



RANA HOSPITAL

*Come with **PILES!** Go with **SMILES!***

Patient Information Leaflet

The Enhanced Recovery
Programme

The Enhanced Recovery Programme

Explaining the Enhanced Recovery Programme

This booklet is to help you understand the Rana Hospital Enhanced Recovery Programme and how you will play an active part in your recovery. Aspects of this care can vary from what you might expect. This programme is different to traditional care and can improve your recovery considerably. The booklet describes the steps in your journey of care through Rana Hospital until you are ready to go home, which is usually three to five days after your operation.

If there is anything you are unsure about, please ask a member of staff or call the relevant number at the end of this booklet.

Pre-habilitation

Before your operation it is really beneficial for you to try and make yourself as fit as possible. You can do this by eating a mixed healthy diet and if you have lost weight (without meaning to) it is helpful to try and increase your weight. If you smoke it is ideal to give up smoking as soon as you can before your operation, your GP can help with this. If you drink alcohol it is ideal to give up drinking for a month before your operation. It is also useful to increase your exercise, even a 30 minute walk every other day is a good start.

Pre-assessment clinic

You have attended your clinic appointment in the outpatients department where you received this booklet. During this appointment you were assessed for your operation. The Enhanced Recovery Programme was explained to you and this booklet should act as a reminder for you. Although you may not require a stoma to be formed, it is current practice for people undergoing certain operations to have the stoma specialist nurse mark the abdomen (site) before the operation.

Preparing for your operation

Please be aware that there may be a lot of waiting about if you are admitted the day before your operation, so bring a good book to read. There is a television on the ward. You may need to sit in the day room or dining room until your bed is ready.

Do I need bowel preparation?

Some patients will not require bowel preparation. You will be told by the nurse in the pre-assessment clinic whether you will need bowel preparation.

If bowel preparation is required:

The day before your operation, you may be asked to drink a laxative medicine to help clear the contents of your bowel. If this is necessary you need to have a low fibre diet on the day before the bowel preparation. This day your diet should consist of some of the following foods - boiled or steamed white fish, chicken (no skins), egg, cheese, white bread, plain muffins, butter, margarine, white rice, white pasta, rich tea biscuits, potatoes (no skins), cauliflower, Tofu, natural yoghurts, plain cottage cheese, tinned peaches/pineapple, plain sponge cakes, clear soup (without bits in). DO NOT EAT foods such as red meat, pink fish, raw fruit or other vegetables, skins/pips, cereals, salad, mushrooms, nuts, seeds, sweetcorn, wholemeal bread etc. You also need to try and drink two litres of clear fluids (8-10 glasses).

The bowel preparation gives you loose, watery stools. It is important that you drink plenty of clear fluids but not fizzy drinks to replace the fluid you are losing. Clear fluids include black tea or black coffee, water, squash but not juice. This should stop you from feeling dizzy, sick or getting a

headache. You should not eat any solids on the day you take the laxative drinks or until after the operation. Some people have a drip (intravenous fluids) and you will be told if this is needed.

Some patients will be given an enema before the operation to clear the lower part of the bowel.

Other preparations for your surgery

If you are able to eat the day before surgery it is a very good idea to have a meal the evening before the operation.

You will be given a small injection of dalteparin (fragmin) in the skin. This helps reduce the risk of blood clots (thrombosis) by thinning your blood. This will be given to you each day while you are in hospital. You will also be asked to wear elastic stockings while you are in hospital as these also help to prevent clots. People coming into hospital the day of their surgery will need to have this the day before their operation.

You need this injection on the evening before surgery. Thus in preassessment it will be arranged how this will occur. Most people come to the theatre admissions unit the evening before the operation for the nurses there to give it.

Please bring this leaflet into the hospital when you are admitted to remind yourself of what to expect.

Day of your operation (Day 0)

You will be admitted to hospital early in the morning (between 7.15 and 7.30am usually) on the day of your operation to the theatre admissions unit.

Eating and drinking before your operation

The pre-assessment nurse will give the instructions that are relevant to you.

- You can eat until six hours before your operation (provided that you are not having a laxative bowel preparation).
- From 6 hours until 2 hours (or 4 hours – see below) **before** your operation you can drink water, **black** tea, **black** coffee or squash drinks. **No milky drinks are allowed.**
- We will give you two cartons of an energy drink (*preOp*) to drink 3 hours before your operation. This improves your recovery. Stop drinking after you take these. **You will be given these in the preassessment clinic.**
- **You must not have anything at all to drink for two hours before your operation.**
- If you have a **hiatus hernia** or **suffer from severe heartburn** you should not have anything to drink for **four hours** before your operation.

Bowel clearance

You may be given an enema two hours before your operation to clear the lower end of your bowel.

After your operation (Day 0)

Mobilisation/getting out of bed

Following your operation, when you wake up, it is important that you perform deep breathing exercises. Breathe in through your nose and **relax the air** out through your mouth, undertake this at least five times an hour. Do cough when you need to try holding your abdomen to reduce the pain.

The staff will help you out of bed after your operation. You should try to spend up to **two hours out of bed** on the day of your operation.

Eating and drinking after your operation

After your operation it is important that you drink, unless you feel sick. Try to drink about five glasses or cups. You will be given energy drinks (Ensure Plus) after waking from your operation and should ask for them when you feel well enough.

Pain control

Good pain control improves your recovery as you can walk about, breathe deeply, eat and drink, feel relaxed and sleep well. You may have a tiny tube in your back (epidural) which provides a continuous supply of pain relieving medication. In addition you will be given other pain killers by mouth, which help in different ways. Alternatively you may have patient controlled analgesia (PCA). This has a button that you press to give yourself pain relief. There is a security device that prevents you taking too much.

The anaesthetist will discuss these options with you before the operation

Feeling sick

After your operation you may feel sick or may vomit. This is usually caused by the anaesthetic or drugs used. You will be given medication during your operation to reduce this, but if you feel sick please speak to your nurse who will be able to give you something to help.

Tubes and drips

Whilst in theatre a tube (catheter) will be placed into your bladder so that your urine output can be measured.

You will have a drip put into your arm and fluid will be given through this to ensure you do not become dehydrated.

You will also have an oxygen mask or tubing on your face after the operation.

Monitoring

While you are in hospital we will check your blood pressure, pulse and temperature regularly. We will also check how much fluid you are taking in.

Stoma

If you have a stoma formed you may receive twice daily training to make sure that you can care for your stoma before you go home. The stoma specialist nurse will plan your care whilst you are in hospital and for your stoma care when at home.

The day after your operation (Day 1)

Mobilisation

On each day after your surgery it is advised that, provided you feel well enough, you sit in the chair for a *total* of six hours, with *intermittent* rests on the bed as needed.

You should aim to walk along the ward corridor and back four times (about 60 metres four times). The walks to the dining room for your meals count as part of your daily exercise.

By being out of bed in a more upright position and by walking regularly, your breathing is improved and there is less chance of you developing a chest infection or clots in your legs and your bowel function usually also recovers faster. Do cough when you need to try holding your abdomen to reduce the pain.

Eating and drinking

It is important that you eat after your operation. You should try to drink about ten to twelve drinks (about 2000ml) per day unless you feel sick. Each cup is usually about 150-200ml. You can drink a variety of non-fizzy drinks whilst in hospital.

High protein, high energy drinks are provided after your operation to help your body to heal, reduce the risk of infection and help your overall recovery. Try to take two or more each day.

You will be encouraged to use the **ward dining room** for your meals. This also has an area for relaxation and reading. Please note that there is a fridge in the dining room that you can use to store food (that you have labelled with your name). We do not have facilities to heat food, but it can be useful to bring in snacks to have between meals. **Meals times are approximately 8:30, 12:15 and 17:15 and we encourage all meals to be taken in the ward dining room, a bell will be rung 5 minutes before meals as a reminder to walk to the day room.**

You will have a laxative to encourage your bowels to work (but not if you have had your entire large bowel (colon) removed or if you have an ileostomy).

Pain control

You can continue to use your epidural or PCA. Regular pain killer tablets will be started on day 1. Some people find that walking can help with the pain.

Feeling sick

As before, tell the nurses if you feel sick.

Tubes and drips

If you are drinking well the drip will usually be removed in the morning. You will still keep your cannula (plastic tube in the vein).

If you are mobilising the catheter in your bladder will usually be removed today, but after pelvic surgery we may leave the catheter until day 3. When the catheter is removed you will be asked to pass urine in a bottle or a bed pan so that we can measure your urine.

Monitoring

Your blood pressure, pulse, temperature, fluid balance and weight will be measured. You will be assessed regularly throughout the day.

Washing and dressing

After you have a wash today, you should put on your normal clothes, provided you feel well enough. This helps you feel positive about your recovery.

The second day after your operation (Day 2)

Mobilisation

Continue to mobilise as before.

Eating and drinking

Continue to eat and drink, as you can tolerate. We advise ten to fifteen drinks each day.

Pain control

Your epidural or PCA will be removed today and you will continue on regular pain killer tablets.

Monitoring

Your blood pressure, pulse and temperature will be regularly monitored throughout the day.

The third day after your operation (Day 3)

You need to continue to eat and drink, mobilise and get ready to go home.

We will make arrangements for you to be seen in the outpatient clinic often two weeks after your operation.

If your care needs to change from what is planned in this booklet we will tell you.

The most likely problem that you may have is that your bowel stops working for a period of time after your operation (an ileus). This occurs in many patients undergoing bowel surgery, but in some people this can last a few days or longer. Having an ileus can make you feel sick or you might be sick. If this occurs tell your nurse. We may need to place a tube through your nostril to help with this.

Discharge Criteria

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

- Be eating and drinking
- Be walking
- Have passed wind (flatus)
- Have your pain adequately controlled by pain killers
- Have no temperature

We would ask you to leave your bed space by 10am and go to the day room, dining room or ideally the discharge lounge to wait for your discharge tablets and your lift home.

What happens after discharge?

It is well worthwhile planning in advance for your discharge. You may require someone to help with heavier jobs for a few weeks. This includes food shopping and heavy household jobs such as vacuuming and gardening. Although it is not necessary some people feel more confident to go home if a friend or family member can stay with them or put them up for a short period, if you live alone for example.

Complications do not happen very often, but it is important that you know what to look out for. During the first two weeks after surgery, if you are worried about any of the following, please phone the ward (the number is at the end of this leaflet) to ask for advice. It may take a while for the telephone to be answered, keep trying.

Abdominal pain

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

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 immediately contact the ward on the telephone numbers provided.

Your wound

It is not unusual for your wounds to be slightly red and uncomfortable during the first one or two weeks. Please telephone the ward 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 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 days then taking a laxative is advised. If you are passing loose stools more than three times per day for more than four days please call the ward and ask for advice. If you have a stoma, your stoma specialist nurse will explain about your stoma before you go home.

Your stoma

If you have a stoma and you have any problems with your stoma after you go home, please contact your stoma specialist nurse, you will be given contact details before you leave hospital.

Passing urine

Sometimes after bowel surgery you may experience a feeling that your bladder is not emptying fully. This usually improves with time. It is also worth keeping an eye on the colour of your urine. If you are well hydrated you should be passing straw colour urine. If you find that your urine is darker it may be a sign that you are dry and usually you should drink more. If you feel you are not emptying your bladder fully or if you have excessive stinging when passing urine, please ring the ward as you may have an infection.

Diet

A balanced, varied diet is recommended. Try eating three or more times a day. You may find that some foods upset you and cause loose bowel 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 still important to obtain an adequate amount of protein and calories to help your body heal. You may benefit from having three to four nourishing, high protein, high calorie drinks such as Build-up or Complian (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 and call Rana Hospital for advice. If you are losing weight without trying to or are struggling to eat enough, you may benefit from a consultation with the dietitian; ask your GP to refer you.

Exercise

Walking is encouraged from the day following your operation. You should plan to undertake regular exercise several times a day and gradually increase this during the four weeks following your operation until you are back to your normal level of activity. The main restriction we would place on exercise is that you do not undertake heavy lifting and contact sports until six weeks following your surgery.

In addition, if you are planning to restart a routine exercise such as jogging or swimming you should wait until at least two weeks after your operation 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.

Work

You should be able to return to work within two to four weeks after your operation. If your job is a heavy manual job then it is advised that heavy work should not be undertaken until six weeks after your operation. However you should check with your employer in case there are rules relevant to your return to work.

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 within two to four weeks of surgery. It is important that any pain has resolved sufficiently to enable you to perform an emergency stop and turn the wheel quickly.

Hobbies/Activities

You should consider taking up your hobbies and activities as soon as possible again after surgery. It enables you to maintain your activity and will benefit your recovery. You should not need to restrict these unless they cause significant pain or involve heavy lifting, in which case avoid them for the first six weeks after your operation.

Tiredness

You might find that you have low energy levels in the first few weeks that you are at home. It is important to mix activities with some rest as needed, but do get out of bed each day and get dressed if possible.

Summary

To enhance your recovery you will be expected to return to normal as quickly as possible. This means that you need to actively participate in your recovery by walking, eating and drinking. We will assist you by removing attachments such as the drip soon after the operation to make walking easier. Each day you should feel some improvement but do ask if you are worried about something.



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