

Upper GI Surgery

Enhanced Recovery Programme (ERP) for upper GI surgery

Information for patients, relatives and carers

Introduction

This booklet is a general guide to your post-operative care. Depending on your personal circumstances, there may be variations from the practice outlined in this booklet. These will be discussed with you by the team.

What is the Enhanced Recovery Programme?

The aim of the Enhanced Recovery Programme is to get you back to full health as quickly as possible after your operation. Research shows that it is better to get out of bed and begin eating, drinking and exercising early in your recovery. This will reduce the likelihood of complications.

ERP enhances your recovery by:

- helping you to get back on your feet and moving around more quickly
- reducing fatigue (tiredness)

ERP also reduces the risk of complications such as:

- chest infections
- developing blood clots after surgery

We will encourage you to work towards achieving daily goals. The more involved you are the more successful the programme will be for you.

We recommend this programme for many patients undergoing planned surgery but it may not be appropriate for some patients. If this is the case in your situation, this will be fully discussed with you.

Preparing for surgery

We will give you a separate information leaflet about the PREPARE for surgery programme, which explains what happens before you come in for surgery. If you have not been given this leaflet, please ask us for a copy.

Planning your return home after surgery

It is very important to plan ahead for your return home after surgery.

Transport

We recommend that you arrange for a friend or relative to collect you once you are ready to go home. If this is not possible please speak to a member of the team before your operation.

Help at home

Please arrange for family or friends to help you with tasks such as shopping and cleaning for the first couple of weeks.

On the day of your operation

You will be admitted to the surgical admissions unit on the day of your operation. It is important that you keep yourself warm before your operation so please bring a warm dressing gown, socks and slippers.

You will be:

- given a hospital gown and some support stockings to wear. These stockings reduce the risk of developing blood clots in your legs
- seen by both the anaesthetist and a member of the surgical team to sign your consent form
- seen by the nurse, who will confirm with you the planned length of stay in hospital and that your discharge plans are in place

You can eat until six hours before the surgery. After this, you can drink only water until two hours before the surgery. You will be given carbohydrate drinks in the pre-assessment clinic. These are to be taken the night before and on the morning of surgery. Further information and instructions on the timing of these drinks will be provided at your pre-operative appointment.

Afternoon or evening of your operation

You will be admitted to either the intensive care unit (ICU, also known as critical care), or the high dependency unit (HDU). This will depend on a number of factors, such as:

- your general health
- the length of the operation
- the time the operation finishes, and
- whether or not an unexpected complication occurs (although this is unlikely)

We will wake you up immediately after surgery and send you to the post-anaesthetic recovery unit (PACU, also known as main recovery) without a breathing tube. There is a small possibility that we may have to keep you on a breathing machine for the first 24 hours; if this is the case you will be on the ICU. Once the breathing tube has been removed and you are well enough, we will move you to the surgical ward.

You will:

- have a cannula (small plastic tube) and an arterial line in your arm or hand to enable you to receive fluids and pain relief and for us to monitor your blood pressure
- have a central line which is placed into a large vein in your neck to monitor the pressure in your veins
- have a catheter (tube to help you pass urine) in your bladder
- have an epidural (tube inserted into your back) which provides very strong pain relief in the first few days after your surgery
- have a nasogastric tube (NG) tube; this is a small tube placed into your nose that goes down into your stomach. This helps to stop your stomach from being filled with air or fluid as this can make you feel very sick. It also protects your join from leaking
- be intubated (assisted breathing via a tube) during your surgery. This should be removed in the recovery room but you may need it for up to 24 hours
- have your temperature, blood pressure and pulse checked at regular intervals
- receive additional medications that will be prescribed on an individual basis

Depending on the operation you have had, you may also have the following:

- drains (tubes will be inserted into your chest and/or stomach) to remove fluids that collect there after surgery as a reaction to the operation
- A jejunostomy (a tube through your stomach into your intestine) to feed you as you will not be able to eat or drink straight after your surgery

Sometimes you can feel sick after surgery. If this happens please tell the nurses as your medications may need to be adjusted.

Good pain control is very important as it allows you to walk about, breathe deeply, eat and drink, feel relaxed and sleep well which aids your recovery.

Starting your Enhanced Recovery Programme

Your ERP will start immediately after your surgery and continue until you are discharged. Each day, you and the clinical team will have a number of goals to meet. These goals can sometimes change because of your condition or complications that may arise.

Days one to two after your operation

Mobility

On day one after your surgery it is advised (provided you feel well enough), that you sit out of bed twice. You should aim to walk twice, even if you need help. Walking and exercise will help to reduce pain and the risk of developing a chest infection and blood clots in your legs. Being out of bed in an upright position and walking regularly will improve your breathing. Perform deep breathing exercises to help prevent chest infections.

You should breathe in through your nose and out through your mouth. The physiotherapist will be able to help you with these exercises.

Pain control

You will still have an epidural. This will be checked by a nurse to ensure it is still working well. We will also give you regular pain relief tablets. It is important that you tell your nurse if your pain is not well controlled, so the team can improve your pain management.

Eating and drinking

The type of operation you have had will determine how quickly we give you food and fluids and whether you have had a feeding tube inserted. The feed will start the day after surgery and the rate of feeds will gradually increase. The feeds will continue throughout your hospital stay and you may be discharged home on feeds. If this is the case then we will train you in how to self-manage these.

Feeling sick

If you feel sick please tell the nurses.

Tubes and drips

All the tubes and drips will remain in place for now. Your clinical team will review these daily to decide when they can be removed.

Regular monitoring

Your blood pressure, pulse, temperature, oxygen level and fluid balance will be regularly checked.

Days three to five after the operation

Mobility (moving around)

It is advised that you sit out for longer periods of time, twice a day, walk increasing distances and continue performing deep breathing exercises.

Pain control

You will still have an epidural until day four. On day five, the clinical team will assess your pain level with the aim to stop the epidural and switch to strong pain relief medication which is given orally or through your jejunostomy tube.

We will check your pain level regularly but, if you are still in any pain, please let the nurses on the ward know so they can review your pain relief.

Eating and drinking

We will aim to start oral nutrition by days three to five, but only once we are certain that the join is safe and there is no evidence of leakage. Until we are sure that the join is safe you will remain nil by mouth (NBM). That means you can't have anything to eat or drink. Whilst you are NBM you will have mouth care with moist sponges/pink sticks.

Once we are sure that the join is safe, your oral intake will progress as follows:

1. Sips of water		
2. Clear fluids	A clear liquid diet consists of clear liquids that are easily digestible.	Water (plain or flavoured) Fruit juices without pulp (apple, white grape) Tea or coffee without milk or cream Sports drinks
3. Free fluids	Made up of only fluids and foods that are normally liquid and foods that turn to liquid when they are at room temperature	Creamy/strained soups Tea or coffee with milk or cream Protein shakes, Ensure [®] drinks or equivalent liquid supplements Milkshakes Ice cream Fruit juices including juices with pulp
4. Soft diet	Diet made up of moist foods with only soft lumps which can easily be chewed	Porridge, Ready Brek [®] , Weetabix [™] , with milk Scrambled egg, omelette, poached eggs Mashed banana Yoghurt Mashed/jacket potato Well cooked pasta Soft or cream cheese

Feeling sick

If you feel sick please tell the nurses.

Tubes and drips

Any tubes or drips that remain will be reviewed daily.

Regular monitoring

Your blood pressure, pulse, temperature, oxygen level and fluid balance will be regularly checked.

Day six after your operation

Mobility

We advise you to sit out for longer periods of time, twice a day, to walk increasing distances and to continue performing deep breathing exercises.

Pain control

We will give you strong pain relief either orally or through the jejunostomy tube. We will check your pain level regularly but if you are in any pain, please let the nurses on the ward know so they can review your pain relief.

Eating and drinking

You will continue progressing your oral intake as before; 1) sips of water, 2) clear fluids, 3) free fluids and 4) soft diet.

Feeling sick

If you feel sick please tell the nurses.

Tubes and drips

We will review any tubes or drips daily

Regular monitoring

Your blood pressure, pulse, temperature, oxygen level and fluid balance will be regularly checked.

Discharge home

Before you are sent home, we would like you to:

- be eating and drinking (depending on the operation you have had)
- be walking
- have your pain under control
- have a normal temperature

Before discharge the dietitian will advise you on your oral intake and how to manage your jejunostomy, if appropriate.

On the day you are discharged, we may ask you to wait for your discharge medications and lift home in the discharge lounge from midday.

All discharge medications should be liquid/syrup/soluble unless otherwise specified. Please ask staff if you are unsure.

What happens after discharge?

You may need someone to help with heavier jobs such as food shopping, vacuuming and gardening for a few weeks. Some people feel more confident staying with or having a relative or friend stay with them.

We encourage you to do regular, daily exercise in order to stay active. This reduces the risk of blood clots forming in the legs.

Follow-up clinic appointment

You will be seen in the outpatient department to assess your progress. You should receive an appointment for this shortly after discharge. If you do not, please contact the department or your clinical nurse specialist (CNS).

Complications

Complications don't happen often, but it's important to know what to look out for.

During the first four weeks after surgery, if you are worried about any of the following, please phone the ward or your CNS for advice.

- **Deep vein thrombosis (DVT)**

This is a blood clot in your leg. If you experience any of the following you should contact your CNS:

- swelling
- pain
- redness

- **Pulmonary embolism**

This is a clot in your lung. If you experience any of these symptoms you should go straight to A&E:

- sharp, central chest pain (can be right or left sided)
- shortness of breath
- coughing up blood
- palpitations

- **Leakage at the join**

If you experience any of the following symptoms please contact your CNS:

- severe stomach pain that lasts for several hours
- vomiting
- fever
- feeling generally unwell with a fever but without stomach pain
- palpitations

- **Chest infection**

If you notice any of the following, please contact the ward or your CNS:

- cough with sputum (phlegm) especially if yellow/green
- fever
- shortness of breath
- chest pain

- **Your wound(s)**

It is not unusual for your wounds to be slightly red and uncomfortable during the first few weeks. However, please telephone the ward if your wound(s):

- become inflamed, painful or swollen
- start to leak fluid
- start to come apart at the edges

If you experience anything out of the ordinary or anything that you are unsure of, please contact the ward or your CNS immediately. If you are unable to get in touch with the hospital, please contact your GP.

If you think it is an emergency or you feel very unwell, please go to your nearest A&E.

Wounds

The dressing(s) placed over your wound(s) should be kept on for five days. However, if there is a lot of discharge coming from the wound(s), the dressing(s) may need to be regularly changed. The nurse will change your dressing(s) the day you leave hospital, assess your wound(s) and advise on how to care for it/them. Do not get your wound(s) wet for at least the first five to seven days after surgery. We will give you waterproof dressings to protect it/them.

If skin staples were used for any of your wounds, these are usually removed after 10-14 days. This will usually take place in your first outpatient clinic appointment.

If you have any concerns about your wound(s) please contact the department or your CNS.

Exercise

We encourage you to start walking the day after your operation.

You should do regular exercise several times a day, gradually increasing this during the four weeks following your operation until you are back to your normal level of activity.

Once you are pain free you can normally take part in most exercise but if it causes discomfort, change your exercise.

We advise that you do not undertake heavy lifting and avoid contact sports for at least six weeks following your surgery.

Hobbies/Activities

You should get back to your hobbies and activities as soon as possible after surgery. There is no need to avoid these unless they cause significant pain, involve heavy lifting, or are contact sports in which case they should be avoided for the first six weeks after your operation.

Work

You should be able to return to work within two to four weeks after your operation.

If your job is a manual job, then do not carry out any heavy work until six weeks after your operation.

Whatever job you do you should check with your employer in case there are specific rules or advice about your return to work.

Driving

You should not drive until you are confident that you can drive safely. **You must be able to perform an emergency stop and turn the wheel quickly without pain.** Usually this will be within two to four weeks of surgery but it is likely to be when you have returned to most of your normal activities.

You must check with your insurance company before driving that you are covered to drive post-surgery.

Tiredness

You might find that you have low energy levels in the first few weeks after surgery. However, it is important to mix activities with rest. It is important, for example, that you get out of bed, get dressed and try to have a walk outside, even when you have low energy levels and rest when needed.

Summary

The best way to enhance your recovery and help you return to normality as soon as possible is to participate actively in your recovery by walking and eating and drinking as advised.

We will support you by removing attachments such as your drip as soon as possible after the operation to make moving easier.

Each day you should feel some improvement. Please ask your team or the ward staff if you are worried about anything or have any questions.

How to contact us

Imperial College Healthcare NHS Trust has a Macmillan navigator service which can answer questions on behalf of the relevant CNSs. Navigators will also refer you to CNS teams and to other specialist clinical staff, as needed. Telephone: **020 3313 0303** (Monday to Friday, 08.00–18.00). Outside of these hours, please contact your GP or phone NHS 111.

Further sources of support and information

Macmillan Cancer Support

Helpline: **0808 800 000** (Monday to Friday, 09.00-20.00)
www.macmillan.org.uk

Macmillan Cancer Information and Support Service at Charing Cross and Hammersmith hospitals

The information centre at Charing Cross Hospital and the infopod at Hammersmith Hospital provide support, practical and signposting advice to anyone affected by cancer. These drop-in services are set in friendly, non-clinical environments in which people affected by cancer can discuss private and emotional needs.

The centre is located on the ground floor of Charing Cross Hospital, telephone: **020 3313 0171** and is open (except bank holidays):

- Monday and Friday 09.00-17.00 (volunteers only on Fridays)
- Tuesday, Wednesday, Thursday 09.00-16.00

The infopod is located on the ground floor of the Garry Weston Centre at Hammersmith Hospital, telephone: **020 3313 4248** and is open (except bank holidays):

- Monday and Tuesday 09.00-17.00
- Wednesday, Thursday, Friday 09.00-16.00

Maggie's Cancer Caring Centre

Maggie's is a cancer charity that provides the emotional, practical and social support that people with cancer may need. The centre combines striking buildings, calming spaces, professional experts offering professional support, and the ability to talk and share experiences with a community of people who have been through similar experiences. Designed by leading architects, Maggie's centres are warm, friendly and informal places full of light and open space with a big kitchen at their heart. Maggie's West London is located in the grounds of Charing Cross Hospital but is independent of our hospital. The centre is open Monday to Friday, 09.00-17.00. For more information please call 020 7386 1750.

How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3313 0088** (Charing Cross, Hammersmith and Queen Charlotte's & Chelsea hospitals), or **020 3312 7777** (St Mary's and Western Eye hospitals). You can also email PALS at imperial.pals@nhs.net The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to complain by contacting our complaints department:

Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street
London W2 1NY

Email: ICHC-tr.Complaints@nhs.net

Telephone: **020 3312 1337 / 1349**

Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team: imperial.communications@nhs.net

Wi-fi

Wifi is available at our Trust. For more information visit our website: www.imperial.nhs.uk

Upper GI surgery
Published: April 2019
Review date: April 2022
Reference no: 2920
© Imperial College Healthcare NHS Trust