Enhanced Recovery After Surgery (ERAS)
Cystectomy
Information for patients
What is Enhanced Recovery?

Enhanced Recovery is a new way of improving the experience and well-being of people who need major surgery. It helps them to recover sooner so that life can return to normal as quickly as possible. The programme focuses on making sure that you are actively involved in your recovery.

There are four main stages:
• planning and preparation before admission (including early nutrition).
• reducing the physical stress of the operation.
• a structured approach to peri-operative (during surgery) and post-operative (after surgery) management, including pain relief.
• early mobilisation (getting people moving as soon as possible).

We will give you some carbohydrate drinks (called preOp) to be taken in the hours before your surgery. Research has shown that taking carbohydrate drinks up to two hours before surgery as part of an Enhanced Recovery programme can reduce the stress of the operation on your body.

We will also give you an early mobilisation plan. The purpose of this plan is to get you moving as soon as possible and would involve getting you out of bed the day after your surgery and assisting you to walk increasing distances on the ward every day until you are discharged home. If you have problems walking, we will develop a personalised, realistic mobility plan with you during your recovery.

The Enhanced Recovery programme is a guideline for all the professionals involved in looking after you (multidisciplinary care team). The programme may not be suitable for everyone. If this is the case for you, the team looking after you can make changes, making sure that the care you receive is not only of the highest quality, but is also designed around your specific needs.

We will give you a patient diary to record your thoughts and feelings during your time in hospital after your operation and to note down your progress. Whilst we hope that you will complete this, it is not compulsory.
What to expect

Planning and preparation before admission
You will be seen in an outpatient clinic to discuss what is planned for your surgery. You will have the operation explained to you including the risks and benefits.

You will have an appointment to go to the pre-operative assessment clinic before the date of your surgery. This is to make sure you are fit for an anaesthetic and surgery.

You will see a nurse who will check your general health and do tests such as blood tests. You may see an anaesthetist to discuss the anaesthetic you will have for the operation. They will also talk with you about the pain relief which you will need after the operation. You will have the opportunity to ask any questions you might have.

Certain operations require preparation to clear your bowel before surgery; the pre-operative assessment staff will give you the specific instructions for this at your appointment.

We will use the information we gather to plan your care in hospital and to deal with any problems at an early stage.

Your surgeon may ask you to come into hospital the day before your surgery, or you will come into hospital on the day of your surgery as a Theatre Direct Admission (TDA). This means you will be transferred to a bed on the relevant ward after your surgery.

Sugar-free chewing gum to aid bowel function
After your surgery it can take some time for your bowels to start working again. This may cause sickness and vomiting.

As well as keeping your mouth moist and tasting refreshing, research studies have shown that chewing sugar-free gum stimulates the gut to start working again after surgery, which may allow you to go home sooner. Sugared gum does not have the same effect.

Please do not chew gum within the 6 hour period before your surgery, as this may lead to surgery being cancelled.
To aid your recovery, we would like you to chew some sugar-free gum for the first three days after your surgery, three times a day for 20 minutes, in between mealtimes. After you have chewed the gum, please discard it into the medicine pot provided by your nurse - do not swallow it.

We would like you to chew gum until you are allowed to eat (usually the third day after your surgery). You may continue to chew gum after this time if you wish.

**Please be aware:**

- if you are allergic to soya, mint or aspartame, chewing gum is not suitable for you
- for safety, sit upright whilst you are chewing the gum
- chewing gum can cause you to swallow air. To avoid this, try not to talk whilst chewing and limit the chewing time to 20 minutes.
- chewing gum can occasionally cause headaches. If you experience these, please tell your ward nurse.
- if you have loose dentures, chewing gum may irritate your gums. You may remove your dentures whilst chewing.

Please bring in one packet of sugar-free chewing gum for use after your surgery. Chewing gum is also available for purchase from the hospital shop.

**Preventing blood clots after surgery**

You may need to have a course of blood-thinning injections (dalteparin) after you have been discharged from hospital. This is to reduce the risk of you getting a blood clot in your leg or lung after your surgery. These are once daily injections which you will need to give yourself until the course has finished. You will be taught how to inject yourself and will have the chance to practice before you go home. This course of injections is started whilst you are in hospital and continues until 28 days after your surgery.
**Urostomy/Stoma care**  
A urostomy or stoma is a small opening in the skin of your abdomen, through which you can pass urine.

Before your operation, you will have an appointment to see the Urology Specialist Nurse. They will put a mark on your tummy (abdomen) to show where the stoma will be; please do not rub this mark off before your operation. They will also give you a stoma training pack to practice with at home. Please do use this pack as the more stoma practice you get before your operation, the easier it will be to manage your stoma care afterwards.

**Stopping smoking**  
It cannot be emphasised enough that it is in your best interests to stop smoking as soon as possible before any major surgery. The longer you are smoke free before your operation the better. Continuing to smoke before surgery can increase the risk of complications involving your heart, lungs and surgical wounds, all of which may result in you having a slower recovery and a longer stay in hospital.

There are several places that you can find information about stopping smoking:

- **Make an appointment at your GP practice or health centre.** There is at least one Stop Smoking Advisor in every GP practice in Oxfordshire who can give you advice about stopping smoking and prescribe medication, including Nicotine Replacement Therapy, to help you quit. If you do not live in Oxfordshire, call the National Smoking Helpline number listed below to find out where your nearest support is available.

- **Make an appointment at your local pharmacy.** Some retail pharmacies in Oxfordshire have fully trained Stop Smoking Advisers who can also help you quit. Call the Oxfordshire Smoking Advice Service to find one near you.

- **Oxfordshire Smoking Advice Service**  
  Telephone 0845 4080 300
• National Smoking Helpline
   Telephone 0800 1690 169

Further information can be found in the following patient information booklets; these will be given to you in pre-operative assessment clinic or can be found on our website: www.ouh.nhs.uk/patientinformation

• Preparation for your operation and Theatre Direct Admissions
• Preventing blood clots while in hospital

Reducing the physical stress of the operation

Nutrition

You will be given six cartons of carbohydrate drinks, called Nutricia preOp, by your pre-operative assessment nurse. These are special drinks designed for patients undergoing surgery. They are clear, still, lemon flavoured drinks that contain carbohydrates and minerals. They are easy to digest so you can still take these up to two hours before your surgery. Please take these drinks as well as following the bowel preparation instructions given to you at the pre-operative assessment clinic.

– **Day** before your surgery; take four cartons of preOp drinks.

– **Morning** of your surgery; take two cartons of preOp drinks to be finished at least two hours before your admission time.

The preOp drinks are not suitable for people with diabetes or delayed gastric emptying.

Most people prefer to drink these drinks chilled. Once a carton is opened you should aim to drink it within four hours. These drinks are gluten, lactose and fibre free.

*If you are taking nutritional supplement drinks such as Ensure Plus or Complan Shake please note:*

These drinks are different from the preOp drinks and take longer to empty from your stomach. Therefore, these should only be taken whilst you are still allowed to eat food before your operation.

If you have any further questions please speak to your pre-operative assessment nurse.
What happens after the operation?

Peri-operative (during surgery) and post-operative (after surgery) management, including pain relief

Below is an example of what to expect after your operation:

**Day of surgery** – the doctors and nurses will stabilise your condition on the Churchill Overnight Recovery Unit after surgery. You will be helped to sit in up in bed.

**Post-operative day 1** – you will be transferred to the Urology ward as part of your recovery pathway. You will be helped to sit out of bed, go for walks with assistance, have something to drink and start chewing gum.

**Post-operative day 2** – sit in the chair, go for walks with assistance, have something to drink and manage some soup and light puddings, start stoma practice.

**Post-operative day 3** – sit in the chair for all meals, go for walks with assistance, have something to drink and build up to a light diet, continue stoma practice.

**Post-operative day 4** – sit in the chair for all meals, go for walks, have something to drink and manage a light diet, continue stoma practice.

You will get a patient diary before your operation which explains what we will do and what we expect of you. It includes goals for you to achieve during your hospital stay and to prepare yourself for leaving hospital.

Further information can be found in the following patient information booklets; these will be given to you by the nurse during your pre-operative assessment visit, or can be found on our website: www.ouh.nhs.uk/patientinformation

- Anaesthesia explained
- Managing your pain after your operation
**Early mobilisation**

You will need to get moving (mobilise) soon after your surgery. This is one of the most important parts of the Enhanced Recovery programme and helps to prevent complications such as chest infections, pneumonia and developing blood clots (e.g. deep vein thrombosis (DVT) or pulmonary embolism (PE)). Moving around will also get your bowels and gut working which will help to stop you from feeling sick. This means you will be able to eat and drink sooner, giving your body energy to recover. Details of how we are going to help you to mobilise are written in your patient diary. It involves sitting out of bed for increasing lengths of time and walking increasing distances. We will also help you to meet the goals in your personalised mobility plan if you have problems walking.

There are posters along the walls of the ward to remind you to keep moving as well as showing you different distances you can walk around the ward so you can measure your progress.

**During the day**

After the majority of your drips and drains have been removed, you will be encouraged to dress in your usual clothes during the day and nightwear during the night only. Please make sure that you have some clean clothes with you and that the clothing is suitable e.g. loose fitting and comfortable.
Leaving hospital

After your operation you are likely to stay in hospital for between 7 and 9 days. The Enhanced Recovery After Surgery (ERAS) programme sets out goals and targets for you to achieve at set days after your operation. Your discharge from hospital is also based on you reaching set goals. When you have achieved these, you will be discharged. These goals are:

• for staff to assess you as medically fit for discharge
• to be controlling your pain effectively with oral analgesics (painkillers)
• to be eating and drinking, with no nausea or vomiting
• to be independently mobile; able to get yourself out of bed and on/off the toilet
• to be independent with your stoma care
• to be competent with dalteparin self-administration (if applicable), or have an alternative option in place.

You will need to make your own arrangements for discharge, including transport and ensuring that you have adequate support at home. Please make sure you have a supply of paracetamol at home ready for your discharge from hospital; these can be purchased cheaply from your local pharmacy or supermarket. If you have any questions or concerns about leaving hospital, please speak to your ward nurse.

Further information about leaving hospital can be found in the following patient information booklets. These are available on the ward (ask your ward nurse if you have not received them) or can be found on our website: www.ouh.nhs.uk/patientinformation

• Leaving Hospital: information for patients leaving hospital.
Follow-up after discharge

You may be a little worried about returning home when you have been discharged from hospital after an operation; however, all the professionals involved in looking after you will have decided that you are well enough to leave hospital. You will need time to recover, but try to be patient as this may take some weeks or months.

The Urology Specialist Nurse will telephone you after you have left hospital, to see how you are getting on, and may arrange a visit to your home within one week of your discharge. If you live outside Oxfordshire, you will be referred to your local stoma team.

You will receive an outpatient appointment to be seen at the hospital approximately 6 weeks after discharge.

If you require urgent advice or have a problem after your discharge from hospital, please follow the information below.

Problems after discharge

If your question is non-urgent and does not need responding to immediately, within office hours, please contact your consultant’s secretary, the Urology Specialist Nurse or the Urology Ward on the following telephone numbers. You can also visit your GP surgery for advice after you have been discharged from hospital.

Consultant Surgeon’s secretaries:
Professor Hamdy 01865 234 444
Mr Bell
Mr Crew 01865 234 390

Urology Specialist Nurse:
Telephone number 01865 234 390
The Urology ward may also be able to give you some advice:
Tel: 01865 572 332/333

**If the ward is unavailable, your question requires an urgent response or is outside of office hours**, please contact your GP surgery or out-of-hours GP service. They can assess you and decide what further action needs to be taken. If you require an urgent review at the hospital, you may be asked to visit Urology Triage at the Churchill Hospital (Level 2 of the Cancer Centre) for further tests and investigations.

In an emergency or life-threatening situation, you must go to your local Emergency Department for appropriate treatment.
Useful resources

smokefree.nhs.uk
(NHS stop smoking advice)

www.macmillan.org.uk
(Cancer care and support charity)

www.maggiescentres.org
(Maggie’s cancer caring centres)

cancerlinks.maggiescentres.org
(Information and support for people with cancer)

www.ouh.nhs.uk
(Oxford University Hospitals NHS Foundation Trust)

www.urostomyassociation.org.uk
(The Urostomy Association)

www.britishpainsociety.org
(The British Pain Society; patient information website)

www.rcoa.ac.uk
(Royal College of Anaesthetists; information for patients and relatives)

References


If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call 01865 221 473 or email PALSJR@ouh.nhs.uk

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April 2017
Review: April 2020
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OMI 13882P