

Upper gastrointestinal surgery department

# Enhanced recovery programme (ERP) for upper gastrointestinal (UGI) 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. If this is the case, the team will discuss this with you.

### What is the enhanced recovery programme (ERP)?

The aim of the ERP is to get you back to full health as quickly as possible after your operation. Getting out of bed and eating, drinking and exercising early in your recovery is better, research shows. 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 having planned surgery. However, your surgeon may decide it is not right for you. If this is the case, your surgeon will discuss this in detail with you.

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## Pre-operative assessment

Before you come into hospital for surgery, you will see a consultant in the outpatients department. They will explain what will happen during your operation.

Then, we will give you an appointment for the pre-operative assessment clinic. At the clinic, staff will carry out routine tests to ensure you are fit and safely prepared for surgery. This includes screening for potential infections.

Pre-assessment nurses will give you more instructions. This will include when you have to stop eating and drinking (fasting) before surgery. They will also tell you how and when to take carbohydrate drinks. These are energy drinks to maintain nutrition while you are fasting for the operation.

About one week before your surgery, the UGI ERP nurse specialist will contact you. They will talk about the ERP and discuss all your needs. This will include arrangements at home so that any help you may need after your operation can be planned.

## Before surgery

It is very important to consider the following before surgery:

- **diet:** what you eat is important. Good nutrition before surgery will help you to recover faster afterwards
- **staying active:** be as active as you can before surgery. Carry on with your daily activities
- **stop or reduce smoking:** if you are a smoker we advise to stop or reduce smoking as soon as possible. This will reduce the risk of complications after surgery, such as delay in wound healing or breathing problems. Visit your GP or pharmacist for advice on products to help you stop smoking. You can ask to be referred to the right service

We will give you a separate information leaflet about the PREPARE for surgery programme, this explains the support you can get before your 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 for your return home after surgery.

### Transport

We advise you not to travel home on your own from the hospital when you are discharged. We recommend you arrange for a friend or relative to collect you once you are ready to go home. If this is not possible, please tell a team member when you arrive on the ward so hospital transport can be booked.

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## Help at home

Please arrange for family or friends to help you with tasks like shopping and cleaning for the first couple of weeks. If you live alone, you can stock up on long-life food, like pre-cooked meals before you go into hospital.

## On the day of your operation

You will be admitted to the surgical ward or admission unit on the day of your operation. Please bring a warm dressing gown and slippers. It is important that you keep yourself warm before your operation.

You will be:

- provided with a hospital gown and some support stockings to wear. These stockings reduce the risk of developing blood clots in your legs
- seen by the anaesthetist **and** a member of the surgical team to sign your consent form

You can eat light food until six hours before your admission.

You can drink only water until two hours before your admission.

You are advised to drink the carbohydrate drinks described in the Pre-assessment appointment section above.

## Immediately after your operation

Because of the type of operation you will need to be closely monitored on a specialised ward. This will be the intensive care unit or high dependence unit. You will have a nurse who just looks after you.

We plan to wake you up straight away after surgery. You will be taken to the intensive care unit. There is a small possibility that we may have to keep you on a breathing machine for the first 24 hours. You will be moved to the surgical ward A8 when the breathing tube has been removed, you no longer need special support, and you are well enough.

You will:

- be intubated (assisted breathing via a tube) during your surgery. This should be removed after the operation, but you may need it for up to 24 hours
- have a central line. This is a tube 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). This 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, where the surgeon joined your digestive tract back together, after taking the affected area out. It needs to heal with no leaks, so everything you drink and eat (when you are allowed to do so) reaches your stomach safely.

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- the anaesthetist will decide when it is best to insert these tubes and lines. Some may be inserted while you are asleep under general anaesthetic
  - have cannulas (small plastic tubes) and an arterial line put in your arm or hand. This allows you to receive fluids and pain relief. It also us to monitor your blood pressure. These will be inserted while you are awake
  - 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 or stomach, or both) to remove fluids that collect there after surgery as a reaction to the operation
- a jejunostomy, which places a feeding tube through the skin of your abdomen into your intestine. It is used to give you liquid nutrition because you will not be able to eat or drink straight after your surgery
- if you do not need a jejunostomy, you will start to eat and drink from the day after your surgery. Your surgeon will decide this.

## Starting your enhanced recovery programme

Your ERP will start straight away after your surgery and continue until you leave the hospital. Each day, you and the clinical team will have a number of goals to meet. These goals may change because of your condition or complications that may arise.

## Daily, during your hospital stay

### Feeling sick

If you feel sick, please tell the nurses. They will be able to give medication to alleviate this symptom.

### Pain control

Good pain control is very important. It allows you to walk about, breathe deeply, eat and drink, feel relaxed and sleep well. This all helps your recovery.

We will check your pain level regularly. Please tell the nurses looking after you if your pain is severe or unbearable. They can review your pain relief.

### Tubes and drips

All the tubes and drips will remain in place for as long as needed. Your clinical team will review these every day to decide when they can be removed. We will try to remove them as soon as possible.

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## **Regular monitoring**

Your blood pressure, pulse, temperature, oxygen level and fluid balance will be checked regularly (daytime and night-time).

## **Days one to three after your operation**

### **Mobility (moving around)**

From 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**

Your epidural (put in after surgery) will be checked by a nurse to make sure it is still working well. We will also give you regular pain relief.

### **Eating and drinking**

How quickly we give you food and fluids will depend on the type of operation you have had and if you have a feeding tube.

If you have a feeding tube, the feed (liquid nutrition) will start the day after surgery. The rate of feeds will gradually increase. The feeds will continue throughout your hospital stay.

You may still need this liquid nutrition as well as your oral diet when you go home. If this is the case, we will train you how to self-manage these at home. You will have the support and advice of the dietician.

## **After day four of the operation**

### **Mobility (moving around)**

You are advised to sit out for longer periods of time. Do this 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. Their aim is to stop the epidural and switch to strong pain relief medication that is given orally or through your feeding tube.

### **Eating and drinking**

We will aim to start oral nutrition by days three to five. We can only do this 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. While you are NBM you will have mouth care with moist sponges.

You will have a swallow test to confirm the join is safe. Once it is safe, you can begin to eat and drink more different foods and liquids. You will have the support and guidance of the surgeon and dietician as your oral diet progresses.

Some examples of what you will be allowed to eat and drink are:

<b>1. Sips of water</b>		
<b>2. Clear fluids</b>	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
<b>3. Free fluids</b>	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 <sup>®</sup> drinks or equivalent liquid supplements Milkshakes Ice cream Fruit juices including juices with pulp (orange)
<b>4. Fork mashable diet or easy chew</b>	Diet made up of moist foods with only soft lumps which can easily be chewed	Porridge, Ready Brek <sup>®</sup> , Weetabix <sup>™</sup> , with milk Scrambled egg, omelette, poached eggs Mashed banana Yoghurt Mashed/jacket potato Well cooked pasta Soft or cream cheese

## 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 with liquid painkillers
- have a normal temperature

Before discharge, you will be assessed. The team of surgeons, nurses, and dietitian will advise you on your oral diet. They will explain how to manage your jejunostomy on your own.

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

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All discharge medications should be liquid or syrup or 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. If you live alone, you will be seen by the therapist team (physiotherapist and occupational therapist) and if needed, they will organise support at home for when you leave hospital.

## Follow-up appointments

The enhanced recovery nurse will call you 2 to 3 days after you have left the hospital. They will assess your progress.

Expect to receive an outpatient clinic appointment. This is where the surgical team will assess your progress.

Your appointment should arrive soon after you leave hospital, usually within 2 to 3 weeks. If you do not get an appointment, please contact the department or your clinical nurse specialist (CNS).

## Complications

Complications do not happen often. However, it is important to know what to look out for.

Go straight to A&E if you are worried about the following symptoms in the first four weeks after surgery.

- **Deep vein thrombosis (DVT)**

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

- swelling
- pain
- redness

- **Pulmonary embolism (PE)**

This is a blood 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 (where your heartbeat feels uncomfortable or unusual)

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- **Leakage at the join**

If you experience any of these symptoms, you should go straight to A&E:

- 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 experience these symptoms, you should go straight to A&E:

- cough with sputum (phlegm or mucus) especially if it is yellow or green or both
- fever
- shortness of breath
- chest pain

## What to look out for at home

### Wounds

The nurse will assess your wounds and tell you how to care for them before you leave hospital. Your wounds should be covered by a waterproof dressing for five days after surgery. Try not to get your wounds wet for this time. If lots of discharge comes from the wound, the dressing may need changing more often.

Any skin staples used on your wounds will be removed after about 10 to 14 days. This is likely to happen at your first outpatient clinic appointment.

It is not unusual for your wounds to be a bit red and uncomfortable during the first few weeks. However, please contact the GP or your CNS if you have concerns about your wounds or you notice your wounds:

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

### Tiredness

You might find that you have low energy levels in the first few weeks after surgery. However, make sure you mix activities with rest. For example, even if you feel tired, it is important to:

- get out of bed
- get dressed
- try to have a walk outside
- rest when needed.



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## Exercise, hobbies and activities

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

Increase your daily walks over the four to six weeks after your operation. Do this bit by bit until you are back to your normal level of activity.

You should get back to your hobbies and activities as soon as possible after surgery. For six weeks after your operation, avoid:

- anything that causes significant pain
- anything that involves heavy lifting
- contact sports, like football or rugby

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

## Work

You should be able to return to work within two to four weeks after your operation. This may vary depending how well you are recovering. If your job is manual, do not carry out any heavy lifting until six weeks after your operation or when advised by the surgical team.

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. It is likely to be when you have returned to most of your normal activities.

Before driving, you **must** check your insurance covers you to drive post-surgery. Check this with your insurance company.

## Summary

You can take an active part in your own recovery. We encourage you to do this. It is the best way to improve your recovery and return to normality as soon as possible.

We will support and advise you about:

- diet and nutrition
- getting up and about as soon as possible.

We will:

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- remove drips and catheters at the right time
  - involve you in personalised care to ensure a rapid recovery.

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 at any time.

## Further sources of support and information

### **Macmillan cancer navigator service at Imperial College Healthcare NHS Trust**

This is a single point of contact for cancer patients at Imperial College Healthcare NHS Trust, and their family, friends and carers. The service is here to help you to navigate your care and resolve queries that you may have. Our Navigators can access information about your appointments, connect you to appropriate services and signpost you on to further support. They can also book you in for a telephone call back from your Clinical Nurse Specialist (CNS) if you have a question that needs clinical input.

The service is open Monday to Friday 08:30 to 16.30 excluding bank holidays. (The service is closed for training between 14.00- 14.45 on Thursdays.)

Call: **020 3313 0303**

### **Macmillan cancer information and support service at Imperial College Healthcare NHS Trust**

The Macmillan cancer information and support service offers free support and information to anyone affected by cancer, including family and loved ones. The service has physical centres at Charing Cross and Hammersmith Hospitals, and also offers virtual and telephone support.

When you call or visit you can speak to one of the Macmillan cancer team one-on-one about whatever matters most to you. You can sign up to a range of weekly virtual groups that provide the opportunity to connect with other people with cancer in a relaxed environment. You can also speak to our Macmillan welfare and benefits adviser, who can offer patients of the Trust tailored advice on additional financial support.

The service is open Monday-Thursday (excluding bank holidays), with various drop-ins available within our physical centres. For more information please call us on **020 3313 5170** or email [imperial.macmillansupportservice@nhs.net](mailto:imperial.macmillansupportservice@nhs.net)

### **Maggie's West London**

Maggie's is a cancer charity that provides the emotional, practical and social support to people with cancer and their family and friends.

The centre offers a calming and beautiful space, a professional team of support staff, and the opportunity to talk and share with a community of people who have been through cancer too.

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Maggie's centres are warm, friendly and informal places full of light and open space, with a big kitchen table at the heart of the building. 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**.

### **Macmillan Support Line**

The Macmillan Support Line offers confidential support to people living with cancer and their loved ones. This support line is a national line provided by Macmillan and is independent of our hospital.

The Support Line is open every day, 08:00 to 20:00. Please call: **0808 808 000** or visit [www.macmillan.org.uk](http://www.macmillan.org.uk)

### **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](mailto: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](mailto: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](mailto:imperial.communications@nhs.net)

### **Wi-fi**

Wifi is available at our Trust. For more information visit our website: [www.imperial.nhs.uk](http://www.imperial.nhs.uk)