

# Enhanced recovery programme

Information for patients having colorectal surgery



## **Who is this leaflet for?**

This leaflet is aimed at patients who are having colorectal surgery. It explains the enhanced recovery programme, and how you can play an active part in your recovery following your operation. If there is anything you are not sure about, please ask. It is important that you understand so that you, and possibly your family or friends, can take an active role in your recovery.

## **What is the enhanced recovery programme?**

This is a programme of care that has been developed to allow you to recover much more quickly following your operation. It includes:

- improved nutrition (before and after your operation)
- physiotherapy
- effective pain control.

## **What are the benefits of the programme?**

The programme aims to improve your recovery rate and reduce your stay in hospital.

## **Eating and drinking**

At the pre-assessment clinic the week before your operation, you will be asked to taste some nourishing drinks called fressubin and fressubin juice. You will then be given four drinks of your choice to take home. You will also be given six pre-op nutricia drinks.

Drink these as follows:

- two days before your operation - have four fressubin drinks to be drunk during the day
- one day before surgery take four pre-op nutricia drinks throughout the day
- on admission day - have two of the pre-op nutricia drinks at 6am and no food or other fluids after this.

More nourishing drinks will be available while you are in hospital. You will be given two more on the ward before your operation.

Afterwards, it is important to drink three nourishing drinks each day as your body will need more nourishment to:

- help heal your wounds
- reduce the risk of infection
- help your recovery generally.

You also need to have ordinary drinks which will be provided.

A few hours after your operation, you will be able to start drinking and, if you wish, eating. It is important that you eat and drink early after your operation and we will encourage you to have normal food as well as nourishing drinks.

## **Preparing for theatre**

On the day before your operation, you may be asked to have some medicine to help clear your bowel. This will give you loose stools and it is important that you drink plenty of fluid to replace what is lost. Otherwise, you may feel dizzy, sick or have a headache. You may also have an enema two hours before your operation to clear the lower end of your bowel.

You will be given a small injection of Fragmin at 10pm. This helps reduce the risk of thrombosis (a blood clot) occurring in your legs by thinning your blood. This will be given to you each day while you are in hospital and maybe continued for a period of up to 28 days upon discharge.

## **Staying out of bed and walking**

After you wake up from your operation, it is important that you start deep breathing exercises:

- 1 Sit upright, staff will assist you to do this.
- 2 Support your abdomen with a towel and your arms, bring your knees up slightly and lower your shoulders.
- 3 Breathe in through your nose and out through your mouth slowly.
- 4 Do this three times and then 'huff' with your mouth as if trying to clean spectacles.
- 5 Repeat these steps twice.

Repeat this exercise every hour. This should reduce the risk of a chest infection. You should also point your feet up and down and circle your ankles to reduce the risk of clots in your legs.

The staff will help you out of bed about six hours after your operation, and you will spend two hours out of bed.

On the following days, you will spend at least eight hours out of bed, and we will encourage you to walk about 60 metres four to six times a day. By being out of bed in a more upright position and by walking regularly, your lung function is improved and there is less chance of developing a chest infection as more oxygen is carried around your body to the tissues.

Try to wear your day clothes after your operation as this can help you feel positive about your recovery.

## **Pain control**

It is important that your pain is controlled so that you can walk about, breathe deeply, eat and drink, feel relaxed and sleep well. You may have an epidural injection in your back, which will allow you to receive a continuous supply of pain relieving medicine or a patient controlled analgesia pump (PCA). The doctors will also prescribe other types of pain relieving medicines, which work in different ways. An example of this is a rectus sheath catheter which allows a local anaesthetic to be infused under the skin to allow local pain relief. Oral pain relief should be taken regularly (three or four times per day) they should help you feel more comfortable. If you are uncomfortable, please tell the staff immediately and they will help you. The epidural will be removed two days after your operation but you will continue with the other pain relieving medicines.

## **Sickness**

Following your operation, you may feel sick or be sick. This is usually caused by the anaesthetic agents or drugs we use. You will be given medication during surgery to reduce this, but if you feel sick following your operation please tell the staff, who can provide other medications. It is important to relieve sickness to allow you to feel better so that you can eat and drink normally, which will help your recovery.

## **Tubes and drips**

During your operation, a tube will be put in your bladder so that we can check that your kidneys are working well and producing urine. This will be removed as soon as possible, usually on the morning after your operation.

You will also have a fluid drip put in your arm to make sure you get enough fluid. This should be removed the day after your operation. You may also be given extra oxygen to breathe after your operation until you are up and about.

## **Monitoring**

During your treatment, we will monitor many different things including:

- fluid in
- food eaten
- fluid out
- when your bowel first starts working
- pain assessment
- number of walks
- time out of bed.

Please remember to tell us about everything that you eat and drink and what you pass. We will encourage you to write some of this information on the charts yourself.

## **What happens when I leave hospital?**

Complications do not happen very often but it is important that you know what to look out for. During the first two weeks after your operation, if you are worried about any of the following, please phone the telephone numbers on this leaflet. If you cannot contact the people listed, then ring your GP.

## **Your wound**

It is not unusual for your wound to be slightly red and uncomfortable during the first one to two weeks. Please let us know if your wound is:

- becoming inflamed, painful or swollen
- starting to discharge fluid.

## **Your bowels**

Your bowel habits may change after part of your bowel is removed. Your stools may become loose or you may become constipated. Make sure you eat regular meals three or more times a day and take regular walks during the first two weeks after your operation.

If you are passing loose stools more than three times a day, for more than four days, take medication such as loperamide, lomotil or codeine phosphate. Alternatively, if you are constipated for more than three to four days, take a laxative.

## **Passing urine**

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

## **Abdominal pain**

When you have had a part of your bowel removed, you may suffer griping pains for a week afterwards. This pain usually lasts for a few minutes, but will go away completely in between spasms.

Severe pain that lasts for several hours may mean that fluid is leaking from the area where your bowel has been joined together. This can be a serious complication which, fortunately, happens only rarely. Should this occur, it may be accompanied by a fever. It is also possible for leakage to occur which makes you feel generally unwell and causes fever but is without any pain.

If you have severe pain lasting more than 1-2 hours or have a fever and feel generally unwell, contact us on the telephone numbers provided.

## **What should I eat and drink?**

A healthy, varied diet is recommended. Make sure you eat regular meals at least three times a day. You may find some foods cause looseness of your bowels. If this is the case, avoid these foods for the first few weeks following your operation.

If you are finding it difficult to eat, have three to four nourishing (protein) drinks per day to supplement your food and make sure you get enough protein and calories. These can include any of the nourishing drinks you tried before your operation, or over-the-counter drinks such as Build-up or Complian. If you have diarrhoea, it is important to replace the fluid loss by drinking extra liquid.

## **When can I resume normal activities?**

### **Exercise**

Activity is encouraged from day one following your operation. Take regular exercise several times a day. Gradually increase your exercise during the four weeks following your operation until you are back to your normal level of activity.

Following your operation:

- don't lift anything heavy for six weeks
- don't jog or swim for two weeks, and then start gradually.

Use common sense to guide your exercise and rehabilitation. If your wound is uncomfortable, go easy with your exercise. Once your wound is pain free, you can do most activities.

### **Work**

You may return to work within two to four weeks following your operation. However, if your work involves heavy, manual labour, do not return to work for six weeks.

### **Hobbies/activities**

In general, take up your hobbies and activities as soon as possible after your operation, as this will benefit your convalescence. However, don't do anything that causes significant pain or involves heavy lifting for 6 weeks following your operation.

### **Driving**

Do not drive until you are confident that you can drive safely. It is best to check with your insurance company before you start driving again.

## Contact us

### Gastrointestinal nurse specialists

Monday – Friday 8am – 6pm

07917243118

If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690

