

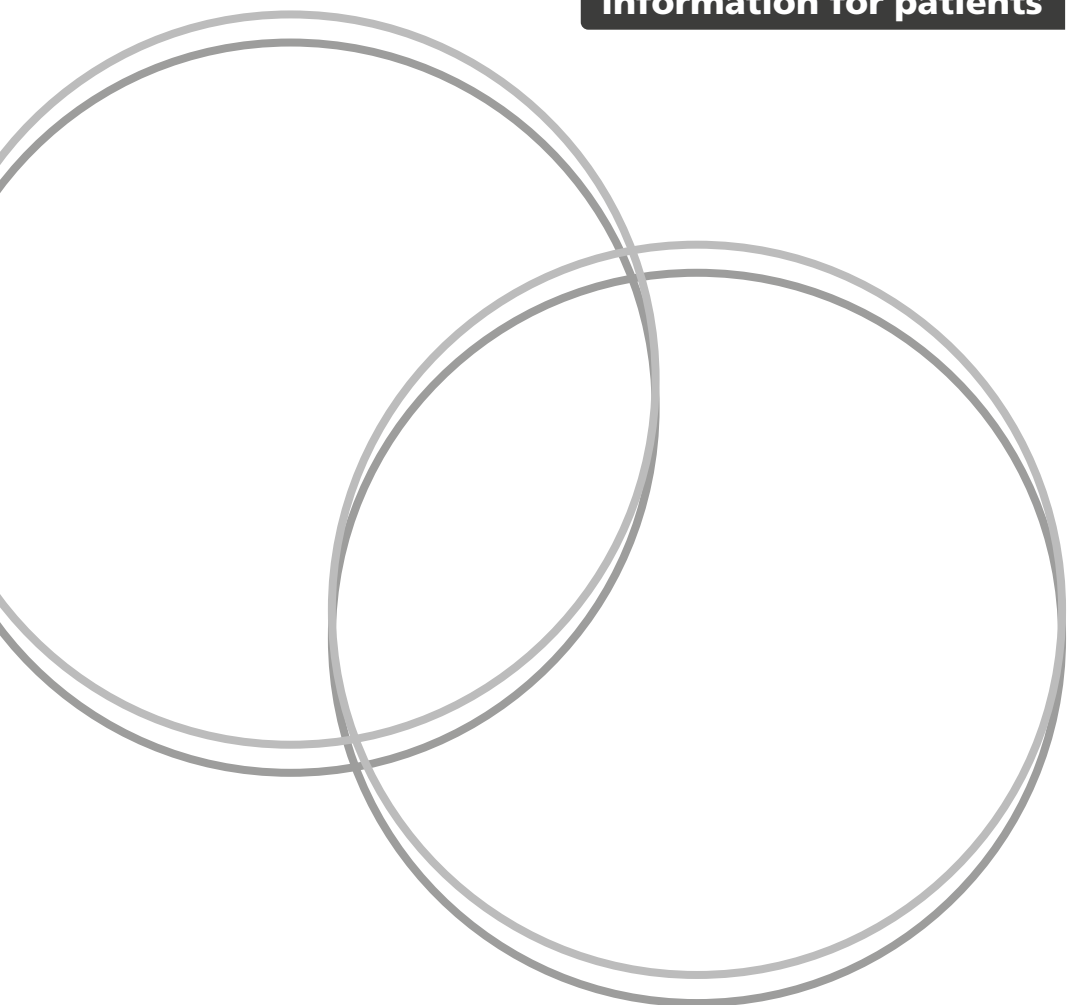


Oxford University Hospitals
NHS Foundation Trust

Enhanced Recovery After Surgery (ERAS)

Bowel Surgery

Information for patients



What is Enhanced Recovery?

Enhanced Recovery is a 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 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.

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 that you will complete this, it will not affect your care if you choose not to.

Before your operation

Planning and preparing before your admission

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

It is important that you tell us as early as possible if you have any concerns about managing your daily recovery at home following your discharge from hospital or your circumstances change during your admission.

You will receive an appointment at the pre-operative assessment Clinic before your surgery. This will make sure that you are fit for an anaesthetic and surgery.

You may see an anaesthetist, to discuss the anaesthetic you will have for the operation. You will see a nurse, who will check your general health and do tests such as blood tests and Electrocardiogram (ECG), if you are over 50 years old. 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 might have.

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

Certain bowel 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.

We advise that you have a shower and wash your hair the evening before or the morning of your surgery. This helps towards reducing the risk of developing an infection.

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

Stoma care

A stoma is a surgically created opening on the abdomen, which allows faeces to exit the body and pass into a secure, disposable bag. This can either be permanent or temporary.

If there is a chance you will have a stoma, a member of the stoma team will see you before your operation. They will talk with you in more detail about this part of your operation, and will explain all you need to know about caring for your stoma once you leave hospital.

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 afterwards.

What can I do to prepare for my surgery?

Being active

Your heart and lungs have to work harder after an operation to help the body to heal. If you are already active and do regular physical exercises, you will be used to your heart and lungs working harder.

Improving your health and activity levels, means that you are more likely you have a short recovery and less complications. Even small changes can make a big difference. Regardless of your general health condition, there may be changes you can make to reduce the risk of complications from the operation. Aim to do any activity that can make you feel out of breath at least three times per week. Check with your doctor before starting any new activity. Examples of some activities are brisk walking, swimming, cycling, gardening or playing with your children or grandchildren. Activities that improve your strength and balance will also be useful for your recovery such as yoga and thai chi.

Further information can be found on the website for

Royal College of Anaesthetists:

www.rcoa.ac.uk/patient-information/preparing-surgery-fitter-better-sooner

Stopping smoking

It is extremely important 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. These complications may result in having a slower recovery and a longer stay in hospital.

There are several places where you can get support to stop smoking:

Here for Health

Health Improvement Advice Centre (hospital based)

Oxford University Hospitals' health improvement advice centre offers a range of tailored support for healthy living and wellbeing including giving up smoking, reducing alcohol consumption, healthier eating and becoming more active.

Please ask your surgical team about a referral for telephone or video support or drop into the centre to self-refer for:

In-depth behavioural support via one-to-one virtual consultations (phone or video call) can refer to your local community service on your behalf for nicotine replacement therapy (open 9.00am to 5.00pm, Monday to Friday).

Telephone: **01865 221 429**

Email: [**hereforhealth@ouh.nhs.uk**](mailto:hereforhealth@ouh.nhs.uk)

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

Stop For Life Oxon (community based)

Community-based behavioural support and nicotine replacement products.

Telephone: **0800 122 3790**

Text: **STOPOXFORD to 60777**

Website: [**www.stopforlifeoxon.org**](http://www.stopforlifeoxon.org)

Outside of Oxfordshire:

Call the **National Smoking Helpline** number listed below to find out where your nearest support is available.

Telephone: **0300 123 1044**

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

Reducing alcohol intake

Alcohol consumption of three or more units a day (for example, a 250ml glass of wine or a pint of beer above 5.2% in alcohol strength) can lead to multiple complications after surgery and weaken your body's immune system. It is advisable to not drink alcohol in the days leading up to your surgery. Please speak to your team about your alcohol intake and how to access support in reducing your intake.

If you think you may be physically dependent on alcohol then it is very important that you seek medical advice to manage your withdrawal. The reason for this is that it can be harmful to stop suddenly and the effects of sudden withdrawal can be severe and possibly life threatening.

There are several places where you can find information and seek support for reducing your alcohol intake:

Contact Here for Health for support in finding the best options for you. Including access to local support if required.

Telephone: **01865 221 429**

Email: [**hereforhealth@ouh.nhs.uk**](mailto:hereforhealth@ouh.nhs.uk)

Make an appointment at your GP practice or health centre for advice on alcohol reduction and local support.

Drinkline is the national alcohol helpline. If you're worried about your own or someone else's drinking, you can call this free helpline in complete confidence.

Telephone: **0300 123 1110**

(weekdays 9am to 8pm, weekends 11am to 4pm).

Drinkaware an organisation working to reduce alcohol misuse and harm in the UK. Alcohol self-assessment test available.

Telephone: **02077 669 900**

Email: [**contact@drinkaware.co.uk**](mailto:contact@drinkaware.co.uk)

Website: [**www.drinkaware.co.uk**](http://www.drinkaware.co.uk)

(Drinkaware app is also available via the Apple store or Google Play).

Alcoholics Anonymous (AA) is a free self-help group. Its “12-step” programme involves getting sober with the help of regular support groups.

Tips on reducing alcohol intake:

www.nhs.uk/live-well/alcohol-support/tips-on-cutting-down-alcohol

Turning Point Oxfordshire has service hubs in Oxford, Banbury, Didcot and Witney and are dedicated to promoting wellbeing and recovery from addiction.

Telephone: **01865 261 690**

Website: **wellbeing.turning-points.co.uk/Oxfordshire**

If you are still physically dependent on alcohol at the time of your admission or wish to seek support whilst in hospital please speak to your ward nurses or surgical team about support from the Hospital alcohol care team.

Mouth 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 mouth care can reduce this build-up 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-based 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 mouth care after surgery and after your discharge from hospital, as part of your recovery.

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 instructions given to you at the pre-operative assessment clinic, as well as any bowel preparation instructions (if required).

- **Day before your surgery:** take of the carbohydrate drinks.
- **Morning of your surgery:** take of the carbohydrate drink(s), 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 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

Your initial recovery will take place in either the Wytham Ward or the Churchill Overnight Recovery Unit (CORU) depending on your recovery needs. You will be helped to sit out in the chair if you are able to and can have something to drink.

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

Day of surgery

You may have the following tubes attached to you after the operation:

- an oxygen mask or oxygen through small plastic tubes in your nose
- an intravenous drip of fluid in a vein in your arm or through a small tube in your neck to help hydrate you until you are eating and drinking
- a urinary catheter (hollow tube) in your bladder to collect and measure your urine
- a wound drain into the side of your tummy to allow excess fluid to drain away from the wound area.

Post-operative day 1

You will be encouraged to sit out in the chair in the morning and afternoon for few hours. Go for two walks and have something to eat and drink. We will aim to remove the tubes and attachments from your operation if it is safe to do so.

Post-operative day 2 onwards

You will be encouraged to sit out in the chair for longer periods and go for walks over increased distances. You will be encouraged to dress in your own clothes.

During your stay in hospital

You will be given a patient diary before your operation, which explains goals for you to achieve during your hospital stay and for leaving hospital. Whilst we hope you will complete this, it will not affect your care if you chose not to.

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 refreshed, 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, you can chew some sugar-free gum 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 pass stool after 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.

Early mobilisation

Getting up and moving after your operation is important for your recovery. This means getting out of bed from the day of your operation and walking greater distances on the ward every day until you are discharged home. 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 to mobilise are written in your patient diary. If you have problems or limitations with walking or sitting, we will develop a personalised, realistic mobility plan with you during your recovery.

Managing your pain after surgery

It is important your pain is well managed after your surgery to help you take deep breaths, cough effectively and meet your mobility goals.

Please do let your nurse or doctor know if your pain is not being effectively managed with the pain relief given or if you are experiencing any side-effects from the painkillers (such as nausea or vomiting, hallucinations, vivid dreams or itching) so additional or alternative pain relief can be considered for you.

Your ward team may arrange a review by our Pain Service whilst you are in hospital if required for your care.

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. If you are already on blood-thinning medication before surgery your surgical team will make a plan for resuming your medications. If you have any further queries related to your medication, please discuss these with your specialist team.

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 that the clothing is suitable e.g. loose fitting and comfortable.

Taking rest breaks during the day are also important as part of your recovery. You will be encouraged to return to bed and rest to help aid recovery and energy levels after surgery. This is important to be able to complete your walking goals.

Examples of items to bring into hospital:

- an eye mask and ear plugs to help you get some restful sleep
- pen (to fill in your ERAS diary and food menus)
- comfortable, loose fitting clothing
- sugar free chewing gum.

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:

- to be assessed as medically fit for discharge
- your pain to be controlled effectively with oral analgesia (pain killers)
- 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 passing wind or your stoma being active
- 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. 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.
- Discharge advice after colorectal surgery.
- Physiotherapy advice after abdominal surgery.

Recovery 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. Your recovery will continue after discharge – this may take some weeks or months.

Follow-up after discharge

If you are a cancer patient, you will be followed up two to four weeks after discharge by your surgical team. Please contact your specialist nurse if any concerns.

For non-cancer patients, your consultant will decide when you need to be seen and this may be up to three months after discharge from hospital. If you have any questions about this, please contact your consultant's secretary.

Problems after discharge

You will be given the 'Discharge advice after Colorectal surgery' leaflet following surgery. It contains useful advice to help support your recovery at home and a contact mobile number for the ward doctors if you have any questions or concerns after you leave hospital.

Consultant Surgeons' secretaries:

Telephone: **01865 235 507**
(8.00am to 5.30pm, Monday to Friday)

You can also visit your GP's surgery for advice after you have been discharged from hospital.

Colorectal Cancer Specialist Nurses:

- Administrator: **01865 221 839**
- Oxford University Hospitals: **01865 221 454**
(Answerphone available 24 hours)

Stoma Nurses:

- Churchill Hospital: **01865 235 367**
- John Radcliffe Hospital: **01865 221 839**
(Answerphone available 24 hours)

If your question requires an urgent response or it is outside of office hours, please contact your GP's surgery or out-of-hours GP 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 the Surgical Emergency Unit at the John Radcliffe Hospital for further tests and investigations.

In an emergency or life-threatening situation, dial **999** or attend your local 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

www.smokefree.nhs.uk

(NHS stop smoking advice)

www.macmillan.org.uk

(Cancer care and support charity)

www.cancerresearchuk.org

(Information on up-to-date cancer research)

www.maggies.org

(Maggie's cancer caring centres)

www.crohnsandcolitis.org.uk

(Crohn's and Colitis UK)

www.bowelcanceruk.org.uk

(Bowel Cancer UK)

www.ouh.nhs.uk

(Oxford University Hospitals NHS Foundation Trust)

www.iasupport.org

(The ileostomy and internal pouch support group)

www.colostomyuk.org

(Colostomy UK)

www.rcoa.ac.uk

(Royal College of Anaesthetists)

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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February 2024
Review: February 2027
Oxford University Hospitals NHS Foundation Trust
www.ouh.nhs.uk/information



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