

Enhanced Recovery Nurse Specialist

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Patient information

**Enhanced Recovery
Programme for
colorectal patients**

Patient Information

If you need this leaflet in another language, large print, Braille or audio version, please call **01923 217 187** or email westherts.pals@nhs.net



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Introduction

Welcome to the Enhanced Recovery Programme. Please read this leaflet carefully as it explains how you can play an active role in your recovery after surgery. It is important you understand the programme so you and your family can be involved. You will have the opportunity to ask questions about the Enhanced Recovery Programme prior to your surgery.

What is the Enhanced Recovery Programme?

The aim of the Enhanced Recovery Programme is to get you back to your normal life as quickly as possible after your operation. The programme ensures that you are actively involved in your recovery. We focus on:

- Planning and preparation before admission.
- Reducing the physical stress of the operation.
- Early mobilisation: getting you out of bed and exercising as soon as possible.
- Early feeding: eating and drinking.
- Preventing the risk of developing blood clots after surgery.
A quicker return to normal bowel function.

In order to achieve all the above we need you to work with us so you have an early recovery and reduced complications.

Before your admission

Exercise

It is important you keep as active as possible before your operation. Try to improve your fitness by increasing the speed and frequency of your daily walking. Activity can improve your fitness and will help you to be as well as possible for your surgery. It cannot be emphasised enough that it is in your best interests to stop smoking as soon as possible before any major surgery. Any breathing problems will be addressed and appropriate additional care can be planned during your hospital stay.

Useful contact numbers

Enhanced Recovery Nurse: **07387 102 224**

Cleves Ward: **01923 217510**

Passing urine

Sometimes after bowel surgery you may experience a feeling that your bladder is not emptying properly, this usually improves with time. If it does not or you have excessive burning or stinging then you may have an infection. Please contact your GP if this should occur.

Diet

A balanced and varied diet is recommended, eating three or more times a day. If your appetite is poor then try to have more frequent small meals. Snacks and nourishing drinks such as Build Up or Complan (these can be found in chemists or supermarkets) should be taken to supplement your food intake. Nourishing drinks should not replace meals.

If you continue to struggle to eat enough or if you are still losing weight you may benefit from a consultation with your dietician. Ask your G.P. or consultant to refer you.

If you are suffering with loose motions or diarrhoea then it is important that you drink plenty of fluid, not just water, a small glass of fruit juice can be included.

Clinic follow up appointments

If you are known to the colorectal nurse specialists your follow-up appointment will be arranged once your case has been discussed at the MDT. If you have any queries regarding your follow up please contact the colorectal nurse specialists.

All other follow up appointments will be organised after discharge, you will receive a letter regarding your appointment in the post.

The Enhanced Recovery Nurse will also phone you once you leave hospital to check on your progress.

Breathing exercises

It is important that you do deep breathing and coughing after your operation. This will help to prevent any build-up of phlegm in the lungs and to prevent chest infections. Practise these exercises before surgery so you are familiar with them.

- 1) Breathe in as deeply as you can and hold it in for three seconds then breathe out. Repeat 4 times.
- 2) Breathe normally for 4 breaths
- 3) Repeat 1 and 2 for three minutes then cough. Do this every hour.

Coughing, do not worry; your stitches will not burst. To reduce the discomfort of coughing we recommend that you sit upright and hold or support your wound with your hands or a towel.



Nutrition

What you eat is important, as good nutrition now will help you recover faster from your operation. If your weight is stable or you have been told you are overweight aim to have 5 portions of fruit and vegetables a day as part of your usual intake. If your GP or doctors have concerns about weight loss then try to have three cooked meals a day with snacks in between and/or milky drinks.

Have a varied diet, which includes starchy foods, fruit and vegetables, fish, chicken, meat and meat alternatives, dairy products, as well as small amounts of fatty and sugary foods. Have at least three meals per day.

Have a varied diet, which includes starchy foods, fruit and vegetables, fish, chicken, meat and meat alternatives, dairy products, as well as small amounts of fatty and sugary foods.

Avoid restrictive diets as these may limit your intake of essential nutrients. Avoid herbal remedies/medicines for at least a week before surgery as they may interfere with your operation and recovery.

Starving instructions

You can eat until six hours prior to your surgery if you do not require any bowel preparation. After this time, you can have clear fluids until two hours prior to surgery. You will be given two pre-op supplement drinks to take the morning of your operation, to be finished at least two hours before your surgery. They are clear lemon flavoured drinks that contain carbohydrates and minerals. These help your body to be in the best condition before your operation.

Bowel preparation

Depending on the type procedure you are undergoing, may be asked to have some medicine to clear your bowel, this may give you loose stools and you need to make sure that you drink plenty of clear fluids (tea/coffee without milk) to replace what is lost.

Your operation

Preventing blood clots

In order to help prevent blood clots you will be required to wear special support stockings (TEDS). The nursing staff will measure your legs to ensure the correct size stocking is applied.

You will also be given a small injection called 'clexane' everyday during your stay in hospital. Some patients may have to continue the injection at home.

When you leave hospital

Once our team of health care professionals are happy you will be discharged home. Complications are rare, but it is very important you are aware of what to look out for.

Abdominal pain

It is not unusual to experience gripping pains (colic) during the first week following removal of part of your bowel. The pain usually lasts for a few minutes and will go away between spasms. Severe pain that lasts for several hours may indicate a problem such as leakage of fluid from where the bowel has been joined together. This can be a serious complication, which rarely happens. Should this occur, it may be accompanied by a fever.

On occasion leakage may occur which can cause you to feel generally unwell, cause a fever but have no pain. However, if you have a severe pain that lasts one or two hours or have a fever and feel generally unwell within two weeks of your operation you should contact us on numbers provided or your GP.

Wound

It is not unusual for your wound to be slightly red and uncomfortable during the first one to two weeks following your operation. However, if your wound becomes inflamed and painful or starts to weep please do not hesitate to contact us or your GP.

Bowels

Your bowel habit may change after your surgery, the stool may become loose or you may become constipated. It is important that you eat regular meals, drink plenty of fluids and take regular walks after your surgery

Even if you press the button several times in five mins you will only receive one dose of a painkiller, this is for your safety. If you do not press the button, you will not get any pain killer.

We advise you to press the button when you feel the pain is starting to build up. If you keep ahead of the pain it will be easier to manage. Only **YOU** as the patient can press the button. Family or friends are not allowed to do it for you.

Sickness

Sometimes after an operation you may feel nauseous or vomit from the anaesthetic, this is not uncommon. You will be given medication during your surgery to prevent this. Please inform the nursing staff if you feel sick after your operation as they can give you medication to reduce this.

Tubes and drips

During your surgery a tube will be put into your bladder (catheter) so we can ensure you are producing enough urine.

You will have an intravenous drip put into your arm and fluid will run via this to ensure that you do not become dehydrated. This will normally be removed the next day once you are tolerating fluids orally.

Taking liquids

A few hours after your operation you will be able to start to drink. It is important that you start drinking then eating after your operation. This is because your body needs nourishment to heal wounds, reduce the risk of infection and help your overall recovery. Supplement drinks will be available for you whilst in hospital and it is important that you have two high-energy drinks a day.

If you have a stoma

If you have had a colostomy, ileostomy formed, the Stoma Care Specialist Nurses who have already discussed this with you prior your surgery will visit you on a whilst your stay in hospital ensuring that you are confident in caring for your stoma.

Most people are able to administer the injection themselves. However if you have any problems administrating we will organise for a district nurse to give them to you daily.

On the day of your operation please come into the Surgical assessment lounge (SAL) on Level 6 in the main building at:

Time:.....

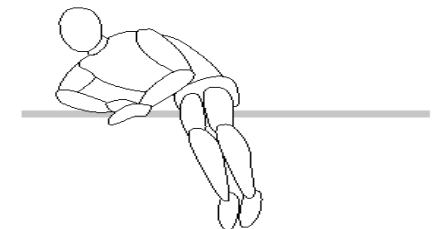
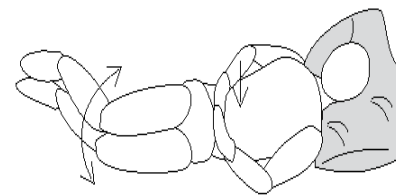
Following your operation you will spend time in the recovery room before being taken to the ward (Cleves Ward).

After your Operation

Mobilising and exercising

Following your operation it is very important that you continue to do the deep breathing exercises and coughing described on page 3. The staff will help you out of bed a few hours after your operation; you may spend up to two hours out of bed on the day of your surgery and then eight hours on subsequent days.

You will put less strain on your tummy when getting out of bed, if you roll onto your side, drop your legs over the edge of the bed and push up sideways on your elbows.



Every day after your operation you will be encouraged to mobilise four to six times a day. This is a necessary part of recovery following surgery to help your body regain all functions and will also help prevent complications that can arise from bed rest.

Being in a more upright position and walking will improve your lung function and reduce the chance of chest infections after surgery. Circulation is also improved, reducing risk of DVT and helping your bowel function return to normal.

Marching on the spot next to your bedside is a good activity to perform if you are unable to walk distances for whatever reason.

Don't be afraid to stand up straight, you will not damage your wound. You can do deep breathing whilst walking too. To get most benefit, try to exert yourself a little more each time when walking so that you feel you are breathing a little harder at the end of the walk. If you wish to wear your day clothes after surgery please do so, this can help you to feel positive about your recovery.

You may see a Physiotherapist the first day only (unless you have problems) to assess your breathing and walking. Please practice the breathing exercises on your own as early as you can and not wait for the therapist to arrive.

After your operation

Pain control

Good pain control helps you to recover more quickly after your operation. It is important to let the doctors and nurses know if you are in pain, do not wait to be asked or feel you are being a nuisance. If your pain is effectively controlled, the chances of having postoperative complications are reduced.

We aim to provide the best possible pain relief after surgery. Though it is not possible to eliminate all postoperative pain, there are techniques available to reduce it to an acceptable level.

There are many different ways of using painkillers to control your pain:

- Tablets
- Injections
- Suppositories
- Patient controlled Analgesia (PCA)
- Epidural
- Nerve block (numbing the nerves that supply the wound)

In the early days, it is likely you will be offered an epidural or a PCA and progress to tablets a few days after surgery.

Epidural

This is a method where a soft plastic tube is inserted in the epidural space by the anaesthetist in the operating theatre. Local anaesthetic and another strong painkiller are continuously pumped via this tube to numb the nerves. This provides continuous pain relief after major surgery, allowing you to move about, breathe deeply and cough well. You could still be able to feel your legs and move about.

Patient controlled analgesia

This means you control your own pain. You will be given a PCA pump full of a pain killing drug, usually morphine.

You will then be given a handset with a button on it which you press to activate the pump to give you a small dose of the painkiller. We programme the pump to allow you a small dose of painkiller every five minutes when activated.