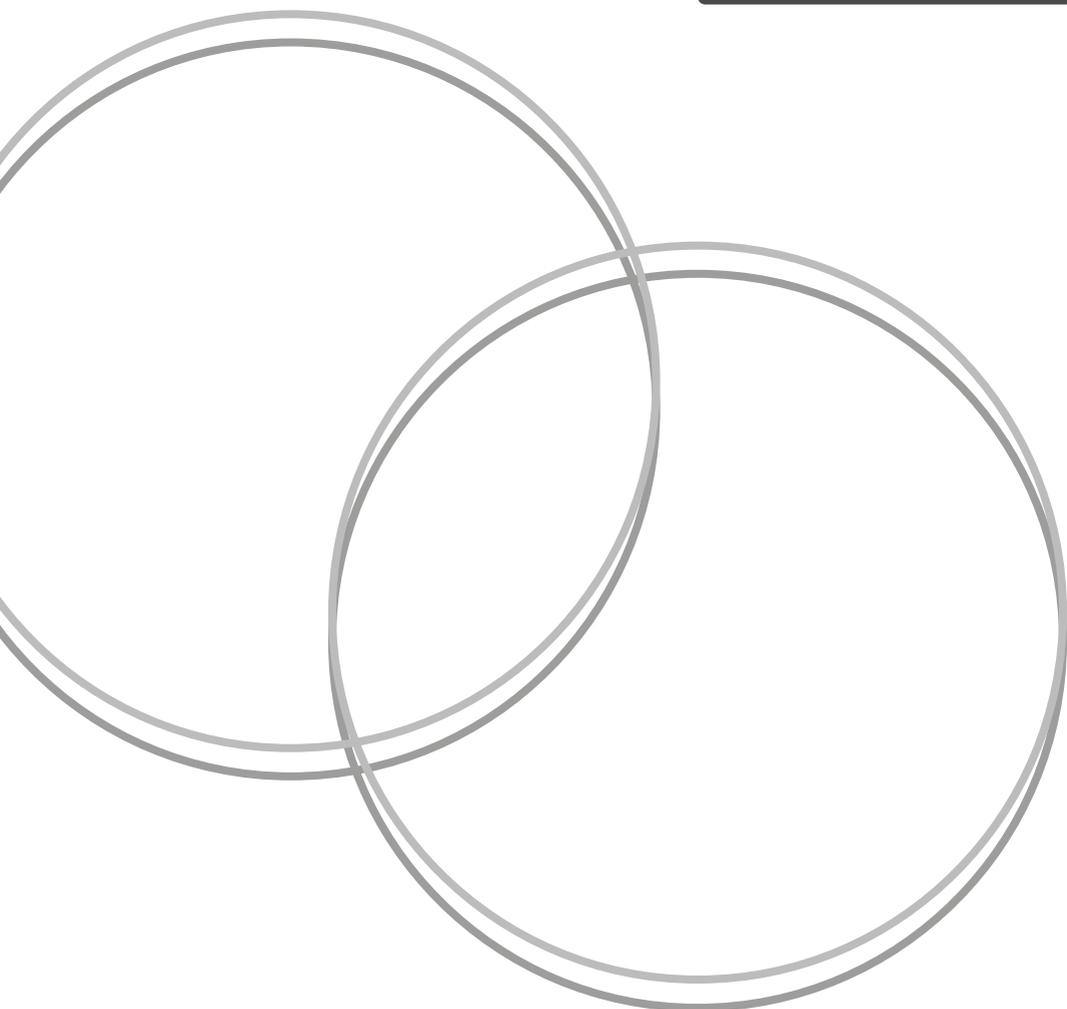




Oxford University Hospitals  
NHS Foundation Trust

# Enhanced Recovery After Surgery (ERAS) Cystectomy

**PATIENT DIARY**



## What is Enhanced recovery

Enhanced Recovery is a new way of improving the experience and wellbeing of people who need major surgery. It can 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).

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, nurses and nursing assistants) 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:

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

### **Mobility:** *(tick if achieved)*

I was able to sit up in bed

### **Nutrition:** *(tick if achieved)*

I was able to drink some water

### **If you have a urostomy pouch/stoma:** *(tick if achieved)*

I was shown my urostomy pouch

I was shown my urostomy pouch supplies

### **If you have a neobladder:** *(tick if achieved)*

I was shown my urinary catheters

## How do I feel today?

# Post-Operative day One

## Plan:

You will be transferred to the Urology Ward to continue with your recovery. You will be helped to sit in the chair on two occasions and go for two walks with assistance.

## Mobility: *(tick if achieved)*

I was able to sit in the chair for 1-2 hours (am and pm)

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

Distance walked ..... (aim for 2 lengths of the ward)

## Chewing gum: *(tick if achieved)*

I was able to chew sugar-free gum for 20 minutes at:

10am  3pm  8pm

## Nutrition: *(tick if achieved)*

Aim to drink about 1 litre of fluid in total *(a hospital jug full)*

I was able to have something to drink

Water  Squash  Tea/Coffee

I was able to have my nutritional supplement drinks

am  pm

## If you have a urostomy pouch/stoma: *(tick if achieved)*

I was shown my urostomy pouch

I was shown my urostomy pouch supplies

## If you have a neobladder: *(tick if achieved)*

I was shown how to flush my urinary catheter

am  pm

## How do I feel today?

# Post-Operative day TWO

Date / Day

## Plan:

Sit in the chair on two occasions. Go for two walks with assistance.  
Have something to eat and drink.

## Mobility: *(tick if achieved)*

I was able to sit in the chair for 1-2 hours (am and pm)

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

Distance walked ..... (aim for 2 lengths of the ward)

## Chewing gum: *(tick if achieved)*

I was able to chew sugar-free gum for 20 minutes at:

10am  3pm  8pm

## Nutrition: *(tick if achieved)*

I was able to have something to drink

Water  Squash  Tea/Coffee

I was able to have my nutritional supplement drinks am  pm

I was able to have soup and light puddings to eat

*(e.g. yoghurt, mousse, custard, jelly, stewed fruit, rice pudding)*

## If you have a urostomy pouch/stoma: *(tick if achieved)*

I was shown how to disconnect and reconnect my night bag

I was shown how to empty my urostomy pouch

I was shown how to change my urostomy pouch

## If you have a neobladder: *(tick if achieved)*

I was shown how to flush my urinary catheter

am  pm

## How do I feel today?

Date / Day

# Post-Operative day Three

## Plan:

Sit in the chair on two occasions. Go for two walks with assistance.  
Have something to eat and drink.

## Mobility: *(tick if achieved)*

I was able to sit in the chair for 2-3 hours (am and pm)

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

Distance walked ..... (aim for 4 lengths of the ward)

## Chewing gum: *(tick if achieved)*

I was able to chew sugar-free gum for 20 minutes at:  
10am  3pm  8pm

## Nutrition: *(tick if achieved)*

I was able to have something to drink  
Water  Squash  Tea/Coffee

I was able to have my nutritional supplement drinks am  pm

I was able to have something light to eat   
*(e.g. cornflakes, white bread/toast, egg, chicken, mashed potato, cheese)*

## If you have a urostomy pouch/stoma: *(tick if achieved)*

I was shown how to disconnect and reconnect my night bag

I was shown how to empty my urostomy pouch

I was able to empty my urostomy pouch on my own

I was shown how to change my urostomy pouch

I was able to change my urostomy pouch on my own

## If you have a neobladder: *(tick if achieved)*

I was shown how to flush my urinary catheter am  pm

## How do I feel today?

Date / Day

# Post-Operative day Four

## Plan:

Sit in the chair on two occasions. Go for two walks (ask for help if you need it). Have something to eat and drink.

## Mobility: *(tick if achieved)*

I was able to sit in the chair for 2-3 hours (am and pm)

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

Distance walked ..... (aim for 4 lengths of the ward)

## Nutrition: *(tick if achieved)*

I was able to have something to drink  
Water  Squash  Tea/Coffee

I was able to have my nutritional supplement drinks am  pm

I was able to eat more than half of my light meals

## If you have a urostomy pouch/stoma: *(tick if achieved)*

I was shown how to disconnect and reconnect my night bag

I was shown how to empty my urostomy pouch

I was able to empty my urostomy pouch on my own

I was shown how to change my urostomy pouch

I was able to change my urostomy pouch on my own

## If you have a neobladder: *(tick if achieved)*

I was able to flush my urinary catheter am  pm

## How do 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 should really make a turning point and the team looking after you will work with you and your family/friends to prepare you for leaving hospital.

Below is a list of goals and targets we would like you to achieve to help your recovery and to get ready for leaving hospital. We realise that 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 the majority of the day	
Walk independently along the ward	
Get dressed into your own clothes (unaided)	
Managing your meals	
Managing your nutritional supplement drinks	
<b>If you have a urostomy:</b> Care for your urostomy pouch/stoma under supervision from the ward staff	
<b>If you have a urostomy:</b> Care for your urostomy pouch/stoma independently without supervision	
<b>If you have a neobladder:</b> Flush your urinary catheter under supervision of ward staff	
<b>If you have a neobladder:</b> Flush your urinary catheter independently without supervision	
Be assessed as competent to safely administer your dalteparin injections, if applicable (or have an alternative option in place if unable to self-administer)	

## Care of urostomy pouch/stoma

If you have a urostomy, the table below is for you to record the care of your urostomy pouch/stoma. You will need to be able to look after your urostomy pouch/stoma on your own before you leave hospital.

Please use the table below to record the day that you reached each goal. This is for your reference only and allows you to see your progress.

Goal/Target	Post-operative day achieved
I was able to disconnect and reconnect my night bag	
I was able to empty my urostomy pouch under supervision	
I was able to empty my urostomy pouch on my own	
I was able to change my urostomy pouch under supervision	
I was able to change my urostomy pouch on my own	
I have all the equipment ready for going home	
I know how to contact my stoma nurse	

Your stoma nurse will call you after you have been discharged from hospital and will arrange to see you in their clinic within two weeks of your discharge. If you live outside Oxfordshire, you will be referred to your local stoma team.

The stoma nurse will organise all of your stoma supplies shortly after you have been discharged.

## Leaving Hospital

The Enhanced Recovery programme is based on criteria-led discharge. 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 and drinking with no nausea or vomiting	
Independently mobile (able to get yourself out of bed and on/off toilet)	
<b>If you have a urostomy:</b> Independent with urostomy pouch/stoma care	
<b>If you have a neobladder:</b> Independent with flushing your urinary catheter	
Bowels opened	
Competent with dalteparin self-administration <i>(if applicable), or have an alternative option in place</i>	

## Medications for going home

After your surgery you will need some new medications to take home. Please ask the Urology Ward 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:
Ranitidine		<p>Antacid to help protect your stomach after your surgery. To be continued for 4 weeks after surgery.</p> <p>If you normally take antacid medication, this should continue during your stay in hospital and as normal after you leave, unless you are told otherwise.</p>
Sodium bicarbonate <b>(following neobladder surgery only)</b>		<p>To help neutralise extra acid that may be reabsorbed over time through the new bladder lining. You may be started on these tablets before leaving the hospital <b>after your neobladder surgery</b>. We will give you specific advice about how often to take them.</p>
Dalteparin injection		<p>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 will be given this injection at a higher dose before resuming your blood thinning medication.</p>

Medication:	Tick if supplied:	Explanation:
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 then stop this painkiller last.</b>
Codeine tablet		<b>Moderate 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 then stop this painkiller first.</b> <b>Managing constipation:</b> Codeine may affect your normal bowel pattern and cause constipation. Please use the laxative provided whilst taking 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.
Sodium docusate		A laxative to help soften your stools. To be used whilst taking codeine, to help with constipation.

# My Enhanced Recovery Team

My consultant is: .....

My Specialist Nurse is: .....

My Dietitian 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.

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Enhanced Recovery Programme Facilitators

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Oxford University Hospitals NHS Foundation Trust  
[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)



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# ERAS Patient experience questions

To understand how well we are doing and what we need to improve, we would be grateful if you could answer the following questions.

The information collected from this survey will be used for the purpose of improving the way we deliver our services. Any information which could identify you will be anonymised before the data is used.

**Thank you**

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**Do you feel the Enhanced Recovery After Surgery programme improved your recovery?** (please **tick** one answer)

Yes  No

**If no, what were the reasons?**

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**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

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**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?**

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**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

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**How well do you think your pain was managed after your surgery?**

*Poorly managed*    *Adequately managed*    *Very well managed*  
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?**

Yes  No

**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?**

Yes  No

**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

Cystectomy