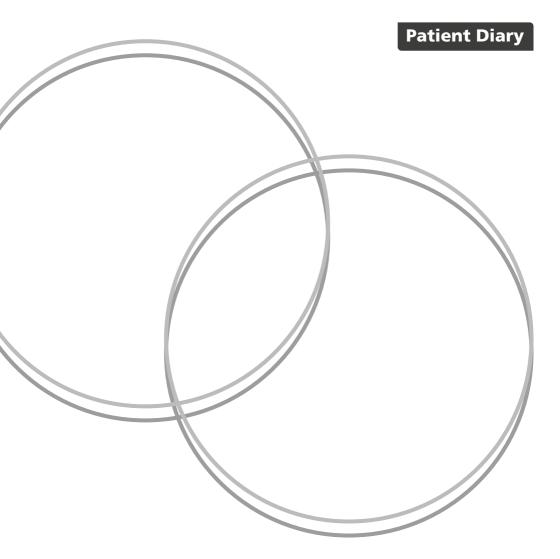


# Enhanced Recovery After Surgery (ERAS)

## Oesophagectomy



### What is Enhanced Recovery?

Enhanced recovery is a way of improving the experience and wellbeing of people who need major surgery. The programme focuses on making sure that you are actively involved in your recovery, recover quicker and aims to get you home sooner.

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).

The purpose of this diary is for you to record your thoughts and feelings and to note down your progress during your time in hospital after your operation. We encourage relatives and friends to be involved in your recovery, they can help you recover by taking you for walks, provided the nurses agree it is safe to do so.

The diary is designed for you to complete, but your relatives, friends and members of the team looking after you (doctors and nurses) can help you to fill it in if you find this difficult. This diary sets out an example of what to expect in the first few days after your surgery. 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.

#### This document is not legally binding and if your recovery is different to the programme set out, this is nothing to be worried about. We realise that every person is different, and everyone will achieve the goals at their own pace.

Whilst we hope that you will complete this diary, it will not affect your care if you choose not to.

# Day of Surgery

**Plan:** After your surgery, your care with be managed in the Churchill Intensive care unit (CICU).

# Post-operative Day One

**Plan:** You will be transferred to the Oxford Upper GI (OUGI) ward. We will help you to sit out in a chair and go for 2 walks with assistance.

#### Mobility: (tick if achieved)

I was able to sit in the chair for **2** hours (am and pm)

I was able to go for **2** walks

Distance walked ...... (aim for 2 walks, each of 40 meters)

Nutrition: (tick if achieved)

I was able to drink some water

#### If you have a jejunostomy tube:

My feed was started

#### How I feel today:

1 . . . .

Date/Day





### **Post-Operative Day Two**

**Plan:** To sit out in the chair and go for 2 walks with assistance. Have something to drink.

Mobility: (tick if achieved) I was able to sit in the chair for **2** hours (am and pm) I was able to go for 2 walks Distance walked ...... (aim for 2 walks, each of 100 meters)

**Nutrition:** (tick if achieved) I was able to drink some water

If you have a jejunostomy tube: My feed was increased

How I feel today:

Date/Day

### **Post-Operative Day Three**

**Plan:** To sit out in the chair and go for 3 walks with assistance. Have something to drink.

Date/Day

 Mobility: (tick if achieved)

 I was able to sit in the chair for 3 hours (am and pm)

 I was able to go for 3 walks

 Distance walked

 Mutrition: (tick if achieved)

 I was able to drink clear fluids

**If you have a jejunostomy tube:** My feed continues to run

How I feel today:

# Date/Day **Post-Operative Day Four Plan:** To sit out in the chair and go for 4 walks with assistance. Have something to drink. **Mobility:** (tick if achieved) I was able to sit in the chair for **3** hours (am and pm) I was able to go for 4 walks Distance walked ...... (aim for 3 or 4 walks, each of 150 metres) I was able to get dressed into my own clothes Nutrition: (tick if achieved) I was able to have something to drink Tea/Coffee Squash Water I was able to have my protein supplement drink

#### How I feel today:

### **Recovery Goals and Targets**

The first few days of your recovery involve the removal of the various drips and drains that were put in during surgery. You will now start to feel more free and able to walk around without the fear of pulling something out. It is from this time onwards that your recovery really makes a turning point and the team looking after you will work with you, your family and friends to prepare you for leaving hospital.

Below is a list of goals and targets that we would like you to achieve to help your recovery and to get ready for leaving hospital.

Every person is different, and everyone will achieve the goals at their own pace. This table is for you to make a note of the day you reached the goal for your own reference and to let you see your progress.

Goal/Target	Post-operative day achieved
Sit out of bed for more than six hours a day, returning to bed for a one to two hour rest in the afternoon	
Walk independently along the ward	
Get dressed in your own clothes (unaided)	
<b>If you have a jejunostomy tube:</b> Flush your tube under the supervision from the Ward Nurse	
<b>If you have a jejunostomy tube:</b> Flush your tube independently (without supervision)	
Managing protein supplement drinks	
Managing a pureed diet (food of smooth consistency with no lumps)	
Be assessed as competent to safely administer the dalteparin injections (or have an alternative option in place if unable to self-administer)	

### **Leaving Hospital**

The Enhanced Recovery Programme is based on criteria-led discharge and when you have achieved all the criteria, it is time for you to leave hospital.

The criteria are listed below:

(Please tick when achieved – this is for your reference only)

Discharge criteria	Tick when achieved		
Assessed as medically fit for discharge			
Effective pain control with oral analgesics (painkillers)			
Eating pureed diet and drinking fluids			
Met with Dietitian and received dietary advice for home			
Bowels opened			
Competent with dalteparin administration (if applicable), or have an alternative option in place			
Independently mobile; able to get your self out of bed and on/off toilet			
Received fit note (sick note) if required			

Page 9

### **Medications for Going Home**

After your surgery you will need some new medications to take home. Please ask the Upper Gastrointestinal (UGI) team whether you need to continue taking the medications you were on before your surgery.

Please use the following list to check that you have everything you need. If you have any questions, speak to your ward nurse or doctor.

Medication	Tick if supplied	Explanation
Lansoprazole FasTab or own antacid		<b>An antacid</b> . To help protect your stomach after your surgery. To be taken for 6 weeks then reviewed.
Paracetamol tablet		<b>Mild painkiller</b> . To be taken regularly for the first week and then continued as needed, to help you remain active and able to continue to achieve your recovery goals. <b>Gradually reduce</b> <b>and stop this pain killer last</b> .
lbuprofen tablet		<b>Mild painkiller</b> . To be taken regularly for the first week and then continued as needed, to help you remain active and able to continue to achieve your recovery goals. <b>Gradually reduce</b> <b>and stop this painkiller second</b> .
Tramadol or codeine tablet		<b>Moderate painkiller</b> . To be taken as needed to help you remain active and able to continue to achieve your recovery goals.
		Gradually stop this pain killer first.
		<b>Managing constipation</b> : Tramadol or codiene may affect your normal bowel pattern and cause constipation.

#### **Medications for Going Home Continued**

Medication	Tick if supplied	Explanation					
Tramadol or codeine tablet (continued)		Please use the laxative provided whilst taking tramadol or codeine, to help with constipation. It is important that you do not stop this painkiller too soon after leaving hospital, as this may affect you achieving your recovery goals.					
	Please note it is safe to take paracetamol and codeine or tramadol together if required for pain relief.						
Sodium Docusate		<b>A laxative</b> to help soften your stools if needed.					
Multivitamin and mineral chewable tablet		Vitamin and mineral supplement. You will need to purchase this from your local pharmacy, as the hospital does not stock the chewable tablets. To be taken life-long.					
Dalteparin Injection		An injection to reduce your risk of blood clots. To be taken for 28 days after surgery. If you already take medication to thin your blood, you may be given this dalteparin injection at a higher dose before resuming your blood thinning medication.					

#### **Medications for Going Home Continued**

Medication	Tick if supplied	Explanation
High protein supplement drinks (Fresubin Protein Energy or Altraplen Protein)		<b>A nutritional supplement drink</b> to be taken in addition to your regular meals, to help you recover from surgery.
Osmolite feed <i>(if required)</i>		<b>A nutritional feed</b> given through the jejunostomy feeding tube (if you have one in place) to help provide nutrition to help you recover from surgery.

#### Notes:

### **Enhanced Recovery Team**

My Consultant is
My Specialist Nurse is
My ERAS Physiotherapy Assistant is
My Dietitian is
My Enhanced Recovery Nurse is

#### **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.

Author: Hamira Ghafoor, CH ERAS Team Enhanced Recovery Programme Facilitator. April 2024 Review: April 2027 Oxford University Hospitals NHS Foundation Trust www.ouh.nhs.uk/information



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### **ERAS Patient Experience Questions**

We would like to understand how you felt about your recent stay in hospital and would be grateful if you could answer the following questions. Your answers will be treated confidentially. We value your input in helping us look at ways of improving our service. **Thank you.** 

Do you feel the Enhanced Recovery After Surgery programme improved your recovery? (please tick one answer)  Yes No If no, what were the reasons?
Did you feel being on the Enhanced Recovery After Surgery programme allowed you to be involved in your recovery?         (please tick one answer)         Yes       No         I did not need to be involved       Don't Know
Were there any parts of the Enhanced Recovery After Surgery programme that you felt were not relevant for you? (please tick one answer) No Yes If yes, what parts did you feel were not relevant?
If you were seen by the ERAS physiotherapy team, do you feel you were seen regularly enough? (please tick one answer) Yes – I was seen enough Yes – but I would have liked to be seen more Yes – but I would have liked to be seen less No – I was not seen
How well do you think your pain was managed after your surgery?

Poorly	managed		Adequat	tely	managed		Very w	ell ma	anaged
1	2	3	4	5	6	7	8	9	10

### **ERAS Patient Experience Questions**

Did you find the Enhanced Recovery After Surgery patient information leaflet useful?

**Did this make you feel** – (please **circle** the most appropriate words) well informed prepared in control confident happy supported unclear unprepared out of control anxious stressed unsupported frustrated

Did you find the Enhanced Recovery After Surgery Patient Diary useful?

Did this make you feel – (please circle the most appropriate words) well informed prepared in control confident happy supported unclear unprepared out of control anxious stressed unsupported frustrated

**Did your overall care experience make you feel** – (please **circle** the most appropriate words)

well informed prepared in control confident happy supported unclear unprepared out of control anxious stressed unsupported frustrated

If you could change one part of the Enhanced Recovery programme, what would it be?

#### Do you have any other comments?

After completion, tear this page out of the booklet and leave on the hospital ward before you are discharged home. Thank you.