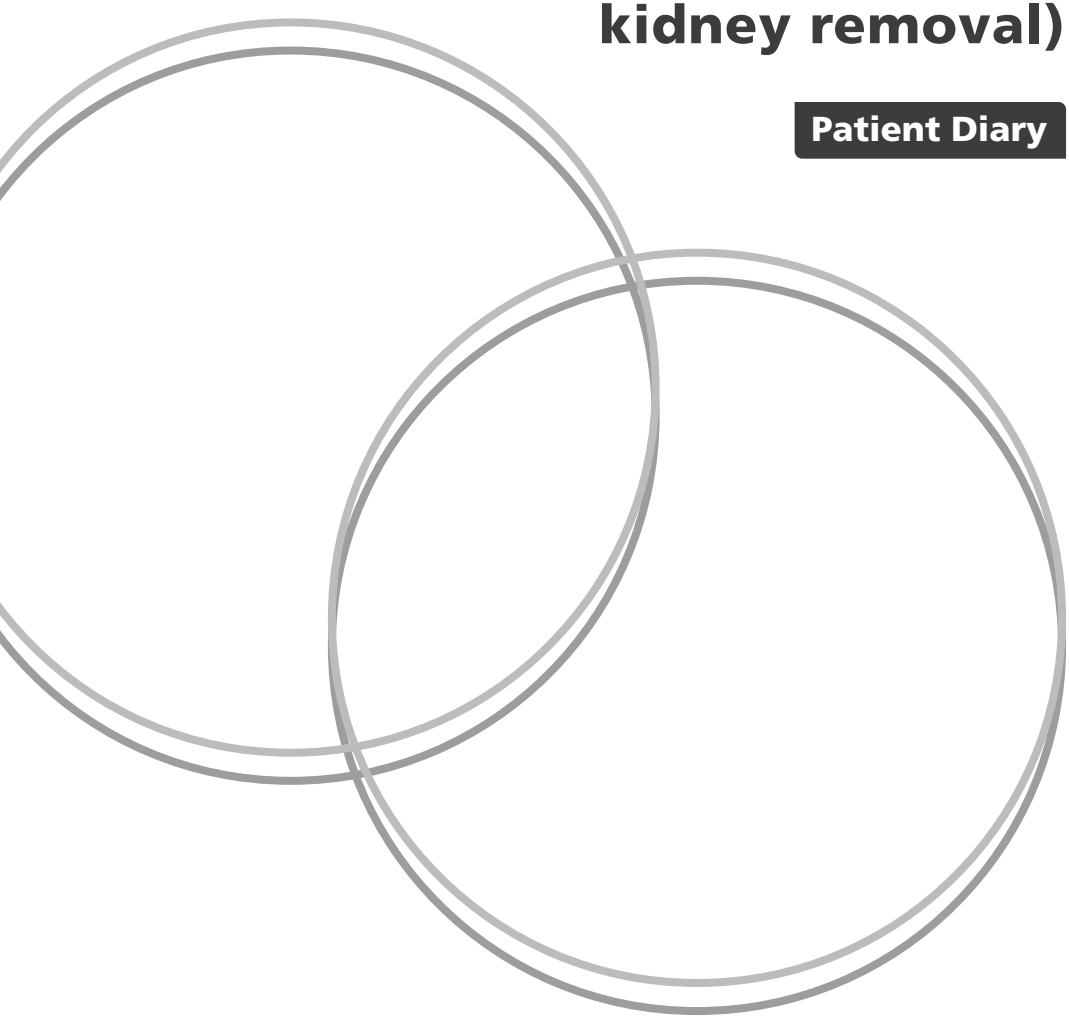
NHS
Oxford University Hospitals
NHS Foundation Trust

Enhanced Recovery After Surgery (ERAS)

Laparoscopic Nephrectomy (keyhole surgery for kidney removal)

Patient Diary



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

Date/Day

Plan: Recover from the anaesthetic. Have something to eat and drink. Effective pain control with painkillers. Sat up in bed or out in the chair.

Mobility: (*tick if achieved*)

I was able to sit up in bed ☐

I was able to sit in the chair ☐

Nutrition: (*tick if achieved*)

I was able to have something to drink

Water ☐ Squash ☐ Tea/Coffee ☐

I was able to have something to eat ☐

How I feel today:

Recovery Goals and Targets

Your recovery will involve the removal of the various drips and tubes that were put in during your surgery. You will now start to feel freer and be able to walk around, without fear of pulling something out. It is from this time onwards your recovery really makes a turning point and the team looking after you will work with you and your family/friends to prepare you for leaving the 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 allows you to see your progress.

Goal/Target	**Post-operative day achieved**
Sit in the chair for majority of the day, aim for 3 hours AM and PM for the first day and build up, returning to bed for a one or two hour rest in the afternoon.	
Walk independently along the ward and back; or back to your level of independence	
Get dressed into your own clothes (unaided)	
Able to eat and drink (without any nausea or vomiting)	
Be assessed as confident to safely administer your blood thinning 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)	
Managing to eat and drink with no nausea or vomiting	
Independently mobile (or back to your usual level of independence); able to get self out of bed and on/off toilet	
Confident with blood thinning injection self-administration (if applicable), or have an alternative option in place	
Received Fit note (sick note) *if required*	

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**
Paracetamol tablet		**Mild painkiller.** 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. **Gradually stop this pain killer last.**
Ibuprofen tablet (*if advised suitable by your surgical team based on your blood results*)		**Mild painkiller.** To be taken regularly for **three days** to help you remain active and able to continue to achieve your recovery goals. **Gradually stop this pain killer second.**
Codeine or tramadol tablet		**Moderate painkiller.** 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.**

		Managing constipation: Codeine or tramadol may affect your normal bowel pattern and cause constipation. Please use the laxative provided whilst taking codeine or tramadol, 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, ibuprofen and codeine or tramadol together if required for pain relief.		
Omeprazole capsule *(if ibuprofen advised)*		An **antacid** to help protect your stomach whilst taking ibuprofen.
Laxido sachet		A **laxative** to help soften your stools. To be used whilst taking Codeine or tramadol, to help with constipation.
Inhixa 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 will be given this injection at a higher dose before resuming your blood thinning medication.

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. It is important to continue with your recovery after discharge to help you to return to your normal activities sooner. We have answered some commonly asked questions over the next few pages to help aid your recovery. However, this is a general guide, for questions related to your specific needs please speak to a member of your clinic team.

How do I manage my pain after discharge?

You will be given painkillers to take home along with advice on how to take them and how long for when you are discharged from hospital. For most patients, pain reduces over a short period of time, but you may need to continue to use pain killers when you return home. Most patients do not need stronger painkillers after a week. The painkillers should be reduced and gradually stopped as your pain settles.

Do I follow a special diet after the surgery?

You can eat and drink straight away after your surgery, but some patients can experience symptoms of bloating and nausea as the surgery can slow down your bowel movements. We recommend a light diet (which includes foods such as cornflakes, white bread or toast, eggs, soup, chicken, mashed potato, cheese, puddings) for the first day of your surgery and build up to a normal diet from the second day of surgery onwards.

Eating regular meals and having a balanced and varied diet can help you to get the right nutrients to help you heal and recover after surgery. Including foods rich in protein in your meals can help towards wound healing. This includes foods such as eggs, meat, fish, pulses (such as beans, lentils, chickpeas), cheese, milk and milk puddings.

If your appetite is reduced or your portion sizes are smaller than normal you could try having five or six smaller meals, snacks or nourishing drinks during the day.

To avoid constipation, include foods rich in fibre such as fresh fruit, vegetables, beans and pulses, porridge, wholemeal bread and cereals.

Aim to drink 1.5 to 2 litres of a variety of fluids each day to help keep you well hydrated and prevent constipation. Fluids can include water, flavoured water or diluted squash, tea, herbal tea, coffee, malted drinks, hot chocolate and milk. Foods containing fluid can also help you to maintain your hydration and include soup, ice-lollies, jelly, yoghurt and milk puddings.

What do I do if I become constipated?

You will usually have started passing wind before discharge from the hospital but may not open your bowels for a few days. If you have not opened your bowels within three to four days of your surgery, we would recommend starting some gentle laxatives given to you in your discharge medication pack until your bowels open. If you are taking stronger painkillers at home these can also make you more likely to be constipated. It is important to continue to move around and be gently active such as walking when you are home to help keep your gut working.

When can I start exercising again?

Please request the 'Physiotherapy advice after abdominal surgery' leaflet from the ward which helps outline guidance on recovery and exercise after your surgery. We encourage light walking after your surgery and building up your activities goals each week as advised in the physiotherapy leaflet. You can resume more strenuous activities such as jogging, aerobic exercise and heavy lifting if you are feeling well enough to do so six weeks after your surgery.

How long do my wound dressing(s) stay on after surgery?

We would expect your wound dressings to stay on for the initial two days after your surgery. After this the tummy wound(s) can be left uncovered to continue to help with healing. If your wound(s) still require dressing, the ward team will advise you on caring for your wound(s) and provide you with spare dressings.

Can I shower or bath with my wound(s)?

We recommend you take a shower after your surgery rather than having a bath. The stitches in your tummy are either dissolvable or waterproof clips. You can use soap or shower gel to wash your body, but it is important that you do not rub any soap or shower gel directly onto your wounds. It is important to rinse the soap thoroughly from your body to avoid it irritating your wounds and to gently pat your wounds dry with a clean towel.

Swimming or bathing should be avoided until at least four weeks after surgery or until your wounds have completely healed.

When can I drive?

You can drive when you are comfortable to do so and when you are able to confidently perform an emergency stop. This is generally four to six weeks after your surgery. Please also check with your insurance company before returning to driving.

When can I have sex again?

This will depend on when both you and your partner feel comfortable, but it is safe after four to six weeks.

When should I return to work?

Please allow a couple of weeks recuperation before returning to work. The amount of time required will depend on the nature of your work. If you require a fit note for your work or your work involves lifting, please speak to your doctor before leaving hospital.

What else should I look out for?

You should monitor the healing of your wounds, look out for any sudden changes in your overall recovery, for any signs of infection or a new cough.

Contact your GP or Urology triage if you:

- feel feverish or generally unwell
- have increased redness, throbbing pain or pus-like discharge from your wound(s)
- increasing abdominal pain, not controlled with painkiller
- new productive cough that is not getting better
- if you develop significant blood in your urine (following a partial nephrectomy surgery)

Very occasionally following surgery serious complications can develop. Please attend your nearest Emergency Department if you:

- start vomiting and are unable to keep fluids down
- have worsening shortness of breath
- develop chest pain or a painful swollen leg

Support after discharge

If you are unsure on any aspects of your care, please do not hesitate to contact us.

For advice during office hours, please contact your consultant surgeon's secretary or your specialist nurse on the telephone numbers listed below. If you are unable to contact a member of the team, please contact your GP or the Urology Ward.

Consultant Surgeon's Secretaries

Tel: **01865 234444**

Please select option **[3**] to talk to the consultant's secretaries.

(8.00am to 5.00pm, Monday to Friday)

Uro-oncology Specialist Nurse

Tel: **01865 572374**

(8.00am to 4.00pm, Monday to Friday)

Urology Ward

Tel: **01865 572 332** or **01865 572 333** (24 hours)

Urology Triage

Tel: **01865 227205** (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 (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.

Enhanced Recovery Team

My Consultant is .....

My Specialist Nurse 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.

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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?

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.