

Colorectal surgery

Enhanced Recovery Programme (ERP) for colorectal 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 (ERP) is to help 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 your bowels to get back to normal more quickly
- 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.

Pre-operative assessment

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

Afterwards, we will send you an appointment to attend the pre-operative assessment clinic. At the clinic staff will carry out routine tests to ensure you are fit and safely prepared for surgery, including screening for potential infections.

Approximately one week before your surgery, you will see a colorectal clinical nurse specialist (CNS) who will talk to you 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. Diet and exercise will also be discussed and you may need to be referred to the dietitian if, for example, you have lost a lot of weight or your appetite is poor.

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
- **stopping smoking:** if you are a smoker you should stop as soon as possible. This will help to reduce breathing problems after surgery. Visit your GP or pharmacist for advice on products to help you stop smoking

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 assessment unit. It is important that you keep yourself warm before your operation so please bring a 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

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- seen by both the anaesthetist and a member of the surgical team to sign your consent form, which confirms that you understand the procedure and agree to have it
 - seen by the nurse, who will confirm with you the planned length of stay in hospital and that all of your discharge plans are in place

You can continue to drink clear fluids (such as water or tea and coffee without milk) for up to two hours before your surgery. This includes the pre-operative carbohydrate loading drinks that we have given you. We will give you further information about taking these drinks at your pre-operative appointment.

Preparing for your operation

You will:

- be admitted to a surgical ward
- have a cannula (small plastic tube) inserted in your arm or hand so you can receive fluids and pain relief
- have a catheter (tube to help you pass urine) inserted into your bladder
- be given oxygen
- have your temperature, blood pressure and pulse checked regularly
- receive additional medications that will be prescribed on an individual basis

Depending on your condition you may also have the following:

- stoma (if this is planned it will have been discussed with you in detail by the team)
- epidural for pain relief
- patient controlled analgesia (PCA) – this is a way of giving pain relief through a line directly into the vein by pressing a button

Sometimes you can feel sick after surgery. If this happens please tell the nurses as your medications may need to be adjusted. Controlling your pain is very important as it allows you to walk about, breathe deeply, eat and drink, feel relaxed and sleep well, all of which aids your recovery.

Starting your ERP

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.

Day one after your operation

Mobility (moving around)

Each day after your surgery it is advised (provided you feel well enough), that you sit in a chair for a total of four to six hours, with regular rests on the bed.

You should aim to go for at least two walks. We can support you to do this. Walking and breathing exercises will help to reduce pain and the risk of developing a chest infection or blood clots in your legs. It will also encourage your bowels to get back to normal more quickly.

Being out of bed in an upright position and walking regularly will improve your breathing. Perform deep breathing exercises at least five times an hour to help prevent a chest infection.

- You should breathe in through your nose and out through your mouth.
- Cough when needed. If this is uncomfortable hold your stomach to reduce the pain

Eating and drinking

You should take all medications, food and drinks orally (by mouth). Start eating and drinking as you feel able. Follow a light diet – small portions are easier to digest. If you're unsure of what to eat please ask the nursing staff for advice.

Try to drink eight glasses (around 1.5 litres) of non-fizzy fluid each day. We will give you at least two carbohydrate loading drinks to ensure you are fully nourished and help your body heal. This is important as it will reduce the risk of infection and help your overall recovery.

Please bring a supply of chewing gum into hospital with you; this will help your bowels to return to normal. We will also give you a laxative to encourage your bowels to work, unless you have had your entire large bowel (colon) removed or you have an ileostomy.

Pain control

You will still have an epidural or PCA and this will be checked by a nurse to ensure it is still working well. Regular pain relief tablets will also be given.

Feeling sick

If you feel sick please tell the nurses.

Tubes and drip

If you are drinking well your drip should be removed, although your cannula will remain.

Once you are up and about the catheter in your bladder should be removed. If you have had pelvic surgery then we may leave it in until day three. Once the catheter is removed we will ask you to pass urine into a bottle or a bed pan so it can be measured.

Regular monitoring

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

Stoma

If you have a stoma, the stoma CNS will start teaching you how to self-manage it.

Personal hygiene

We will help you to wash or shower, and we advise you to wear your normal clothes during your stay in hospital. This will help you to get back to your normal routine more quickly and may help you to feel more positive about your recovery.

Day two after your operation

Mobility

You should sit out of bed in a chair for a total of six to eight hours, taking regular rests on the bed.

You should aim to walk unaided at least four times but please make sure that you feel steady on your feet first. Please ask us if you need help.

Continue performing deep breathing exercises.

Eating and drinking

Continue eating and drinking a light diet.

Drink eight glasses (around 1.5 litres) of non-fizzy fluid each day.

Continue chewing gum to assist with bowel movements.

Pain control

If you had keyhole surgery then your team will consider removing your epidural or PCA. If it needs to remain in place then the nurses will check it's still working well. You will continue taking regular pain relief tablets. If you are still in any pain please let the nurses on the ward know so your pain relief can be reviewed.

Regular monitoring

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

Stoma

If you have a stoma we will continue to teach you how to self-manage this.

Personal hygiene

We will help you to wash or shower. We advise you to continue wearing your normal clothes.

Day three after your operation

Mobility

Provided you feel well enough, you should sit out of bed in a chair for a total of eight hours, with regular rests on the bed. During this time you should be in your own clothes and aim to walk unaided at least four times.

Eating and drinking

Continue eating and drinking a light diet.

Drink eight glasses (around 1.5 litres) of non-fizzy fluid each day.

Continue chewing gum to assist with bowel movements.

Pain control

If you're still in pain, your epidural or PCA will be removed. You will continue taking regular pain relief tablets. If you are still in pain please speak to the ward nurses.

Regular monitoring

Your blood pressure, pulse, temperature, fluid balance and weight will be regularly assessed.

Stoma

If you have a stoma, we continue to teach you how to self-manage this.

Personal hygiene

You should be able to shower unaided and you should be wearing normal clothes.

Days four and five after your operation

Mobility

You should get dressed and spend your day sitting out of bed for a total of 10 hours, with regular rests on the bed. You should aim to walk unaided at least four times.

Eating and drinking

Continue eating and drinking a light diet.

Drink eight glasses (around 1.5 litres) of non-fizzy fluid each day.

Continue chewing gum to assist with bowel movements.

Pain control

You will continue taking regular pain relief tablets.

Tubes and drip

If your catheter is still in place we will remove it.

Regular monitoring

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

Stoma

You should now be able to self-manage your stoma.

Personal hygiene

You should now be washing or showering independently. You should also be wearing your normal clothes.

Discharge home

Before you are sent home we would like you to:

- be eating and drinking
- be walking
- have passed wind
- have your pain under control
- have a normal temperature

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.

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 a relative or friend or having a relative or friend stay with them.

We encourage you to take regular daily exercise in order to stay active; this reduces the risk of blood clots forming in your 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 CNS.

What to look out for at home

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

- **Stomach pain**

It is not unusual to suffer gripping pains (colic) which usually lasts for a few minutes and goes away between the spasms. **However you should contact your CNS immediately if you:**

- have severe pain lasting more than two hours
- feel generally unwell within two weeks of the operation

- **Your wounds**

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 wounds:**

- become inflamed, painful or swollen
- start to leak fluid

- **Bowels**

Your bowel habit can change after removal of part of the bowel and you may experience diarrhoea or constipation. Make sure you eat small, regular meals at least three times a day, drink plenty of liquids and take regular walks during the first few weeks.

If you have constipation that lasts for more than three days then we advise you to take a laxative.

If you are passing loose stools more than three times a day for over four days then please call the ward for advice.

- **Stoma**

If you have a stoma the CNS will explain everything you need to know before you go home. If you have any problems after you go home please contact your stoma CNS. We will give you their contact details before you leave the hospital.

- **Passing urine**

Sometimes after bowel surgery you can experience a feeling that your bladder is not fully emptying. This usually settles with time. However, if you experience this as a new symptom at home or if you have excessive stinging when passing urine, please ring the ward for advice as you may have an infection.

You should also monitor the colour of your urine. Straw-coloured urine suggests that you are well hydrated and drinking enough. Darker urine can be a sign that you are dehydrated and usually means you need to drink more fluid.

Diet

It is recommended that you follow a balanced, varied diet. You should try to eat small amounts at least three times a day.

If you are finding it difficult to eat you may need to have three or four nourishing, high protein, high calorie drinks such as Build-up or Complian[®] (available in supermarkets and pharmacies) to supplement your food.

You may find that certain foods cause loose bowel motions. If this happens, you should avoid those foods for the first few weeks following your surgery. If you are suffering from diarrhoea then it is important to drink extra fluid and call the ward for advice.

If you are losing weight without trying, or you are struggling to eat enough, you may need to see the dietitian; please ask your GP to refer you.

Exercise

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, adapt your exercise.

We advise that you do not undertake heavy lifting and avoid contact sports until at least six weeks after 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 avoid them for the first six weeks after your operation.

Work

You should be able to return to work within two to four weeks of 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. It is important to mix activities with rest however, and you should try to get out of bed, get dressed and have a walk outside, even when you have low energy levels. You should also rest when you need to.

Summary

The best way to enhance your recovery and return to your normal routine as soon as possible is to participate actively in your recovery by walking, 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 around 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.

Other useful telephone numbers

Charles Pannett ward: 020 3312 6118 / 020 3312 6653

Stoma CNS via hospital switchboard:

020 3312 6666 Pager 2126 / 2451

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.

Telephone: **020 3313 0171**

The centre is located on the ground floor of Charing Cross Hospital

- 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 (excluding 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 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. The centres are warm, friendly and informal.

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

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