



Oxford University Hospitals
NHS Foundation Trust

ENHANCED RECOVERY AFTER SURGERY (ERAS)

Bowel Surgery

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**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 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 and would involve getting you out of bed on 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.

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 to note down 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 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.

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 also talk with you about the pain relief you will need after the operation. You will have the 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).

Certain bowel operations require preparation to clear your bowel before surgery; the pre-operative assessment staff will give you the specific instructions for this at your appointment.

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.

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 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. They can give you advice about stopping smoking and prescribe medication, including Nicotine Replacement Therapy, to help you quit. If you do not live in Oxfordshire, call the National Smoking Helpline number listed below to find out where your nearest support is available.
- Make an appointment at your local pharmacy. Some retail pharmacies in Oxfordshire have fully trained Stop Smoking Advisers who can also help you quit. Call the Smokefreelife Oxfordshire service to find one near you.
- **Smokefreelife Oxfordshire**
Tel: **0800 246 1072**
- **National Smoking Helpline**
Tel: **0300 123 1044**

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 Admissions
- 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.

Here for Health – Health Improvement Advice Centre

Oxford University Hospital drop-in centre for advice and support on healthy living, including physical activity, diet, smoking, alcohol and emotional wellbeing.

Tel: **01865 221 429**

(9.00am to 5.00pm, Monday to Friday)

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

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

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

Stoma care

A stoma is a surgically created opening on the abdomen, which allows faeces to exit the body and pass to a secure, disposable bag. This can either be permanent or temporary.

If there is a chance you will have a stoma, a member of the stoma team will see you before your operation. They will talk with you in more detail about this part of your operation, and will explain all you need to know about caring for your stoma once you leave hospital.

They will put a mark on your abdomen to show where the stoma will be; please do not rub this mark off before your operation. They will also give you a stoma training pack to practice with at home. Please do use this pack, as the more stoma practice you get before your operation, the easier it will be to manage your stoma afterwards.

Reducing the physical stress of the operation

Nutrition

You may be given some 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 still take them **up to two hours** before your surgery. Please take these drinks according to the instructions given to you at the Pre-operative Assessment Clinic, as well as any bowel preparation instructions (if required).

- **Day before your surgery:** take of the carbohydrate drinks.
- **Morning of your surgery:** take two of the carbohydrate drinks, 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.

Carbohydrate 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.

If you have unintentionally lost weight or are struggling to eat and drink, please tell your Specialist Nurse or pre-operative assessment nurse. 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

You will sit up in bed, sit in the chair (if you are able) and have something to drink.

Post-operative day 1

You will sit in the chair twice, go for two walks and have something to drink.

Post-operative day 2

You will sit in the chair twice, go for two walks and have something to eat.

Post-operative day 3

You will sit in the chair twice, go for three walks, eat and drink and get dressed.

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 for leaving hospital.

Further information can be found in the following patient information booklets. These will be given to you in the Pre-Operative Assessment clinic, or can be found on our website: www.ouh.nhs.uk/patientinformation

- Anaesthesia explained
- Managing your pain after your operation
- 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 to 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 your 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 until 28 days after your surgery.

During the day

After the majority of your drips and drains have been removed, 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 that the clothing is suitable e.g. loose fitting and comfortable.

Leaving hospital

The Enhanced Recovery After Surgery (ERAS) programme sets out goals and targets for you 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 eating and drinking, with no nausea or vomiting
- to be independently mobile (able to get yourself out of bed and on/off the toilet)
- to be independent with your stoma care (if applicable)
- 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 that 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 about leaving hospital can be found in the following patient information booklet. This is available on the ward (ask your ward nurse if you have not received it) or can be found on our website: www.ouh.nhs.uk/patientinformation

- Planning your discharge – making preparations for your return home

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 weeks or months.

If you are a cancer patient, you will be followed up two to three weeks after discharge in the Outpatients department with the Colorectal Cancer Specialist Nurses.

For non-cancer patients, your consultant will decide whether you need to be seen in the Outpatients department and, if so, when this appointment will need to be made. This may be up to three months after your discharge from hospital. If you have any questions about this, please contact your consultant's secretary.

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 Colorectal Cancer Specialist Nurse or the stoma nurse on the following telephone numbers. You can also visit your GP's surgery for advice after you have been discharged from hospital.

Consultant Surgeons' secretaries:

Tel: **01865 235 507**

(8.00am to 5.30pm, Monday to Friday)

Colorectal Cancer Specialist Nurses:

- Administrator 01865 221 839
 - Oxford Hospitals 01865 221 454
- (Answerphone available 24 hours)

Stoma Nurses:

- Churchill Hospital 01865 235 367
 - John Radcliffe Hospital 01865 221 839
- (Answerphone available 24 hours)

If your question requires an urgent response or it is outside of office hours, please contact your GP's surgery or out-of-hours GP 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.crohnsandcolitis.org.uk

(Crohn's and Colitis UK)

www.beatingbowelcancer.org

(A UK charity dedicated to saving lives from bowel cancer)

www.ouh.nhs.uk

(Oxford University Hospitals NHS Foundation Trust)

www.iasupport.org

(The ileostomy and internal pouch support group)

www.colostomyassociation.org.uk

(The Colostomy Association)

www.urostomyassociation.org.uk

(The Urostomy Association)

www.britishpainsociety.org

(The British Pain Society)

www.rcoa.ac.uk

(Royal College of Anaesthetists)

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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