

Patient Information Leaflet



The Enhanced Recovery Programme
(Frederick Salmon Ward)

SM0721

The Burdett Institute
of Gastrointestinal Nursing 

The Enhanced Recovery Programme **(Frederick Salmon Ward)**

Explaining the Enhanced Recovery Programme

This booklet is to 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. This programme is different to traditional care and can improve your recovery considerably. The booklet describes the steps in your journey of care through St. Mark's 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

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. You will also sign a permission form giving consent for your operation. You may also see the stoma specialist nurse today or 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).

Preparing for your operation

Please be aware that there may be a lot of waiting about on this day so bring a good book to read or there is a television on the ward. This can include sitting in the day room or dining room until your bed is ready.

Do I need bowel preparation?

Some 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.

Many patients will be given an enema 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.

Day of your operation (Day 0)

You will be admitted to the hospital on the day before your operation or early in the morning on the day of 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 6 hours until 2 hours (or 4 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 cartons of an energy drink [preOp] to drink 3 hours before your operation. 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 (Day 0)

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 **relax the air** 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 it is important that you drink, unless you feel sick. Try to drink about five glasses or cups. You will be given energy drinks [Ensure Plus] after waking from your operation and should ask for them when you feel well enough.

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 killers 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 security device that prevents you taking too much.

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 something.

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 day after your operation (Day 1)

Mobilisation

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.

You should aim to walk along the ward corridor and back four times (about 60 metres four times).

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

It is important that you eat after your operation. You should try to drink about ten to twelve 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 after your operation help your body to help heal your wounds, reduce the risk of infection and help your overall recovery. Try to take three each day, unless you feel sick.

You will be encouraged you to use the **ward dining room** for your meals. This also has an area for relaxation and reading.

You will have a laxative to encourage your bowels to work (but not if you have had all of your large bowel (colon) removed or you have an ileostomy).

Pain control

You can continue to use your epidural or PCA. Regular pain killer tablets will be started on day 1.

Feeling sick

As before, tell the nurses if you feel sick.

Tubes and drips

If you are drinking well the drip will usually be removed in the morning.

If you are mobilising the catheter in your bladder will usually be removed today, but after pelvic surgery we may leave the catheter until day 3. 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.

The second day after your operation (Day 2)

Mobilisation

Continue to mobilise as before.

Eating and drinking

Continue to eat and drink, as you can tolerate. We advise ten to fifteen 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, pulse will be regularly throughout the day.

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 of time after your operation (an ileus). This occurs in many patients undergoing bowel surgery, but in some people this can last a few days or longer. Having an ileus can make you feel sick or you might be sick. If this occurs tell your nurse. We may need to place a tube through your nostril to help with this.

What happens after 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 ward (the number is at the end of this leaflet). If you cannot contact the ward, then ring your GP.

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 ward on the telephone numbers 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

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 constipation lasts for more than three days then taking a laxative is advised. If you are passing loose stools more than three times per 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, you will be given contact details before you leave hospital.

Passing urine

Sometimes after bowel surgery you may experience a feeling that your bladder is not emptying fully. This usually improves with time. 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 dry and usually you should drink more. 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.

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 nourishing, high protein, 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 and to drink extra fluid. If you are losing weight without trying to or are struggling to eat enough, you may benefit from a consultation with the dietitian; ask your GP or 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.

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. Common sense will guide your exercise and rehabilitation. In general, if the wound is still uncomfortable, modify your exercise. Once the wounds are pain free you can normally undertake most activities.

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 yardstick 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 again after surgery. It enables you to maintain your activity 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.

Contact details:

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

For advice please call Frederick Salmon Ward:
Ask to speak to – Steve or Susheela (the peri-operative practitioners) or the nurse in charge.

South side 020 8235 4191

North side 020 8235 4022

Call centre – 020 8235 4061 (for queries about your admission date before your operation)

For advice on any medicines you have received from the hospital, call Medicines Information on 020 8869 2762. Opening hours are Mon – Fri 9am – 5pm.

Alternatively you can e-mail via www.nwlh.nhs.uk (patients and visitors/medicines advice for patients)

www.stmarkshospital.org.uk

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