may not eat/drink.

You should try to drink about ten drinks (about 2000ml) per 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, high energy drinks are provided after your operation to help your body to heal, reduce the risk of infection and help your overall recovery. Try to take two or more each day.

You will be encouraged to use the ward dining room for your meals. There is also an area for relaxation, reading or watching television.

Please note that there is a fridge that you can use to store food (do please label the food with your name). We do not have facilities to heat food, but it can be useful to bring in snacks to have between meals.

Meals times are approximately 8.30am, 12.15pm and 5.15pm and we encourage all meals to be taken in the ward dining room. A bell will be rung five minutes before meals as a reminder to walk to the dining room.

If you are in pain

Good pain control improves your recovery as it enables you to walk about, breathe deeply, eat, 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 killers to swallow, which help in different ways. The epidural is usually removed a few days after your operation and you will receive pain killers to swallow.

Alternatively you may have patient controlled analgesia (PCA). This has a button that you press to give yourself pain relief. There is a security device that prevents you taking too much. In addition you will be given other pain killers to swallow, which help in different ways. The PCA is usually removed one or two days after your operation and you will receive pain killers to swallow.

It is expected that you will have some degree of pain after the surgery but this should not stop you from moving or deep breathing. If your pain is too bad to tolerate or if your pain levels are getting worse please tell the nurse who is looking after you.

If you feel sick

After your operation you may feel sick or 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 something to help.

If you have prolonged sickness (nausea) or hiccups you may be advised to stop eating and drinking for a short time.

Tubes and drips

Whilst in theatre a tube (catheter) will usually be placed into your bladder so that we can measure your urine output. This catheter will often be removed the day after your operation. However, depending on your operation your catheter may remain inside your bladder for a few days. When the catheter is removed you will be asked to pass urine in a bottle or a bed pan for a short time, so that we can measure your urine.

You will have a drip put into your arm and fluid will be given through this to ensure you do not become dehydrated. If you are drinking well the drip will usually be removed the following morning. You will still keep your cannula (plastic tube in the vein) because if you are not drinking well or are being sick we may need to connect you to the drip again.

You will also have an oxygen mask or tubing on your face after the operation. This is usually removed the day after your operation.

Assessing your progress

While you are in hospital we will check your blood pressure, pulse and temperature regularly throughout the day. We will also check how much fluid you are taking in, so it is useful to tell the nurse how many cups of drink you have consumed. We will also monitor your urine output. If you have a drain or a stoma we will also monitor the output.

Your bowels

You may have a laxative to encourage your bowels to work (depending upon your operation), and this often takes a day or two to work. If you pass wind (flatus) or open your bowels please let the nurse know. If your bowels are too active (you are going to the toilet a lot or have diarrhoea), please also tell the nurse.

Your bowel may stop working for a period of time after your operation. This is common, but in some people this can last a few days or longer (an ileus). Having an ileus can make you feel sick or you might be sick. If you feel sick or are sick tell your nurse. We may need to place a tube through your nostril into your stomach to help with this.

If an ileus occurs it is usually necessary to restart the drip so that you do not become dehydrated. This is a frustrating time but please be patient. To help you could try drinking coffee, chewing gum, walking about and keeping your mouth fresh. You may be allowed to drink but the amount needs to be carefully monitored. The tube in your nose needs to stay in place until symptoms such as your nausea go away. When you resume your diet, it is sensible to take it slowly by eating small, frequent, light meals.

Stoma

If you have a stoma formed you will receive training to make sure that you can care for your stoma before you go home. The stoma specialist nurse will plan your care whilst you are in hospital and for your stoma care when at home. If you want to contact the stoma or pouch specialist nurses at St Mark's Hospital the numbers are on the back page.

Washing and dressing

The day after your operation sit in your chair and have a wash. After this time you may have a shower and you should put on your normal clothes, provided you feel well enough. This helps you feel positive about your recovery.

What can you do to help your recovery?

It is important to follow the instructions given to you in this booklet. However the guidance may change after your operation depending on how well you are. If this is the case you will be informed by the doctors and nurses.

Please tell the nurse if you have pain, if you are feeling generally less well or if you are experiencing a new symptom that worries you such as hiccups.

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

Criteria for being allowed to go home

Before you are sent home we would ideally like you to:

- Be eating and drinking
- Be walking
- Have passed wind (flatus)
- Have your pain adequately controlled by pain killers
- Have no temperature

We often need to ask you to leave your bed space by 10am and go to the day room, dining room or the discharge lounge. Here you can wait for your discharge tablets and your lift home.

What happens after I go home?

We will make arrangements for you to be seen in the outpatient clinic. This is often two to six weeks after your operation, depending on your operation.

It is well worthwhile planning in advance for when you go home. You may need someone to help with heavier jobs for a few weeks which could include food shopping and heavy household jobs such as vacuuming and gardening. Although it is not necessary, some people feel more confident about going home if a friend or family member can stay with them or put them up for a short period, if you live alone for example.

Helping you to recover at home

To help your recovery at home it is important to follow these guidelines:

- Eat a healthy diet.
- Follow any specific guidelines that you may have been given by hospital staff.
- Try to incorporate a mixture of food types in your diet.
- If you were asked to have a special diet, follow that advice.
- When trying to incorporate new foods into your diet it is sensible to add a small amount, chew it well and see how this affects you.
- Similarly with alcohol, if you wish to have a drink once you are at home, first check if any new medications are affected with alcohol and try a small amount and see how you are affected.

In relation to exercise, try to walk around daily, outside if the weather permits and you feel confident. Gradually increase your activity levels; initially walking is safe for most people as is lifting a kettle of water. These activities can be gradually increased to incorporate housework, driving, sexual relations, swimming and going to the gym for example. When you begin to increase your activity levels and things that you are doing, try to do this gradually and if it is uncomfortable stop. It might be sensible to speak to your surgeon, community nurse or your GP for specific advice about yourself. Most people are able to undertake all the things that they could do before their operation by three months after surgery.

There is evidence to show that if you have a cancer and want to improve your long term survival, you should continue to eat well, stop smoking, have limited alcohol consumption and continue to exercise several times a week. This is basically a healthy lifestyle but if you need more help please contact your GP for specific guidance. A useful website from the world cancer research fund has a lot of information on healthy lifestyles which can be useful to all at <http://www.wcrf-uk.org/>

Complications do not happen 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 ward (the numbers are at the end of this leaflet) to ask for advice. It may take a while for the telephone to be answered, keep trying and be

patient.

Abdominal pain

You may have some discomfort in the area that was operated on. It is not unusual to suffer from gripping pains (colic) during the first week after you bowel surgery and the pain usually lasts for a few minutes and then goes away between spasms.

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

It is reassuring that most people report that they do not need to take pain killers around a week after going home.

Your wound(s)

If you have metal staples holding your wound together these will need to be removed. Before you go home you should be given advice about when and where this will be done. If you are uncertain please call the ward for advice.

If the wound is intact and dry then no dressing is necessary. It is not unusual for your wound to be slightly red and uncomfortable during the first one or two weeks. Please telephone the ward if your wound(s):

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

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 and take regular walks during the first two weeks after your operation.

If your bowels are not open daily consider taking a laxative.

If you are passing loose stools more than ten times per day please call the ward and ask for advice.

Your stoma

If you have a stoma, your stoma specialist nurse will explain about your stoma before you go home. If you have problems with your stoma please contact your stoma nurse - you will be given contact details before you are sent home.

Passing urine

Sometimes after bowel surgery you may experience a feeling that your bladder is not emptying fully but 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 ward as you may have an infection.

If you have been given specific advice about passing urine in hospital, then follow that advice.

It is also worth keeping an eye on the colour of your urine. If you are well hydrated you should be passing straw colour urine. If you find that your urine is darker it may be a sign that you are dehydrated (dry) and usually you should drink more.

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 suffering from diarrhoea then it is important to replace the fluid loss and to drink extra fluid and call Frederick Salmon Ward for advice.

If you are finding it difficult to eat it is still important that you get enough protein and calories to help your body heal. You may benefit from having three to four nourishing, high protein, high calorie drinks which are available in supermarkets and chemists to supplement your food. If you are losing weight without trying to or are struggling to eat enough, you may benefit from a consultation with the dietitian. Please ask your GP to refer you.

Exercise

Walking is encouraged from the day after your operation. You should plan to take regular walks several times a day and gradually increase this until you are back to your normal level of activity. The main restriction we would place on exercise is that you do not do any heavy lifting or play contact sports until at least six weeks after your surgery.

In addition, if you are planning to restart a routine exercise such as jogging, you should wait until at least two weeks after your operation and start gradually. Common sense will guide your exercise and rehabilitation. In general, if the wound is still uncomfortable, change your level of exercise. Once the wounds are pain free you can normally undertake most activities.

Work

You can usually return to work two or more weeks after your operation. If your job is a heavy manual job then it is advised that heavy work should not be carried out until at least six weeks after your operation. However you should check with your employer in case there are rules relevant to your return to work.

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, which is usually 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.

It is sensible to check that you are covered after surgery by your insurance company.

Hobbies/activities

You should consider taking up your hobbies and activities as soon as possible again after surgery as it 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. Sexual relations can be resumed once you feel well enough.

Tiredness

You might find that you have low energy levels in the first few weeks after your operation. It is important to mix activities with some rest as needed, but do get out of bed and get dressed each day. Tiredness improves over time but it can be useful to plan your day. It might help to do important tasks first. It is also reassuring to know that exercise such as walking and other activities helps to improve tiredness.

Summary

To help you to return to normal as quickly as possible, you need to actively participate in your recovery by walking, eating and drinking. We will help you by removing attachments such as the drip soon after the operation to make walking easier. Each day you should feel some improvement but do ask if you are worried about something.

If you would like further information please ask the nurses for the Going Home booklet.

Frederick Salmon Ward visiting times:

2 – 5pm

6 – 8pm

Checklist

Bowel preparation if necessary (day before surgery)

Dalteparin/fragmin injection (the evening before surgery) date:.....

Please go to theatre admissions unit (not Sunday) between 4 and 6pm.

On Sunday please go to Frederick Salmon ward between 4pm and 6pm.

Pre-operative drinks (morning of the operation) to be taken at 5am and finished by 6am.

Do not eat or drink after 6am on the morning of surgery

(This time may be changed once you arrive at theatre admissions unit).

Drugs to be taken on the morning of your operation:

The theatre admissions unit is at the back of the hospital, near car park 2. The unit opens at 7.15am. The telephone number is 020 8869 3132.

Frederick Salmon ward is on level 4, St Marks Hospital. Please use the Northwick Park entrance near the main lifts. There is an entry system to gain access. The telephone number is 020 8235 4191 or 020 8235 2387.

Contact details

For advice in the first few weeks after your discharge home, please call Frederick Salmon Ward. Ask to speak to one of the specialist nurse practitioners or the nurse in charge.

To contact Frederick Salmon Ward:

North side 020 8235 4022

South side 020 8235 4191

To contact the specialist practitioners:

If it is between 8am and 8pm Monday to Saturday, you can contact the specialist practitioners nursing team on:

020 8235 4000 and ask for bleep 450

or email on at lnwh-tr.stmarksspecialistpractitioners@nhs.net

For information on admissions before your operation:

020 8235 4055

To contact the stoma specialist nurses at St Mark's hospital:

020 8235 4110

To contact the pouch care team at St Mark's Hospital:

020 8235 4126

To contact the enhanced recovery nurse:

07825 606 020

There are more information leaflets on the St Marks website at:

www.stmarkshospital.org.uk

For advice on medicines you have received from the hospital, call Medicines Information from Monday–Friday between 9am and 5pm on:

020 8869 2762.

St Mark's Hospital, Watford Road, Harrow, Middlesex, HA1 3UJ

General Trust Information

Patient Advice and Liaison Service (PALS)

PALS is a confidential service for people who would like information, help or advice about the services provided by any of our hospitals. Please call 0800 783 4372 between 10am and 4pm or e-mail lnwh-tr.PALS@nhs.net. Please note that this service does not provide clinical advice so please contact the relevant department directly to discuss any concerns or queries about your upcoming test, examination or operation.

For a translation of this leaflet or for an English version in large print, audio or Braille please ask a member of staff or call 0800 783 4372.