

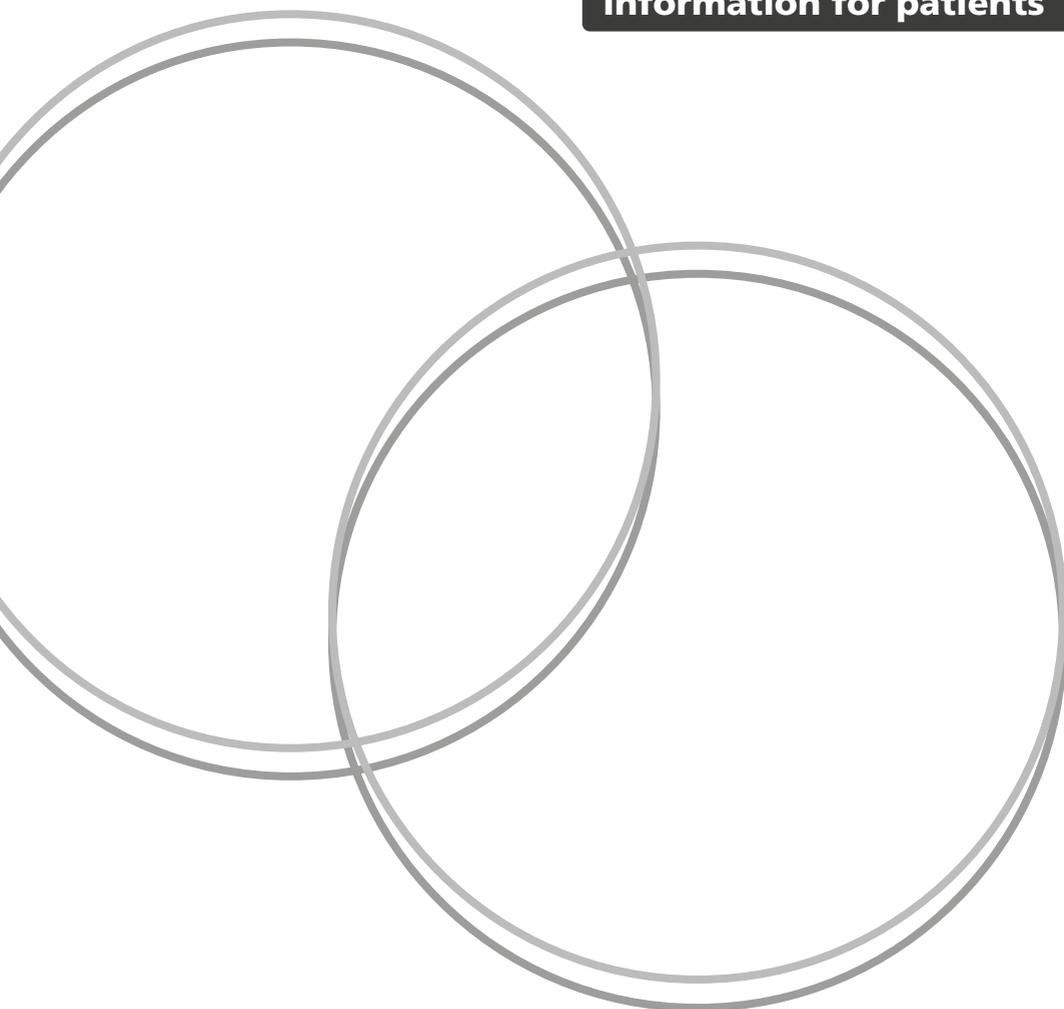


Oxford University Hospitals
NHS Foundation Trust

Enhanced Recovery After Surgery (ERAS)

Oesophagectomy/Gastrectomy

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.

We will also give you an early mobilisation plan. The purpose of this plan is to get you moving as soon as possible. We will help you to get 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.

You will be able to start eating and drinking just a few days after your operation. We will ask you to drink high protein shakes, to help with your recovery. You may also be given nutrition through a feeding tube.

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. We will make 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 note 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.

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.

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 if your circumstances change during your admission.

You will have 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 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 talk with you about the pain relief you will need after the operation. You will also have an opportunity to ask any questions you may have.

Please bring along a list of all 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 plan for any adjustments 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.

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 to have a short recovery with 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. Check with your specialist team before starting any new activity.

The current recommendation is 150 minutes of 'moderate' intensity exercise a week, in at least 10 minute sessions. Examples of some activities are brisk walking; swimming; cycling or gardening. 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 Anaesthetist:

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 you having a slower recovery and a longer stay in hospital.

If you would like support to remain smoke free whilst in hospital please ask your nursing team to refer you or contact the Hospital's Tobacco Dependency team directly on **01865 221100**.

There are several places where you can find information about stopping smoking:

Here for Health – Health Improvement Advice Centre

Oxford University Hospitals' health improvement advice centre offers a range of tailored support for healthy living and wellbeing including stopping smoking, reducing alcohol, becoming more active, eating healthily and self-care for general wellbeing.

Please ask your surgical team about a referral, or contact the Here For Health team directly by telephone or email.

Telephone: **01865 221 429**

(9.00am to 5.00pm, Monday to Friday)

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 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

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

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

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 and clean your tongue, 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 your surgery. Continue with your oral care for four to six weeks after your discharge from hospital, as part of your recovery.

Keeping hydrated

It is important to keep well hydrated by drinking enough fluids.

Early signs of dehydration can include, a lack of concentration, headaches and feeling light headed. If you are dehydrated over a long period of time, it can start to affect your kidney function and can cause problems like urine infections and constipation. Taking note of the colour of your urine is a good way to check how hydrated you are. Your urine should be a pale yellow to clear colour.

The amount of fluid you individually need depends on factors such as age and weight. However, other influences such as; the weather, temperature, physical activity levels and how much you sweat, can also affect how much fluid you require.

Advice for an average adult is to aim to drink at least 1.5 to 2 litres of total fluid a day. This is about equivalent to six to eight mugs of fluid.

There are some conditions (such as kidney problems) that may require individuals to follow a fluid restriction. If this applies to you, please follow the advice given by your Specialist Doctor or Dietitian.

What type of drinks should I have?

- Drinking water is the best way of hydrating, and you can add sugar free squash for flavour.
- Tea and coffee can also be taken. Although we advise to avoid drinking them in large quantities.
- Milk is a good source of fluid. Choose full fat (blue top) milk if you are wanting to gain weight or skimmed milk (red top) if you are wanting to manage your weight.

Alcohol does not count towards your daily fluid needs.

If you find it difficult to drink enough fluids, try adding foods such as cereal with milk, soups, smoothies and high protein milk shakes to your diet, as these will also contribute to your daily fluid intake.

Please note: Following an Oesophagectomy or Gastrectomy surgery, we would advise you not to eat and drink at the same time as you will not have capacity for both. Please leave a gap of at least 30 minutes between eating and drinking. You may also have to reduce the volume of fluid you take in at once, sipping slowly, rather than gulping.

Reducing the physical stress of the operation

Nutrition

You may be given 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 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.

Oesophagectomy and gastrectomy surgery:
take of the carbohydrate drinks **the evening before your surgery.**

Oesophagectomy surgery only:
take of the carbohydrate drinks on **the morning of your surgery**, 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.

These 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.

Please do not put the carbohydrate drinks down your jejunostomy feeding tube (if you have one in place).

If you have recently lost weight unintentionally, or you are struggling to eat, please contact your Specialist Dietitian. 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 to post-operative day 2

For your initial recovery you will be taken to either the Churchill Overnight Stay Unit (CORU) or Intensive Care Unit (ICU), depending on your needs.

Some people can feel a bit unsettled waking up in CORU or ICU. We would like to reassure you that staff are close by to help care for you. They will explain the purpose of anything that is attached to you. If you have any questions or concerns please speak to the staff so they can help to reassure you.

You will be transferred to the Oxford Upper GI (OUGI) ward once your condition is stable, to continue with your recovery. Your jejunostomy tube feed will be started (if you have had a tube placed after oesophagectomy surgery) or protein supplements started (after gastrectomy surgery). You will be encouraged to drink some water, sit in the chair and go for walks with assistance from post-operative Day 1.

Post-operative days 3 to 4

Your epidural or local anaesthetic infusion and urinary catheter will be taken out. You will be helped to sit out in the chair and go for walks with assistance. You will be able to have something to drink (including protein supplement drinks).

Post-operative day 5

You will get dressed into your own clothes, sit in the chair for the majority of the day and go for walks. You will have something to eat and drink, as advised.

Post-operative days 6 to 8

You should be back to your normal level of independence. Managing to eat a pureed diet (food of a smooth consistency with no lumps) and drinking.

You should be ready for discharge home.

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 by the Upper Gastrointestinal Specialist Nurse or in the Pre-operative Assessment Clinic. They can also be found on our website:

www.ouh.nhs.uk/patientinformation

- Cancer of the oesophagus and stomach
- Surgical treatment for cancer of the oesophagus
- Surgical treatment for cancer of the stomach
- Anaesthesia explained
- Physiotherapy advice after abdominal surgery.

Early mobilisation

Getting up and moving after your operation is important for your recovery. This means getting out of bed the day after 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 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 long you will be sitting out in the chair and walking goals are written in your patient diary. If you have problems or limitations with walking, 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, meet your mobility goals and sleep better.

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 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 for 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 your epidural or local anaesthetic infusion and urinary catheter have been removed (normally between days 3 to 4 after your operation), 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.

You may still have some drains in place; please ask your nurse about where these all are, so that you don't accidentally pull them out.

Rest breaks

Your energy levels can fluctuate after surgery and you could feel tired more easily than normal. To manage any tiredness it can be helpful to plan rest breaks or a short nap during the day. We advice planning your nap for the middle of your day to avoid disruption to your sleep routine.

Sleep

Sleep plays an important role in your body healing and recovering after surgery and in supporting your emotional wellbeing. It is not always easy to adjust to sleeping in a new environment.

The following tips could help you to sleep better whilst in hospital:

- Bringing in an eye mask and ear plugs to use to help reduce noise and light.
- Avoid looking at phone screens for an hour before sleep. The blue light emitted from phone screens can affect your natural sleep cycle and make you feel more awake.
- Opting for decaffeinated drinks in the evening. Caffeine can keep some people awake.
- Letting your nurse know if you are hot, cold, worried, uncomfortable or in pain at any point during the night.

If the above tips don't help with your sleep, do speak with your ward team to discuss alternative solutions.

Leaving hospital

You are likely to be in hospital for 4 days if you have had laparoscopic gastrectomy surgery, 6 or 7 days if you have had open gastrectomy surgery, or 6 to 8 days if you have had oesophagectomy surgery.

The Enhanced Recovery After Surgery (ERAS) programme sets out goals and targets 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 drinking and eating a pureed diet
- met with Dietitian and received dietary advice for home
- to have opened your bowels
- to be independently mobile (able to get yourself out of bed and on/off the toilet)
- 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 can be found in the following patient information booklets. These are available on the Upper Gastrointestinal ward (ask your ward nurse or Specialist Dietitian if you have not received them) or can be found on our website:

www.ouh.nhs.uk/patientinformation

- Planning your discharge - making preparations for your return home
- Discharge after an oesophagectomy or an oesophagogastrectomy
- Discharge advice after surgery on the stomach
- Life after discharge from intensive care
- Eating and drinking following an oesophagectomy
- Eating and drinking following a gastrectomy
- Life after an Oesophagectomy or Gastrectomy (OOSO booklet available on OUGI ward)

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 months.

You will be seen in a Monday afternoon clinic in the Outpatients department at the Churchill Hospital, Oxford, approximately two weeks after your discharge from hospital.

If you require urgent advice or have a problem after you have left 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 Upper Gastrointestinal Specialist Nurse or your Specialist Dietitian on the following telephone numbers. You can also contact your GP's surgery for advice.

Consultant Surgeons' Secretaries

Telephone: **01865 235 673**

Telephone: **01865 235 158**

(8.30am to 5.00pm, Monday to Friday)

Upper Gastrointestinal Specialist Nurses

Telephone: **01865 235 706**

Or call **0300 304 7777** and ask for bleep 1977 or 5928

(9.00am to 5.00pm, Monday to Friday)

Specialist Dietitian

Telephone: **01865 228 305** and leave a message

(9.00am to 5.00pm, Monday to Friday)

If your question requires an urgent response or 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 the Surgical Emergency Unit at the John Radcliffe Hospital 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

www.macmillan.org.uk

(Cancer care and support charity)

www.cancerresearchuk.org

(Information on up-to-date cancer research)

www.maggiescentres.org

(Maggie's cancer caring centres)

www.maggiescentres.org/cancerlinks

(Information and support for people with cancer)

www.ouh.nhs.uk

(Oxford University Hospitals NHS Foundation Trust)

www.britishpainsociety.org

(The British Pain Society)

www.rcoa.ac.uk

(Royal College of Anaesthetists)

Oxfordshire Oesophageal and Stomach Organisation (OOSO)

“Former patients helping new patients”

OOSO is a volunteer-led organisation made up of former patients who help patients and their families/friends cope after having treatment on the oesophagus or the stomach, giving support and encouraging them to achieve a good quality of life.

Telephone: **07711 160 766**

Email: enquiries@ooso.org.uk

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



Making a difference across our hospitals

charity@ouh.nhs.uk | 01865 743 444 | hospitalcharity.co.uk

OXFORD HOSPITALS CHARITY (REGISTERED CHARITY NUMBER 1175809)

