



Oxford University Hospitals  
NHS Foundation Trust

# Enhanced Recovery After Surgery (ERAS)

Cystectomy  
Information for patients



# What is Enhanced Recovery?

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

There are four main stages:

- planning and preparation before admission (including improving your nutrition and physical fitness before surgery)
- reducing the physical stress of the operation
- a structured approach to the pre-operative (before surgery), intra-operative (during surgery) and post-operative (after surgery) management, including pain relief and early nutrition
- early mobilisation (getting you moving as soon as possible).

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 may give you some carbohydrate drinks to take in the hours before your surgery.

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 (the 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 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 and to note down your progress during your time in hospital after your operation. Whilst we hope you will complete this, it will not affect your care if you choose not to.

## 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, and you will have the opportunity to sign a consent form.

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 you will need after the operation. You will have the opportunity to ask any questions you may have.

Please bring along a list of your regular medications (it may be easier to bring your repeat prescription with you).

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

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

## **Here for Health – Health Improvement Advice Centre**

Oxford University Hospital health improvement advice centre, offering a range of tailored support for healthy living and wellbeing, including giving up smoking, reducing alcohol consumption, becoming more active and weight management. Please ask your surgical team about a referral, or drop in for advice at the centre in Blue Outpatients on Level 2 of the John Radcliffe Hospital.

Tel: **01865 221 429**

(9.00am to 5.00pm, Monday to Friday)

Email: **hereforhealth@ouh.nhs.uk**

Website: **www.ouh.nhs.uk/HereforHealth**

### **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 where you can find information about stopping smoking:

### **SmokefreeLife Oxfordshire Service**

Tel: **0800 246 1072**

Website: **www.smokefreelifeoxfordshire.co.uk**

If you do not live in Oxfordshire, call the National Smoking Helpline number to find out where your nearest support is available.

Tel: **0300 123 1044**

Website: **www.nhs.uk/smokefree**

Contact **Here for Health** who can make the referral for you.

Tel: **01865 221 429**

Email: **hereforhealth@ouh.nhs.uk**

Further information can be found in the following patient information booklets. These will be given to you at the Pre-operative Assessment Clinic or can be found on our website: [www.ouh.nhs.uk/patientinformation](http://www.ouh.nhs.uk/patientinformation)

- Preparation for your operation and Theatre Direct Admission
- Preventing blood clots while in hospital

## **Keeping active**

To help you prepare physically for your operation and recovery, it is important to keep as active as you can and, where possible, increase your activity levels. The current recommendation is 150 minutes of 'moderate' intensity exercise a week, in at least 10 minute sessions. Improving your fitness could be achieved through simple changes to your routine, such as increasing the speed and frequency of walking.

## **Oral care**

Research suggests that a build up of bacteria in your mouth can increase the risk of infection in your lungs following major surgery. Practicing good oral care can reduce this bacteria and help towards your recovery after surgery.

Before you come into hospital, we recommend that:

- you brush your teeth or dentures twice a day, using a fluoride toothpaste
- you rinse your mouth with an alcohol-free, antiseptic mouthwash 30 minutes after brushing
- you visit your dentist or dental hygienist as part of your routine check-up, to manage any existing dental health problems.

Bring your toothpaste, toothbrush and mouthwash with you when you come into hospital, to continue with your oral care after surgery. Continue with your oral care for four to six weeks after your discharge from hospital, as part of your recovery.

## **Urostomy/Stoma care**

A urostomy or stoma is a small opening in the skin of your abdomen (tummy), 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 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.

## **Neobladder**

A neobladder (new bladder) is a replacement of your original bladder with a reservoir pouch created from a section of your bowel. This will collect urine, so you can pass it naturally.

If you are having a neobladder created as part of your surgery, **please eat only low fibre foods for 24 hours before your surgery, including the evening before your operation.**

Avoid vegetables such as carrots or sweetcorn or other high fibre foods such as wholemeal bread, branflakes or brown pasta/rice.

High fibre foods can stay within the part of the bowel used to create the neobladder, which increases the risks of infection.

## **Ureteric stents**

There will be two ureteric stents (small plastic tubes) coming out of your stoma or directly from your abdomen (tummy). These drain urine from your kidneys, helping with healing after your operation.

# Reducing the physical stress of the operation

## **Nutrition**

You may be given some carbohydrate drinks by your pre-operative assessment nurse. These are special drinks designed for people undergoing surgery. They are clear, still drinks, that contain carbohydrates and minerals. They are easy to digest, so you can still take them **up to two hours** before your surgery. Please take these drinks according to the specific instructions given to you at the Pre-operative Assessment Clinic.

- **Evening before your surgery:** take two carbohydrate drinks.
- **Morning of your surgery:** take two carbohydrate drinks, to be finished **at least two hours** before your admission time.

### **Carbohydrate drinks are not suitable for people with diabetes, suspected diabetes or slow stomach emptying.**

Carbohydrate drinks are gluten, lactose and fibre free. You may prefer to drink these drinks chilled.

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

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

If you have unintentionally lost weight or are struggling to eat and drink, please tell your Urology Specialist Nurse or pre-operative assessment nurse. It is important that you are as well nourished as possible before your operation.

If you have any further questions please speak to your pre-operative assessment nurse.

## What happens after the operation?

### **Intra-operative (during surgery) and post-operative (after surgery) management, including pain relief and early nutrition**

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

#### **Day of surgery**

The doctors and nurses will stabilise your condition in the Churchill Overnight Recovery Unit (CORU) after surgery. You will be helped to sit in up in bed.

#### **Post-operative day 1**

You will be transferred to the Urology ward. You will be helped to sit out of bed, go for walks with assistance, have something to drink, start chewing gum and begin stoma practice.

#### **Post-operative day 2**

You will sit in the chair, go for walks with assistance, have something to drink and some soup and light puddings, and continue with stoma practice.

#### **Post-operative day 3**

You will sit in the chair for all meals, go for walks with assistance, have something to drink and build up to eating a light diet, continue stoma practice.

#### **Post-operative day 4**

You will sit out of bed for the majority of the day, go for walks, have something to drink and eat a light diet, continue stoma practice or start urinary catheter care.

You will be given a patient diary before your operation, which explains what we will do and what to expect after the operation. 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 in the Pre-



operative Assessment Clinic. They can also be found on our website: [www.ouh.nhs.uk/patientinformation](http://www.ouh.nhs.uk/patientinformation)

- Anaesthesia explained
- Managing your pain after your operation
- Early mobilisation in hospital, a guide to help your recovery

### **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 your 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. Please make sure your dentures are securely fixed using your denture-fix paste. Alternatively, if you have partial dentures, you may want to remove them whilst chewing.

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

## 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. It can help 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 mobilise are written in your patient diary. It will involve 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.

### **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.

## 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 you have some clean clothes with you and the clothing is suitable, e.g. loose fitting and comfortable.

## Leaving hospital

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 (nausea should be well controlled on anti-sickness medication, if required)
- to be independently mobile (able to get yourself out of bed and on/off the toilet)
- to have passed wind or opened your bowels
- to be independent with your stoma or urinary catheter 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 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 booklet. This is available on the ward (ask your ward nurse if you have not received it) or can be found on our website: [www.ouh.nhs.uk/patientinformation](http://www.ouh.nhs.uk/patientinformation)

- Planning your discharge - making preparations for your return home

## 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 – this may take some weeks or months.

**Your ureteric stents** will either be removed before you are discharged home or during a separate outpatient visit, soon after your discharge.

**If you have had a neobladder created**, you will be discharged home with a urine catheter in place. This will stay in place for two weeks, to allow your neobladder to heal. You will be given advice about caring for your neobladder and who to contact if you need advice or support.

You will receive an appointment to return to hospital after two weeks to have a cystogram (X-ray of your bladder) to check the catheter can safely be removed from the neobladder. You will then be admitted to the Urology ward for two to three days, during which your catheter will be removed and you will receive bladder training.

The neobladder does not know how to fill, contract and release urine. You will be taught how to use your new neobladder and pass urine from it.

**If you have had a urostomy formed**, the Urology Specialist Nurse will telephone you after you have left hospital, to see how you are getting on, and will arrange to see you in their outpatient clinic within two weeks 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 six weeks after your discharge from hospital.

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

## Problems after discharge

If your question is non-urgent and does not need responding to immediately, within office hours, please contact your Consultant Surgeon's secretary, the Urology Specialist Nurse or the Urology Ward on the following telephone numbers. You can also contact your GP's surgery for advice.

### **Consultant Surgeons' secretaries**

Tel: **01865 234 444**

Please select option 3 to talk to the consultant's secretaries.  
(8.00am to 5.00pm, Monday to Friday)

### **Urology Specialist Nurse**

Tel: **01865 234 390**

(8.00am to 4.00pm, Monday to Friday)

### **Urology Ward**

Tel: **01865 572 332/333**

(24 hours)

**If the ward is unavailable, your question needs an urgent response or it is outside of office hours**, please contact your GP's surgery or out-of-hours GP's service (including NHS 111 – call 111 free from any landline or mobile). They can assess you and decide what further action needs to be taken.

If you require an urgent review, 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, call 999 or go to your nearest Emergency Department.

## Research studies

Many research studies are carried out at the Oxford University Hospitals and you may be eligible to take part in one.

During your visit you may be approached about research studies. If you would like further information, please ask your healthcare professional.

## Useful resources

**[smokefree.nhs.uk](http://smokefree.nhs.uk)**

(NHS stop smoking advice)

**[www.macmillan.org.uk](http://www.macmillan.org.uk)**

(Cancer care and support charity)

**[www.cancerresearchuk.org](http://www.cancerresearchuk.org)**

(Information on up-to-date cancer research)

**[www.maggiescentres.org](http://www.maggiescentres.org)**

(Maggie's cancer caring centres)

**[www.maggiescentres.org/cancerlinks](http://www.maggiescentres.org/cancerlinks)**

(Information and support for people with cancer)

**[www.ouh.nhs.uk](http://www.ouh.nhs.uk)**

(Oxford University Hospitals NHS Foundation Trust)

**[www.urostomyassociation.org.uk](http://www.urostomyassociation.org.uk)**

(The Urostomy Association)

**[www.britishpainsociety.org](http://www.britishpainsociety.org)**

(The British Pain Society)

**[www.rcoa.ac.uk](http://www.rcoa.ac.uk)**

(Royal College of Anaesthetists)

If you need an interpreter or would like this information leaflet in another format, such as Easy Read, large print, Braille, audio, electronically or another language, please speak to the department where you are being seen. You will find their contact details on your appointment letter.

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