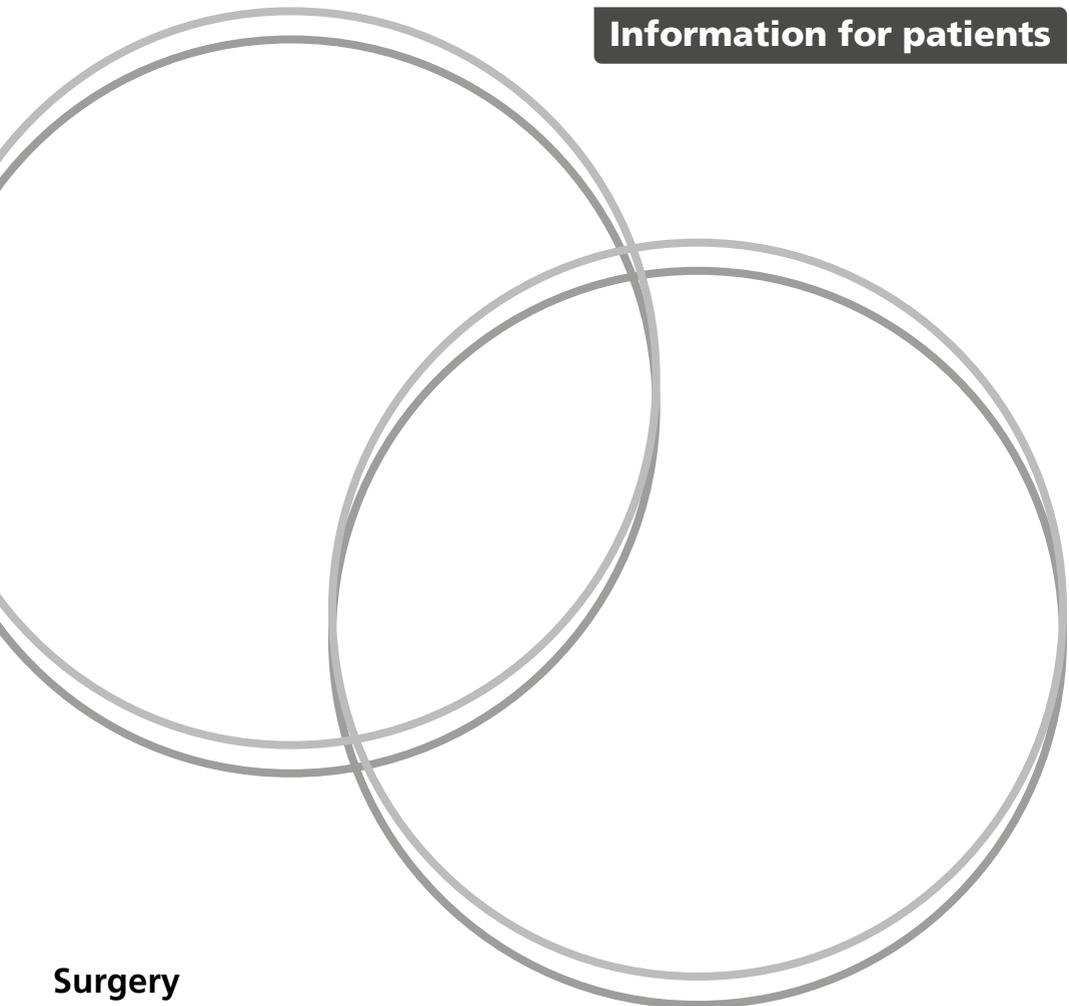


# Enhanced Recovery After Surgery (ERAS)

## Open and Minimally invasive Liver resection

**Information for patients**



## **What is Enhanced Recovery?**

Your recovery will be supported by our Enhanced Recovery programme after your liver operation.

Enhanced Recovery is a way of improving the experience and well-being of patients who need major operation. It is an evidence-based approach aimed to help you recover quickly and get you home sooner by actively involving you in your recovery.

There are four main stages:

- planning and preparation before admission (including improving your nutrition and physical fitness before operation)
- reducing the physical stress of the operation
- a structured approach to the pre-operative (before operation), intra-operative (during operation) and post-operative (after operation) management, including pain relief and early nutrition
- early mobilisation (getting you moving as soon as possible).

The Enhanced Recovery programme is a guideline for all the professionals involved in looking after you. The programme may not be suitable for everyone. If this is the case for you, the team looking after you will make changes so that the care you receive is not only of the highest quality but is also designed around your specific needs.

## **Before your operation.**

You will be seen in an outpatient clinic to discuss what is planned for your operation and have the operation explained to you, including the risks and benefits.

**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 your circumstances change during your admission.**

You will receive an appointment to be seen at the Pre-Operative Assessment Clinic before your operation. This is to make sure that you are fit for the operation. You will be seen by an anaesthetist to discuss the anaesthesia you will have for the operation and about the pain relief you will need after the operation. You will have the opportunity to ask any questions you might have.

You will see a specialist nurse, who will undertake a general health assessment, medical and surgical history and advise you on how to prepare for your operation. You will be given instructions on your current medication, when to stop eating and drinking and what to expect on the day of admission to the hospital.

You will also have investigations such as blood tests and trace of your heart (ECG), if you are over 65 years old. Some patients may be asked to do an exercise bike test, otherwise known as Cardiopulmonary exercise Test (CPET) which assesses how your lungs, heart and muscles work when you exercise.

## **Nutritional support before your operation.**

You may be given some carbohydrate drinks by your pre-operative assessment nurse. They contain carbohydrates and minerals and are designed for people undergoing operation. Research has shown that taking carbohydrate drinks as part of an Enhanced Recovery programme, can reduce the stress of the operation on your body. They are easy to digest, clear, still drinks; gluten, lactose and fibre free, and taken **before** your operation. Please take these drinks according to the specific instructions given to you at the Pre-operative Assessment Clinic on the:

- **evening before your operation** (take ..... bottles/sachets) and
- **morning of your operation** (take ..... bottles/sachets) – to be taken at least two hours before your admission time.

You may prefer to drink these drinks chilled.

### **Carbohydrate drinks are not suitable for people with diabetes, suspected diabetes or slow gastric emptying.**

If you take nutritional supplement drinks, **such as Ensure Plus or Complan Shake**, please note these are different from 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.

You may have been seen and assessed by a specialist dietitian at your outpatient clinic appointment. If you have not, and you have had unintentional weight loss or are struggling to eat and drink recently, please speak to your specialist nurse or doctor. 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, Specialist nurse or specialist dietitian.

## **What type of drinks should I have?**

Drinking water is the best way of hydrating and you can add squash for flavour or slices of fruit to make drinking water more interesting. Sparkling drinks, tea and coffee do also count, although we advise avoid drinking them in large quantities. Fruit juices are a good source of vitamins and minerals but limit them to one glass a day as they contain sugar. Milk also counts as fluid. Choose full fat (blue cap) milk if you need to gain weight or skimmed milk (red cap) if you need to manage your weight. If you find it difficult to drink enough fluids, try adding foods such as cereal with milk, soup, smoothies, milk shakes, ice cream, ice lollies and jelly which will also contribute to your daily fluid intake. Advice for an average adult is to aim to drink between 1.5 to 2 litres of fluid a day. This is equivalent to six to eight glasses of fluids.

Alcohol does not count towards your daily fluid needs.

# What can I do to prepare myself for the operation?

Having an operation is a significant experience for anyone and it's normal for them to feel anxious about it.

## Lifestyle changes

### 1. Exercise

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. While you are waiting for your operation, try and increase your activity levels as this can hugely influence your recovery and long-term health. Even small changes can make a big difference. Patients who are able to improve their health and activity levels recover more quickly from the operation and with less complications. Regardless of your general health condition, there may be many changes you can make to decrease the risks of the operation. Try any activity that can make you feel out of breath at least three times per week, but always check with your doctor first what type of exercise is most appropriate for you. Brisk walking, swimming, cycling, gardening or playing with your children etc. are all helpful. Activities that improve your strength and balance will also be useful for your recovery.

Further information can be found on the website for Royal college of Anaesthetists:

**[www.rcoa.ac.uk/patient-information/preparing-surgery-fitter-better-sooner](http://www.rcoa.ac.uk/patient-information/preparing-surgery-fitter-better-sooner)**

## 2. Stopping smoking

It cannot be emphasised enough that it is in your best interests to stop smoking as soon as possible before any major operation.

The longer you are smoke-free before your operation the better. Continuing to smoke before operation can increase the risk of complications involving your heart, lungs and surgical wounds, all of which may result in having a slower recovery and a longer stay in hospital.

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

a) **Here for Health – Health Improvement Advice Centre (hospital based)**

Oxford University Hospitals' health improvement advice centre offers a range of tailored support for healthy living and wellbeing including giving up smoking, reducing alcohol consumption, healthier eating and becoming more active.

The centre is open 9.00am to 5.00pm, Monday to Friday.

Please speak to your surgical team about a referral for telephone or video support or drop into the centre to self-refer for:

- i) In-depth behavioural support via one-to-one virtual consultations (phone or video call)
- ii) Can refer to your local community service on your behalf for nicotine replacement therapy.

**Tel:** 01865 221429

**Email:** [hereforhealth@ouh.nhs.uk](mailto:hereforhealth@ouh.nhs.uk)

**Website:** [HereforHealth](http://HereforHealth)

**b) Stop For Life Oxon (community based for Oxfordshire)**

Offers community-based behavioural support and nicotine replacement products

**Tel:** 0800 122 3790

**Text:** STOPOXFORD to 60777

**Website:** Stop Smoking in Oxfordshire, Quit Smoking Today - Stop For Life Oxon

**c) Outside of Oxfordshire:**

Call the National Smoking Helpline number listed below to find out where your nearest support is available.

**Tel:** 0300 123 1044

**Website:** [www.nhs.uk/smokefree](http://www.nhs.uk/smokefree)

**3. Personal cleanliness**

**Mouth care**

Research suggests that a build-up of micro-organisms in your mouth can increase the risk of infection in your lungs following major operation. Practicing good mouth care can reduce this build-up and help towards your recovery after operation.

Before you come into hospital, we recommend that you:

- brush your teeth or dentures twice a day using a fluoride-based toothpaste
- rinse your mouth with an alcohol-free, antiseptic mouthwash 30 minutes after brushing
- 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 mouth care after operation and after your discharge from hospital, as part of your recovery.

**Should I shower before my operation?**

We advise that you have a shower and wash your hair the evening before or the morning of your operation. This helps towards reducing the risk of developing an infection.

## **On the day of your operation.**

You will come into hospital as a Theatre Direct Admission (TDA) and will be seen by an anaesthetist and the surgeon. You may also have some tests, such as an ECG, if it was not done during your preoperative assessment.

## **What happens after the operation?**

Below is an example of what to expect after your operation.

### **Day of operation**

You may have the following tubes attached to you after the operation:

- an oxygen mask or oxygen through small plastic tubes in your nose
- an intravenous drip of fluid in a vein in your arm or through a small tube in your neck to help hydrate you until you are eating and drinking
- a urinary catheter (hollow tube) in your bladder to collect and measure your urine
- a wound drain into the side your tummy to allow excess fluid to drain away from the wound area
- a small tube to give pain management medications through a pump either into the wound itself (wound infusion) or in to your back (epidural). Sometimes you may have the pain management medication given in your vein (PCA)

Your initial recovery will take place in either the Post Anaesthesia Recovery Unit (PACU) or the Churchill Overnight Recovery Unit (CORU) depending on the type of operation (open or keyhole) and your recovery needs. You will be helped to sit up in bed or sit out in the chair if you are able to and can have something to eat and drink.

## **Post-operative day 1**

You will be encouraged to sit out in the chair for longer periods, walk the length of the ward and have something to eat and drink.

## **Post –operative day 2 onwards**

You will be encouraged to sit out in the chair for increasing lengths of time, walk increasing lengths at regular intervals and eat and drink normally as you are able. We will look to remove the tubes and attachments from your operation if it is safe to do so.

Once most of your tubes and drain have been removed, you will be encouraged to dress in your usual clothes.

## **During your stay in hospital.**

You will be given a patient diary before your operation, which explains goals for you to achieve during your hospital stay and for leaving hospital. We recommend that you bring this diary with you when you come to the hospital for your operation. Whilst we hope you will complete this, it will not affect your care if you choose not to.

## **Early mobilisation**

Getting up and moving after an operation is important to recovery. **This means getting out of bed the day after your operation and walking increasing distances on the ward every day until you are discharged home.** Early mobilisation plan involves sitting out of bed for increasing lengths of time and walking increasing distances. This is one of the most important parts of the Enhanced Re-recovery programme. It will help prevent or reduce complications such as chest infections (e.g: pneumonia) and blood clots (e.g: deep vein thrombosis or pulmonary embolism). It 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 you can achieve early mobilization are written in your patient diary. Your ward team also will give you the 'Physiotherapy advice after abdominal operation' leaflet to help with your recovery goals. We will help you to meet the goals in your personalised mobility plan if you have problems walking. If you have problems walking, we will develop a personalised, realistic mobility plan with you during your recovery.

### **Pain management.**

You will have a pain management plan discussed with you prior to surgery. This may include pain management drugs that are given through a pump either into the wound itself or into your back through an epidural. The pain management nurses will visit you each day post operatively to review your pain management until such time as you are stable on pain medicines taken orally.

### **Eating and drinking after operation.**

You can eat and drink straight away after your operation. We recommend that you start with small portions of foods that are easy to digest (such as cornflakes, white bread or toast, eggs, soup, chicken, mashed potato, cheese, puddings) for the first day of your operation and build up to a normal diet from the second day of operation onwards as tolerated.

### **Preventing blood clots after operation**

You will be started on blood thinning injections whilst you are in hospital to reduce the risk of you getting blood clots in your legs after your operation. You may need to continue with once daily injections, for 28 days in total after your operation, 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.

If you are already on blood thinning medication before operation your surgical team will plan for resuming your medications. If you have any further questions, please discuss these with your specialist team.

# Leaving hospital

## How long do I stay in the hospital after the operation?

You are likely to be in hospital for **3 days** if you have had **minimally invasive** (keyhole) operation. If you have had **open** operation, you are likely to stay for **5 days**.

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.

These goals include:

- staff assessing you to be medically fit for discharge
- your pain to be controlled effectively with pain killers.
- eating and drinking, with no nausea or vomiting
- to be independently mobile (or back to your level of independence); able to get yourself out of bed and on/off the toilet
- passing wind or have opened your bowels
- competent with dalteparin self-administration (if applicable) or have an alternative option in place

When you have achieved these, you will be discharged. You will need to make your own arrangements for going home following discharge. Make sure you have someone available to take you home from hospital when you are discharged.

## Preparing for your recovery at home

Before you come to the hospital for your operation, try to organise and prepare for when you come home after the operation. Plan and arrange with your next of kin, relatives and or friends to help with heavy work (such as changing bed linens, laundry, gardening, shopping etc) and to look after children and other dependents as needed. If you have a freezer, stock it with foods that are easy to prepare and cook.

If you have any questions or concerns about leaving hospital or you are concerned that you might struggle to manage at home, please speak with the nurses on the ward.

## Recovery after discharge

You may be a little worried or emotional about going home after your operation. You may feel more tired and have less energy than before your operation. It is important that you listen to your body to help you to return to your normal activities sooner.

### **When can I start exercising again?**

We encourage light walking after your operation and building up your activities goals each week as tolerated. Planning a rest period during the day is helpful. Avoid all strenuous activities during the initial weeks of your recovery. This is normally up to **6 weeks for open surgery** and **4 weeks for keyhole surgery**. You can re-introduce more strenuous activities such as jogging, aerobic exercise and heavy lifting if you are feeling well enough to do so after your operation and increase as able. If you have had an open operation, please refer to 'Physiotherapy advice after abdominal operation' leaflet for guidance on recovery and exercise after your operation.

### **How do I manage my pain after discharge?**

You will be given pain management medications to take home when you are dis-charged from hospital. You may need to continue the pain management medica-tions when you return home and should be reduced and gradually stopped as your pain settles. Most patients may not need stronger pain medications after a week. If

you have ongoing pain which does not get better, please contact your Specialist nurses.

### **Do I follow a special diet after the operation?**

Eating a balanced and varied diet at regular intervals will ensure you get the right nutrients to help you heal and recover after operation. Including foods rich in protein (e.g: eggs, meat, fish, pulses such as beans, lentils, chickpeas, cheese, milk and milk puddings) in your meals can help towards wound healing. Food rich in fibre will help to avoid constipation (e.g: fresh fruit, vegetables, beans and pulses, porridge, wholemeal bread etc). If your appetite is reduced or your portion sizes are smaller than normal try having more small sized meals, snacks or nourishing drinks often during the day (little and often).

### **What do I do if I become constipated?**

You will usually have started passing wind before discharge from the hospital but may not have opened your bowels. Stronger painkillers can also make you more likely to be constipated, and you may require laxatives whilst in hospital. It is important that you move around regularly and continue gentle activities such as walking when you are home to help keep your gut working.

### **How much should I drink?**

Aim to drink at least 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 such as soup, ice-lollies, jelly, yoghurt and milk puddings contain fluid and can also help you to maintain your hydration. Taking note of the colour of your urine is a good way to check how hydrated you are. Your urine should be pale yellow to clear colour.

If you are advised to follow fluid restriction, please follow the advice given by your specialist doctor.

## **How long should my wound dressing(s) stay on after operation?**

The wound(s) are often left uncovered to help with healing. If your wound(s) 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 operation. Having a shower in the hospital before your discharge will help you gain confidence to shower at home after discharge. 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. Rinse the soap thoroughly from your body with running water to avoid it irritating your wounds and to gently pat your wounds dry with a clean towel.

Swimming or bathing should be avoided until your wounds and scars have completely healed.

## **When can I drive?**

You can drive when you are able to confidently perform an emergency stop and comfortable to do so. This is normally up to **6 weeks for open surgery** and **4 weeks for keyhole surgery**. Please confirm the duration with your surgeon and also check with your insurance company before returning to driving.

## **When can I return to work?**

Give yourself a couple of weeks to recover 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.

## **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.

## **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 Specialist Nurse or GP 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 pain management medications.
- new productive cough that is not getting better.

### **Very occasionally following operation 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 specialist nurse on the telephone numbers listed on the next page. If you are unable to contact a member of the team, please contact your GP or the UGI ward.

## **Follow-up after discharge.**

You will receive an outpatient appointment to be seen in hospital follow up around 2 to 3 weeks after your discharge from hospital. If you require urgent advice or have a question after your discharge from hospital, please contact your specialist nursing team.

## **Useful Contact numbers:**

### **Hepato-biliary advanced nurse specialists and specialist dietitian**

(for recovery related queries)

Tel: **01865 235 130**

9.00am to 5.00pm, Monday to Friday

(or call switchboard and ask for bleep 1386/1891).

### **Consultant Surgeon's secretaries**

(for appointment related queries)

Tel: **01865 235 668**

8.00am to 5.00pm, Monday to Friday

### **Oxford Upper GI Ward (Churchill Hospital)**

Tel: **01865 235 061** (24 hours)

If the ward is unavailable, and your question needs an urgent response or it is outside of office hours, please contact your GP or out-of-hours GP's service (including NHS 111. They can assess you and decide what further action needs to be taken. 111 calls are free from any landline or mobile.

**In an emergency or life threatening situation, call 999 or go to your nearest Emergency Department.**

# Information about operation for patients, for their families

## **Oxford University Hospitals NHS Foundation Trust**

Website: [www.ouh.nhs.uk](http://www.ouh.nhs.uk)

Information about the hospital services

### **Patient information leaflets**

Website: [www.ouh.nhs.uk/patient-guide/leaflets/](http://www.ouh.nhs.uk/patient-guide/leaflets/)

- About Liver Resection- Surgical removal of part of the liver.
- Anaesthesia explained
- Preparation for your operation and Theatre Direct admission
- Planning for your discharge – making preparations for your return home.

### **Royal College of Anaesthetists**

Website: [www.rcoa.ac.uk/fitterbettersooner](http://www.rcoa.ac.uk/fitterbettersooner)

Online resources and information to help you to become fitter and better prepared for your operation.

## **Useful Resources.**

### **Maggie's centre**

Website: [www.maggiescentres.org](http://www.maggiescentres.org)

Free practical, social and emotional support for cancer patients and their family and friends.

Tel: **01865 751 882** (at the Churchill Hospital)

### **Macmillan Cancer Support**

Website: [www.macmillan.org.uk](http://www.macmillan.org.uk)

### **Cancer Research UK**

Website: [www.cancerresearchuk.org/about-cancer/liver-cancer](http://www.cancerresearchuk.org/about-cancer/liver-cancer)

## **Research studies**

Many research studies are carried out at the Oxford University Hospitals, and you may be eligible to be part of one. During your visit you may be approached about research studies. If you would like further information, please ask your healthcare professional.

## 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: Elaine Tustian, CH ERAS team (Feb 2015)  
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[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)



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