



Oxford University Hospitals  
NHS Foundation Trust

# Enhanced Recovery After Surgery (ERAS)

Oesophagectomy/Gastrectomy  
Information for patients



# What is Enhanced Recovery?

Enhanced Recovery is a new 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 the 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 three 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 and would involve getting you 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, 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 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.

You will have an appointment at the Pre-operative Assessment Clinic before the date of your surgery. This is to make sure 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 to deal with any problems at an early stage.

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

## **Here for Health – Health Improvement Advice Centre**

Oxford University Hospital health improvement advice centre, offering a range of tailored support for healthy living and wellbeing, including giving up smoking, reducing alcohol consumption, becoming more active and weight management. Please ask your surgical team about a referral, or drop in for advice at the centre in Blue Outpatients on Level 2 of the John Radcliffe Hospital.

Tel: **01865 221 429**

(9.00am to 5.00pm, Monday to Friday)

Email: **hereforhealth@ouh.nhs.uk**

Website: **www.ouh.nhs.uk/HereforHealth**

### **Stopping smoking**

It cannot be emphasised enough that it is in your best interests 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, all of which may result in you having a slower recovery and a longer stay in hospital.

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

### **SmokefreeLife Oxfordshire Service**

Tel: **0800 246 1072**

Website: **www.smokefreelifeoxfordshire.co.uk**

If you do not live in Oxfordshire, call the National Smoking Helpline number to find out where your nearest support is available.

Tel: **0300 123 1044**

Website: **www.nhs.uk/smokefree**

Contact **Here for Health** who can make the referral for you.

Tel: **01865 221 429**

Email: **hereforhealth@ouh.nhs.uk**

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](http://www.ouh.nhs.uk/patientinformation)

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

### **Keeping active**

To help you prepare physically for your operation and recovery, it is important to keep as active as you can and, where possible, increase your activity levels. The current recommendation is 150 minutes of 'moderate' intensity exercise a week, in at least 10 minute sessions. Improving your fitness could be achieved through simple changes to your routine, such as increasing the speed and frequency of walking.

### **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, 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.

# 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 three 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 two of the carbohydrate drinks **the evening before your surgery**.

**Oesophagectomy surgery only:** take two of the carbohydrate drinks on **the morning of your surgery**, to be finished **at least three 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 3**

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. You will then 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 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 day 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](http://www.ouh.nhs.uk/patientinformation)

- Understanding cancer of the gullet (oesophagus), Macmillan cancer support
- Surgical treatment for cancer of the oesophagus
- Surgical treatment for cancer of the stomach
- Anaesthesia explained
- Managing your pain after your operation
- Churchill Intensive Care Unit
- Early mobilisation in hospital, a guide to help your recovery

## Early mobilisation

You will need to get moving (mobilise) soon after your surgery. 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 mobilise are written in your patient diary. It will involve sitting out of bed for increasing lengths of time and walking increasing distances. We will also help you to meet the goals in your personalised mobility plan, if you have problems walking.



## **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.

### During the day

After your epidural or local anaesthetic infusion and urinary catheter have been removed (normally on day 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.

## 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 7 or 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:

- for staff to assess you as medically fit for discharge
- to be controlling your pain effectively with oral analgesics (painkillers)
- 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](http://www.ouh.nhs.uk/patientinformation)

- Planning your discharge - making preparations for your return home
- Discharge after an oesophagectomy or an oesophagogastrrectomy
- 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:**

Tel: **01865 235 673**

Tel: **01865 235 158**

(8.30am to 5.00pm, Monday to Friday)

### **Upper Gastrointestinal Specialist Nurses**

Tel: **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**

Tel: **01865 235 421** 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

### **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.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)

### **www.oxforduppergi.org.uk**

(Oxford OesophagoGastric Centre)

The website gives information on the specialist gastrointestinal services provided by Oxford OesophagoGastric Centre at the Churchill and Nuffield Manor Hospitals, Oxford.

### **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.

Tel: 07711 160 766

Email: [enquiries@ooso.org.uk](mailto:enquiries@ooso.org.uk)



If you need an interpreter or would like this information leaflet in another format, such as Easy Read, large print, Braille, audio, electronically or another language, please speak to the department where you are being seen. You will find their contact details on your appointment letter.

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