

Thoracic surgery

Enhanced Recovery Programme

Information for patients



Your Road
to Recovery...

...*Choose the
fast lane.*

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.

It is important that you play an active part in your own recovery process.

There are four main stages to the programme:

- Planning and preparation before admission, including making sure that you are in the best possible condition for surgery.
- Reducing the physical stress of the operation.
- A structured approach to your peri-operative (during surgery) and post-operative (after-surgery) management, including optimising your pain relief.
- Early mobilisation (getting you moving as soon as possible).

The Enhanced Recovery Programme is a guideline for you and all the professionals involved in looking after you (multidisciplinary care). If the set targets aren't working 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.

You will be given an Enhanced Recovery programme patient diary when you come to the pre-admission clinic. This is an important part of your programme. It is a useful tool to guide you through what will be expected of you on a daily basis and for you to see how you are able to do a little more each day. It also helps the ward team to check how you are getting on, which will help in planning your discharge.

If you need any help filling in your diary pages please ask one of the ward staff.

Each day you will be asked about how you are coping with:

- washing and dressing
- moving around
- eating and drinking
- pain control.

Whilst we hope that you will complete this diary, it is not compulsory and will not affect the care you receive.

What to expect

Planning and preparation before admission

You will already have been seen by your surgeon to discuss your operation and the risks and benefits.

Pre-operative assessment clinic:

You will have an appointment to go to the pre-operative assessment clinic before the date of your surgery. This is to make sure you are fit for an anaesthetic and surgery.

At the pre-operative assessment clinic you will be seen by a nurse, who will ask you questions about your general health and explain what will happen before and after your operation. You may also be seen by an anaesthetist, a doctor and a physiotherapist.

The information we collect at this clinic will be used to plan your care in hospital and to deal with any problems at an early stage. You will be given an opportunity to ask questions you might have.

Tests will be carried out (for example, blood tests) to give us further information which relates to your surgery. The nurse will also give you an antiseptic lotion, mouthwash and nasal cream with instructions on how to use them before your admission.

You will be given your Enhanced Recovery diary and the nurse will explain how to use it. **Do not forget to bring your Enhanced Recovery programme diary with you when you come in for surgery.**

We will also give you some carbohydrate drinks (called preOp) to take before your surgery.

On the day of your surgery, you will come into hospital as a Theatre Direct Admission (TDA). This means that you will go directly to theatre after you arrive, and will then be taken to a ward after your procedure.

You will be told what time to arrive at Theatre Direct Admissions on the day of your surgery. You will also be given instructions about when you should stop eating and drinking before your operation. After your operation you will be transferred to the Cardiothoracic Ward.

Further information on coming in for your operation can be found in the following patient information booklet; this will be given to you in 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

Transport and discharge home:

An important part of your Enhanced Recovery Programme is planning for your discharge from hospital. This planning will start when you come in to the pre-operative assessment clinic. You will need to make arrangements to be picked up from hospital by a friend or relative.

You will need to be taken home by car. This will be more comfortable for you and also quicker for you to return to the hospital if there are any complications on the journey home. You should not go home on public transport when you are discharged.

If you have specific mobility needs you may qualify for hospital transport. You will need to discuss and arrange this at your pre-operative assessment appointment.

Further information about discharge from hospital can be found in the following patient information booklet; this is also available on the ward (ask your ward nurse if you have not been given this) or can be found on our website:

- Leaving Hospital: information for patients leaving hospital

We ask that there is someone with you at home for the first week to look after you. If you live alone maybe you could arrange to stay with a relative. If this is not possible please tell us when you come to pre-admission clinic, so that arrangements can be made to give you some help at home.

For information about the John Radcliffe and how to get here you can read our leaflet "Information for patients – John Radcliffe Hospital".

Exercise:

It is a good idea to exercise before you come in for your surgery, if you feel well enough. This will help you to be in the best possible condition for your surgery. The fitter you are before surgery, the quicker you will recover afterwards.

Any sort of exercise that will get you moderately short of breath is useful. This may be walking, going up and down stairs, swimming, cycling, etc. You should check with your GP before doing anything more strenuous than you are used to.

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 surgery the better.

Continuing to smoke before surgery can increase the risk of complications involving your heart, lungs and surgical wounds. All of these can result in you having a slower recovery period and a longer stay in hospital.

Cigarette smoking is known to be the major cause of almost all heart and lung disease, including cancer. The risk of developing heart or lung disease increases with the amount and the length of time that you smoke.

Low tar cigarettes, cigars and pipes are harmful too – there is no such thing as safe smoking. If you have smoked before your

operation, this is likely to have contributed to your illness. Your stay with us will give you a valuable opportunity to stop smoking.

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

- Make an appointment at your GP practice or health centre. There is at least one Stop Smoking Advisor in every GP Practice in Oxfordshire who can give you advice about stopping smoking and prescribe medication to help you quit (including Nicotine Replacement Therapy). If you don't live in Oxfordshire please call the National Smoking Helpline number below to find out where your nearest support is available.

National Smoking Helpline

Tel: 0800 169 0 169

- Make an appointment at your local pharmacy. Some retail pharmacies in Oxfordshire have fully trained Stop Smoking Advisers who can also help you to quit. Call Oxfordshire Smoking Advice Service to find one near you.

Oxfordshire Smoking Advice Service

Tel: 0845 40 80 300

Reducing the physical stress of the operation

Nutrition

Traditionally, people who are due to have surgery are not allowed anything to eat or drink for several hours before their operation. This is to make sure that their stomach is empty which helps prevent complications such as aspiration (where stomach contents flow up into the lungs).

However, research has shown that eating up until 6 hours before surgery and drinking up until 2 hours before surgery causes no harm and can improve your recovery.

In addition, having a high carbohydrate drink up to two hours before surgery improves the outcomes from the operation, reduces anxiety and improves hydration. This is because it helps to provide your body with energy at a time when you are not able to eat.

You will be given 2 cartons of Ensure (a nutritional drink) and 2 cartons of a carbohydrate drink, called Nutricia preOp.

Nutricia preOp are clear, still, lemon flavoured drinks that contain carbohydrates and minerals, which help to reduce the impact the operation has on your body and optimise your recovery. The preOp drinks have been proven to completely empty from the stomach 90 minutes after drinking, which is why it is safe for you to drink up to 2 hours before your surgery.

The day before your surgery eat and drink normally but try to eat foods which are high in carbohydrates such as potatoes, pasta, bread and rice.

In the afternoon before your surgery drink one of your Ensure drinks. Drink the second Ensure drink in the evening before surgery as well as having your normal evening meal. You can continue to eat up until 6 hours before your admission.

On the day of your surgery drink both cartons of Nutricia preOp drinks so that they are finished 2 hours before your

admission time to hospital. For example if you are due to arrive at 7.30am drink both cartons by 5.30am. If you are due to arrive at 11.30am drink both cartons before 9.30am. Most people prefer to drink these drinks chilled. The preOp drinks are gluten, lactose and fibre free.

You should also continue to drink clear fluids (water, squash, tea and coffee **with no milk**) up until 2 hours prior to surgery.

The preOp drinks are not suitable if you have diabetes or delayed gastric emptying.

If you are diabetic you can continue to eat up until 6 hours before surgery You are able to drink clear fluids (for example water, lemonade, squash, tea and coffee **without milk**) up to 2 hours prior to surgery. The pre-admission nurses will advise you further on what to do about your medications.

Eating and drinking after surgery

You will be allowed to eat and drink as soon as you are awake enough after your operation. It is important that you start doing this as early as possible.

You will need more calories (energy) from your diet to help your body heal and get back its strength. It is common to lose your appetite and you may not wish to eat large meals. Most people find that eating 'little and often' is best.

Your nurse can provide you with high calorie drinks to supplement your meals if necessary.

Your nutritional intake (how much and what types of food you eat) will be monitored during your admission and you will be referred to the dietitian if you are not able to eat enough food.

Bowel movements

You may find that you have trouble opening your bowels after your surgery. You should be offered regular laxatives to help with this, but if they do not seem to be working please speak to your nurse.

Pain management: during and after surgery

There are a number of ways for you to receive pain relieving medication:

Epidural

Epidural pain relief is given through a thin flexible tube called a catheter, which is inserted into the epidural space (an area of your spine) while you are in theatre. This can be done while you are awake or asleep and will give you a continuous dose of pain relief. This may feel like you are numb in the area around the wound and the drains.

You will also be able to give yourself extra pain relief by pressing a button. The medication is set by the anaesthetist so there is no risk of overdosing.

The nurses will check your numbness with a cold spray after your surgery.

You may have your epidural for 2-3 days and then move onto oral pain relief once the tube is removed.

Paravertebral block

A paravertebral block is a continuous dose of local anaesthetic into the nerves around your wound. It is administered through a thin flexible tube which will be inserted while you are in theatre. The amount of local anaesthetic you receive is set by the surgeon and anaesthetist, so there is no risk of overdosing. You may have the paravertebral block for 2-3 days.

Patient controlled analgesia (PCA)

Pain relieving medication, such as morphine, is given through a pump into a small needle in a vein, usually in your hand. You will be able to control this medication by pressing a button. Alternatively, your nurse can give you more medication if they feel your pain is not controlled. Again, the dosage is set so there is no risk of overdosing or addiction.

You will normally have the PCA for 1 day then move onto oral pain relief (taking tablets or liquid painkillers by mouth).

Oral pain relief

Once you are able to eat and drink we will give you painkillers by mouth every four to six hours. Your nurse will assess your pain with you using a scale of 0-3 [0=no pain, 3=severe pain]. It is important that you are comfortable enough to carry out your deep breathing and coughing exercises and you are able to move around. Please tell us if your pain score is more than 1 so we can make changes to your medication if needed.

Throughout your recovery an anaesthetist will be available to give you advice about pain, sickness or any other problems that may arise.

Early mobilisation

A vital part of your Enhanced Recovery Programme is to mobilise (move around) as soon as possible after your operation. This is usually from the first day after your surgery.

This is one of the most important parts of the Enhanced Recovery Programme and helps to prevent complications such as chest infections and pneumonia by getting your lungs working; this also helps to prevent blood clots developing (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.

Staff will help you to get used to moving around with all the 'clutter' of drains and tubes relating to your operation.

The amount of moving around and walking that you do will gradually increase. Record your exercise in your diary as a way of keeping an eye on your progress. The physiotherapist may give you a pedometer to wear to record the number of steps you take in a day. There are also two exercise bikes available for use on the ward; the physiotherapist can show you how to use these. The number of steps you take and minutes spent on the bike can be recorded in your diary.

If part of or all your lung has been removed, you will have to train your remaining lung to work hard to compensate. Exercise and physiotherapy is the only way to do this. This will be hard at first as you will feel breathless and tired, but will get easier as you practise.

You will be encouraged to dress in your usual clothes during the day and nightwear during the night only. Please make sure that you bring in suitable clothing when you are admitted for surgery, such as light loose fitting clothes which you feel comfortable in.

Please take advantage of our quiet time between 1.00pm - 3.00pm to have a rest on your bed, as you will feel more tired than usual.

When will I be able to go home?

The Enhanced Recovery Programme sets out goals and targets to achieve at specific days after your operation. Your discharge from hospital is also based on specific criteria; when you have achieved these goals, you will be discharged. The criteria are:

- for staff to assess you as medically fit for discharge
- to be controlling your pain effectively with oral analgesics (painkillers)
- to be eating and drinking well
- to be independently mobile; able to get yourself out of bed and on/off the toilet
- to have opened your bowels.

If you are making good progress but your chest drain needs to stay in, we can attach a drain which is safe for use out of the hospital and still discharge you home. We will give you specific instructions and training on the care of the drain. You will also have an appointment to see the Advanced Nurse Practitioner for Thoracic Surgery at the chest drain clinic a few days after discharge.

It can be daunting and frightening being discharged from hospital after a major operation; however the multi-professional team will have decided that you are well enough to be discharged from hospital. Your body needs time to recover from the trauma and adjust to its new condition. Try to be patient; you will recover, but it takes a while.

When you leave the ward we will give you:

- A supply of medication which your nurse will explain to you, and a written plan of when to take your tablets. Make sure you continue to take your pain relief as prescribed. Do not let yourself be in pain – you may need pain relief for a few weeks or months. Do not just stop your pain medication when

you are feeling better; you will need to reduce the amount of medication you are taking slowly over a number of days or weeks, depending on how you are feeling.

- A letter for your GP.
- An appointment for stitch removal/wound check and letter for your practice nurse at your GP surgery.
- Information about your follow up appointment. This is usually three to six weeks after discharge.

Contacts

If you have any questions or concerns, please telephone the numbers below.

Within office hours you can contact your Consultant surgeon or the Advanced Nurse Practitioner for Thoracic Surgery:

Secretaries to the Consultant surgeons:

01865 220 240

01865 221 749

Advanced Nurse Practitioner, Thoracic Surgery

01865 572 653

01865 741 166 and ask for bleep 1184 if urgent

Outside of office hours, at weekends and bank holidays you can call the Cardiothoracic Ward at any time and speak to a nurse:

Cardiothoracic Ward

01865 572662 or 01865 572 660

Co-ordinator:

01865 741 166 and ask for bleep 1971

Other useful contacts:

Matron

01865 572 649

01865 741 166 and ask for bleep 1185 if urgent

Pre Admission and Discharge Liaison Nurses

01865 220 274

01865 741 166 and ask for bleep 4549 or 4356 if urgent

Cardiac and Thoracic Critical Care (CTCCU)

01865 572 635 (Reception)

01865 572 639 (Ward)

Visiting times

Cardiothoracic Ward: 3.00pm - 8.00pm only

Cardiac and Thoracic Critical Care (CTCCU): Open visiting but rest time between 1.00pm - 3.00pm, so visiting is limited.

References

Department of Health (2010) Delivering enhanced recovery: helping patients to get better sooner after surgery. Crown

Department of Health (2010) Enhanced Recovery: Information for patients. Available on the Department of Health website: www.dh.gov.uk

If you have a specific requirement, need an interpreter,
a document in Easy Read, another language, large print,
Braille or audio version, please call **01865 221 473**
or email **PALS@ouh.nhs.uk**

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