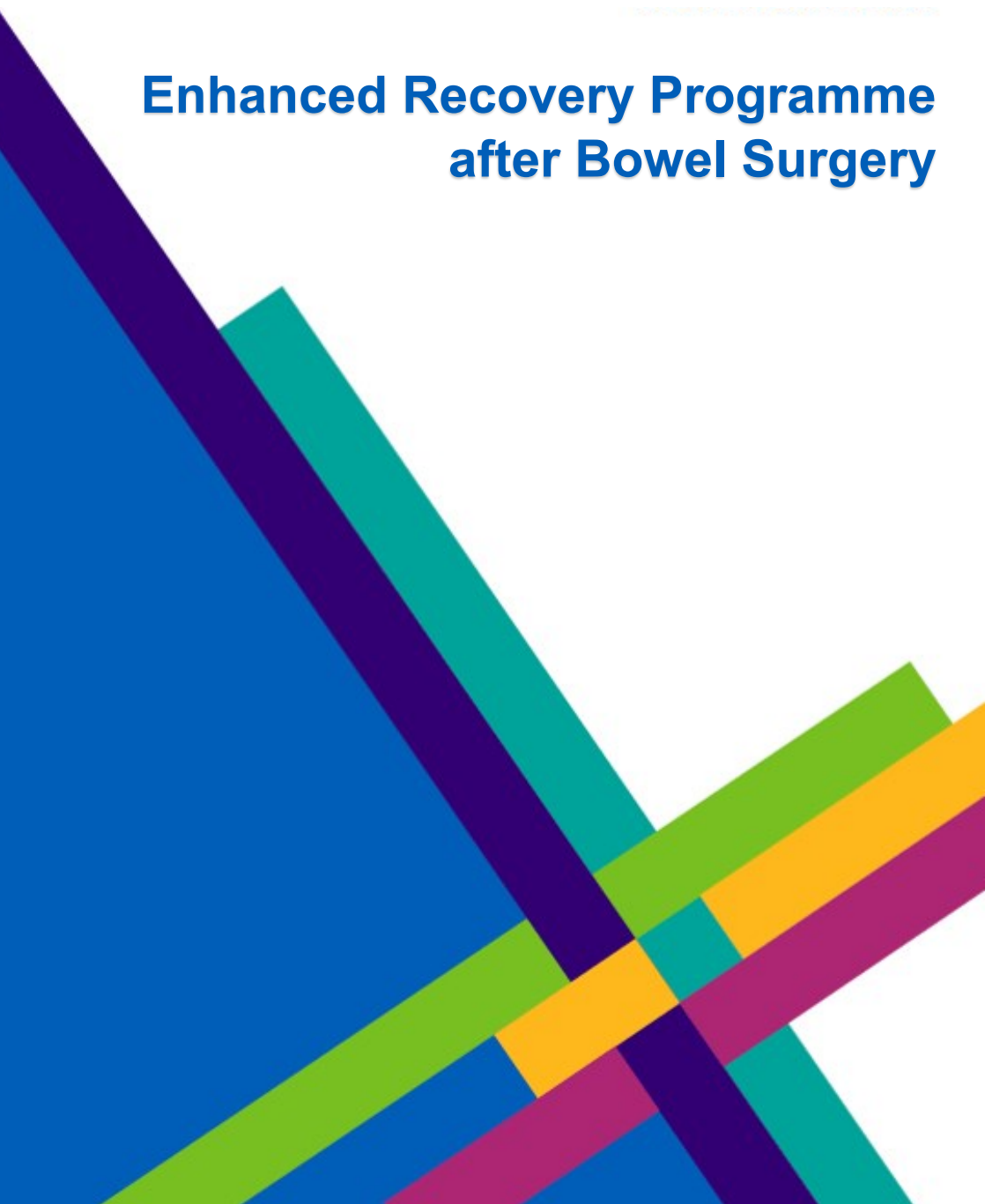




Salisbury
NHS Foundation Trust

Enhanced Recovery Programme after Bowel Surgery



This leaflet aims to help you understand the Salisbury District Hospital Enhanced Recovery Programme and how you can play an active part in your recovery. The aim of the programme is to get you back to full health as quickly as possible after your operation.

Research indicates that after surgery, the earlier you get of bed and start eating and drinking, the better. This will speed your recovery making it less likely that complications will develop.

For example, the benefits of getting up and about are:

- reduced risk of chest infection
- less muscle wasting, so that function and mobility are maintained
- less tiredness
- reduced risk of developing blood clots.

To achieve this, however, we need you to be partners with us so that we work together to speed your recovery.

If there is anything in this information that you are not sure about, do not hesitate to ask a member of staff or call the specialist nurses.

What will happen?

Before you come into hospital:

The consultant and/or the specialist nurse will see you and explain the programme to you and your family. You will be given plenty of opportunity to ask questions.

The specialist nurses will discuss your arrangements at home so that together we can plan any help you may need after you leave hospital.

Day before your operation:

You can eat normal food until six hours before your operation. You may be given two protein drinks to take as these help with wound healing. If required, you may be given laxatives and antibiotics to have the day before your surgery.

Day of your operation:

When you arrive at the hospital you may be given an enema to clear the lower end of your bowel.

After your operation, you will spend some time in the Recovery Area before you go back to the ward. Usually ward staff will help you to get out of bed. You may spend up to two hours out of bed and will be encouraged to walk as far as you are able. Being out of bed in a more upright position and walking regularly lung function is improved and there is less chance of getting a chest infection.

Pain control:

Good pain control improves your recovery as you can walk about, breathe deeply, eat and drink, feel relaxed and sleep well. Some people may have a tube in their back (epidural) similar to that given when women have babies, which allows a continuous supply of pain relieving medication to be given. Others may have a small pump (pain buster) which delivers local anaesthetic into the wound. You will also be given other pain killers, by mouth or intravenously (straight into the vein) that work in different ways to control the pain. The epidural or pump will be removed two days after your operation but you will continue taking other pain relieving medication.

Feeling queasy:

Sometimes after an operation, a person may feel sick or be sick. This is usually caused by the anaesthetic or drugs we use. You will be given medication during surgery to reduce this, but if you feel sick after your operation please tell a member of staff who will be able to give you something for this.

Tubes and drips:

Whilst in theatre a tube (catheter) will be placed in your bladder. This will be removed the day after your operation.

You will have a drip put into your arm and fluid will run through this to make sure that you do not become dehydrated. This will, however, be taken down immediately after your operation.

Eating and drinking:

You will be able to eat and drink immediately. This may include protein drinks (if you find these palatable).

You may also be weighed.

On the 1st day after your operation:

Your catheter may be removed this morning.

You will continue to have regular tablets for pain and your pain buster pump will still be in place.

Today you need to drink two litres of fluid, including protein drinks (if tolerated). You will also have normal food.

You will be up today for about eight hours in total – with rests in

between. We suggest that this is linked to meal times as you will not be allowed to eat when in bed.

You need to take a walk regularly - aiming to walk around every couple of hours.

You will also be given a small injection of Dalteparin each day whilst you are in hospital. This helps to reduce the risk of blood clots (thrombosis) by thinning the blood.

Summary:

1st day after your operation:

If you have a catheter it may be removed this morning.

Your pain buster may be removed today (or tomorrow). You will continue to have pain-killing tablets, so your pain should be well controlled.

Today you need to drink 2 litres of fluid, including some protein drinks. You will also have normal food.

You will be up today for about 8 hours in total – with rests in between. We suggest this is linked to meal times as no meals in bed are permitted.

There are certain criteria you have to meet before you are able to be discharged:

- Do you feel confident about discharge?
- Is your pain well controlled?
- Are you eating and drinking?

- Have you passed wind or had your bowels open?
- Are you passing urine normally?
- Are you able to wash, dress, make drinks etc?
- Is there any sign of wound infection?

You will be discharged home when we are all happy that all the discharge criteria are met.

It may be possible, if the discharge criteria is met, that you may go home the day after your surgery, however, this varies from person to person.

Each day you are in hospital

You should continue to eat and drink normally and have up to 4 protein drinks (if desired).

You need to be up for 8 hours and take regular walks (as Day 1).

You will continue to have pain-killing tablets, so your pain should be well controlled.

The discharge criteria will be discussed with you, and if all aspects of this are met then you may go home .

The specialist nurses or nurses on the ward will finalise plans with you and your relatives for your discharge.

Before you leave the ward you will be given an emergency number to ring if you have any problems for the first week after going home.

The specialist nurse or a ward nurse will phone you at home the next

day, however, if you are concerned that you have not had a phone call please ring them.

If your operation was being done because you have cancer, the laboratory results are usually available after approximately one week after your operation. These results are talked about at the Multi-Disciplinary Team Meeting and then discussed with you as soon as possible after this. If your operation was done for another reason, your consultant will discuss with you your follow up plan.

Information after you leave hospital

Complications do not happen very often, but it is important that you know what to look out for. During the first week after surgery, if you are worried about any of the following, please phone the number for your specialist nurse or the emergency number. If you cannot contact the people listed, then ring your GP.

Abdominal pain

It is not unusual to suffer griping pains (colic) during the first week following removal of a portion of bowel. The pain usually lasts for a few minutes and will go away in between spasms.

Severe pain that lasts for several hours may indicate a leakage of fluid from the area where the bowel has been joined together. This can be a serious complication but happens only rarely. If it does, you may have a fever. Sometimes leakage from the bowel join makes you feel unwell, causes a fever but is without pain. If you have severe pain lasting more than one or two hours or have a fever and feel generally unwell within two weeks of your operation date, you should contact us on the numbers provided.

Your wound

Your wounds may be slightly red and uncomfortable during the first one or two weeks. Please let us know if your wounds:

- become inflamed, painful or swollen
- start to discharge fluid.

Your bowels

Your bowel habit may change after removal of part of the bowel and may become loose or constipated. Make sure you eat small, regular meals three or more times a day, drink adequate amounts, and take regular walks during the first two weeks after your operation. If constipation lasts for more than three or four days then taking a laxative such as magnesium hydroxide, is advised. If you are passing loose stools more than three times per day for more than four days we advise taking medication such as Loperamide.

Passing urine

Sometimes after bowel surgery you may experience a feeling that your bladder is not emptying fully. This usually gets better with time. If it does not or if you have a lot of stinging when passing urine, please ring us as you may have an infection.

Diet

You should have a balanced, varied diet and eat three or more times a day. You may find that some foods upset you and cause loose motions. If that is the case you should avoid those foods for the first few weeks following your surgery. If you are finding it difficult to eat it

is important to obtain an adequate amount of protein and calories to help your body heal – you may benefit from having three to four high protein, high calorie drinks such as Build-up or Complan (available in supermarkets and chemists) to supplement your food. If you are suffering from diarrhoea then it is important to replace the fluid loss and to drink extra fluid. If you are losing weight without trying to or are struggling to eat enough, you may benefit from a consultation with the dietician; ask your GP, Consultant or Specialist Nurse to refer you.

Exercise

We encourage activity from day one following surgery. You should take regular exercise several times a day and gradually increase during the four weeks following your operation until you are back to your normal level of activity. You should not do any heavy lifting until six weeks following your surgery. If you are planning to restart a routine exercise such as jogging or swimming you should wait until at least two weeks after surgery and start gradually. Common sense will guide your exercise and rehabilitation. In general, if the wound is still uncomfortable, modify your exercise. Once the wounds are pain free you can normally undertake most activities. You can continue with sexual activity when you feel comfortable.

Work

Many people are able to return to work within 4 - 6 weeks following their surgery. If it involves a heavy manual job then we would not advise heavy work until at least 6 weeks following surgery.

Driving

You should not drive until you are confident that you can drive

safely. A good yardstick for this is when you have got back to most of your normal activities. Usually this will be about 4 - 6 weeks after surgery. It is important that any pain has resolved sufficiently to enable you to perform an emergency stop and turn the wheel quickly in an emergency. We recommend you check with your individual insurance company that they are happy for you to start driving again.

Hobbies/activities

You should consider taking up your hobbies and activities as soon as possible again after surgery. Keeping up your activities will help you get better quickly. If any activity causes a lot of pain or if there is heavy lifting involved, it would be best to leave it until at least six weeks after your operation.

Contact details:

Salisbury District Hospital, Odstock Road, Salisbury, Wilts SP2 8BJ.

Monday – Friday (excluding bank holidays)

08:00 – 16:30 - Colorectal Nurse Specialists – **01722 425194**

16:30 – 08:00 - Mobile phone number - **07799563956**. Emergency use only for **one week** after discharge.

Saturday, Sunday and Bank Holidays

Please call the Mobile phone number - **07799563956**. This number is for **urgent** enquiries or **emergencies** only.

For routine enquiries or emergencies during office hours Monday – Friday, please use the **01722 425194** number.

