

# Enhanced recovery programme

Information for patients undergoing bowel surgery

## Other formats

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## Checklist

- Bowel preparation and/or antibiotics (day before surgery, if indicated)
- Ensure drinks x 2 (day before surgery at 2pm and 6pm)
- Pre-load carbohydrate drinks (morning of surgery) to be taken at 5.20am and 5.40am, finished by 6am.

## Introduction

When you are admitted to hospital for your bowel operation, you will be taking part in an enhanced recovery programme where early mobilisation, eating, drinking, exercise and good pain control enhances your recovery. The programme of care aims to help you recover quickly and safely.

During your hospital stay there will be daily goals which you will be encouraged to achieve. Your team of doctors, nurses and other healthcare professionals will be monitoring your progress and will support you in reaching your goals.

The information in this booklet should increase your understanding about the key aspects of the programme, and will tell you how you can play an active part in your recovery. Please ask if there is anything that you are not sure about.

## Before you come into hospital

You will be involved in planning your care and recovery from the time that we see you for your pre-assessment. This is an opportunity for you to tell us about your individual needs and circumstances.

It is important that you tell us as soon as possible if you have any concerns about whether you will be able to manage your daily activities when you are discharged after your operation. You should also let us know if any of your social circumstances change during your admission.

There is a team of allied health professionals who can help to organise social support should you need it, including physiotherapists, occupational therapists and social workers.

## **'Prehabilitation'**

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. If you have lost weight (without meaning to), it is helpful to try and increase your weight.

If you smoke, we recommend that you give up smoking as soon as you can before your operation. Your GP can help you with this. If you drink alcohol, we recommend that you 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.

## **Occupational therapists**

Occupational therapists (OT) help patients to maximise their independence in all aspects of daily life. They also help to ensure that patient's homes are as safe as possible.

You may be referred to the OT because you are having difficulties carrying out tasks on the ward. It could also be that you were having problems coping at home before you came into hospital. You might also be worried about how you will manage when you go home.

If you have not been referred and you feel an OT may be able to help you, please discuss this with the staff nurse on the ward, the physiotherapist, the doctor or the ward OT.

## **Physiotherapists**

Physiotherapy helps restore movement and function to as near normal as possible when someone is affected by injury, illness or by developmental or other disability.

Following surgery, your physiotherapist will assist and guide your rehabilitation on the ward until you are strong and safe enough to return home. They will also teach you breathing exercises to help keep your chest clear. Along with the ward staff, they will help you to regain your mobility as quickly as possible after your operation. This helps not only getting back your strength and independence, but also assists with your bowel function returning.

Your physiotherapist will liaise closely with all staff including the occupational therapist if you are having any difficulties on the ward. You will be given advice for your discharge home, and if further rehabilitation is needed, your therapist may refer you to other services.

## **If you need a stoma (ileostomy/colostomy)**

You may have been told that you require a stoma as part of your surgery. This may be temporary or permanent. Your surgeon will discuss this with you. Pre-operatively you will be seen by the stoma care team, who will give you information and support. Prior to your surgery they will see you to mark a suitable site on your skin for your stoma. Whilst in hospital the team will support you every day. They will arrange to see you within a week to ten days after your discharge home.

## Eating and drinking

On the day before your surgery you will be able to eat and drink as normal unless you are advised otherwise. We will discuss this with you prior to your admission to hospital.

In addition to eating and drinking, you will be given two cartons of nutritional supplement drinks called **Ensure**. It is important that you take these on the day before your surgery as they provide you with energy which is vital to your recovery. You will also be given **pre-load carbohydrate drinks** which you need to take on the morning of your surgery, starting at 5.20am and 5.40am, finishing at 6am. This will be explained to you by the colorectal/stoma nurse.

The night before your surgery you can eat until midnight. You may have clear fluids including your **carbohydrate drinks** until 6am on the morning of your surgery.

A few hours after your operation you will be able to start drinking and you may be able to have something light to eat later on that day. You will also be encouraged to have two **Ensure** drinks each day during your hospital recovery.

Your body will benefit from eating and drinking early following your surgery which will help your overall recovery. We encourage you to eat small amounts often.

## Bowel preparation and/or antibiotics

If you are required to have bowel preparation or antibiotics, you will be told by your consultant or colorectal nurse.

## Day of your operation (day 0)

You must take the carbohydrate drinks (pre-load) that we give you between 5.20am and 5.40am, finished by 6am. Stop drinking after you take these.

You will come into hospital on the day of your operation unless you are told otherwise. You will be admitted to Lundy Ward on level 3 of the hospital. Your named nurse will guide you through your individual and necessary preparation for theatre.

## After your operation (day 0)

We start the recovery programme which we want you to follow. As part of this we will ask you to keep a daily diary. We will give you this prior to your surgery.

### Mobilisation/getting out of bed

When you wake up following your operation, it is important to perform deep breathing exercises. Breathe in through your nose and relax the air out through your mouth. Try to do this five times an hour. If you need to cough, try holding your abdomen to reduce the pain.

## Eating and drinking

When you wake up from your operation it is important that you drink, unless you feel sick. Try to drink a few glasses of water and an Ensure drink. The nurses will give you these.

## Pain control

We will do all that we can to make sure you are not in pain. 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 be given a pump through which you can self-administer a strong painkiller (patient-controlled analgesia or PCA). You may also have two Rectus Sheath Catheters. These are thin tubes inserted into your abdominal wall at the time of surgery. Local anaesthetic is delivered via a cassette through the tubes on each side of the wound.

Your anaesthetist can explain which system of pain relief you will have. The doctors will also prescribe other types of pain relieving medicines which work in different ways. These will be given regularly to help you feel comfortable.

The acute pain nurses will visit you each day and can answer any questions that you may have, but please let the ward nurse know if you are uncomfortable at any time.

The PCA or nerve block will be stopped two to three days after your operation but you will continue with the other pain killers for as long as you need them.

## Preventing blood clots

To help reduce the risk of blood clots you will be given a daily injection of Clexane. Your nurse will show you how to inject yourself. You will need to do this for 28 days after your operation. You will be provided with the injections, a sharps box for their disposal and an information booklet when you leave hospital. The Clexane helps to reduce the risk of blood clots (thrombosis) occurring in your legs by thinning the blood. You will also be asked to wear elastic stockings as these also help to prevent clots.

## Sickness

Sometimes after an operation, a person 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 or have indigestion/heartburn following surgery, please tell the staff who are looking after you. It is important to relieve these symptoms in order to allow you to feel better so that you can eat and drink normally. This will aid your recovery.

## Tubes and drips

During your operation, a tube (catheter) will be put 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 may also have a surgical drain in your abdomen.

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

## Your bowels

Your bowels may take a few days to work. You may have a laxative to encourage your bowels to work depending upon your operation. If you pass wind (flatus) or open your bowels, please let the nurse know. If your bowels are too active (you are going to the toilet a lot or have diarrhoea), please also tell the nurse.

Your bowel may stop working for a period of time after your operation. This is common, but in some people this can last a few days or longer (an ileus). Having an ileus can make you feel sick or you might be sick. If you feel sick or are sick, tell your nurse. We may need to place a tube through your nostril into your stomach to help with this. If an ileus occurs, it is usually necessary to restart the drip so that you do not become dehydrated. This is a frustrating time but please be patient. The tube in your nose needs to stay in place until symptoms such as your nausea go away. When you resume your diet, it is sensible to take it slowly by eating small, frequent light meals.

## Stoma

If you have a stoma formed, you will see the stoma nurse every day while you are in hospital. They will teach you how to care for your stoma before you go home and will keep in touch with you when you have gone home.

## The day after your operation (day 1)

### Mobilisation

On each day after your surgery it is advised that you sit in the chair for six hours, with intermittent rests on the bed as needed. By sitting in an upright position your breathing is improved and there is less chance of you developing a chest infection.

You will see the physiotherapists who will ensure that you walk the length of the ward twice. By walking regularly you are decreasing the chance of blood clots developing and your bowel function usually recovers faster.

### Eating and drinking

It is important that you eat after your operation. Aim for three small meals. You should try to drink 2000mls, unless you are advised otherwise. You should also have **Ensure** drinks which will help your overall recovery.

### Pain control

You will be seen by the pain nurses every day and continue to receive pain killers as and when required.

### Tubes and drips

If you are drinking well, the drip will be removed today.

If you have a catheter, this will be removed unless you have had pelvic surgery. You will be asked to pass urine in to a bottle or bedpan so that we can measure your urine.

## **The second day after your operation (day 2)**

### **Mobilisation**

Continue to mobilise; aiming for at least four walks.

### **Eating and drinking**

Continue to eat and drink, as you can tolerate. Aim for eight to ten cups. Avoid fizzy drinks.

### **Pain control**

Your epidural/pain sheaths will be removed today and you will continue to have regular pain killer tablets.

## **The third day after your operation (day 3)**

You should continue to eat, drink and mobilise in preparation for going home.

## **The fourth and fifth days after your operation (day 4 and 5)**

Continue to prepare for going home.

**If your care needs change from what is described in this booklet, we will tell you.**

## **When you leave hospital**

Complications do happen following major surgery. 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 telephone numbers listed at the back of this booklet. If you cannot contact the people listed, then ring your GP.

### **Abdominal pain**

You will probably suffer griping pains during the first week following surgery. This pain usually lasts for up to a few minutes and will go away completely in between spasms. If pain persists or you have a fever and feel generally unwell, please contact us or your GP/out of hours service.

### **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 progressively inflamed, painful or swollen
- Starting to discharge fluid or beginning to open

## Your bowels

Your bowel habits may change after part of your bowel is removed. Your motions may become frequent, loose or you may become 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 you are loose or constipated for more than three days, please call the colorectal/stoma nurses or your GP for advice.

## Passing urine

Sometimes after bowel surgery, you may experience a feeling that your bladder is not emptying fully. This usually improves with time. If it does not, or if you have excessive stinging when passing urine, please contact the colorectal/stoma nurses or your GP. Your urine should be straw coloured.

## Follow-up

We will contact you by telephone within 24 hours following your discharge home. Your surgeon or colorectal nurse specialist will give you the results of the laboratory test when they are available. If further treatment is required, for example chemotherapy, this will be discussed with you at this time.

At your six-week follow-up appointment, you will be checked by the surgeon.

## Your stoma

If you have a stoma and experience any problems with your stoma after you go home, please contact the stoma nurses. The stoma nurse will telephone you at home to see how you are managing with your stoma and to arrange to see you again following your discharge.

## Exercise

You should 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. Do not undertake heavy lifting until six weeks following your surgery. If you are planning to jog or swim, wait until two weeks after your surgery and then start gradually. Common sense will guide your exercise and rehabilitation. If your wound is uncomfortable, go easy with your exercise. Once your wound is pain free, you can undertake most activities.

## Tiredness

You might find that you have low energy levels in the first few weeks after your operation. Make sure you rest in between activities. Do get out of bed each day and try to get dressed. This will help you to feel positive about your recovery.

## Work

Normally people are able to return to work within four to six weeks following their surgery. If your work involves heavy manual labour, do not return to work until you have had your follow-up appointment with the surgical team.

If you need a sickness certificate, please ask us for one before you go home.

## Driving

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

## Further information

### Visiting hours:

Lundy Ward: 11am – 8pm

### Contact numbers:

#### Monday to Friday 8.30am to 4.30pm

Colorectal lead nurse –	Karen Day	01271 322464
Colorectal/stoma nurses –		
	Caz Smith	01271 349116
	Teresa Woodward	01271 349116
	Denise Sanders	01271 349116
	Jo Tucker	01271 349116
	Debbie Elston	01271 349116
	Mandy Rimmer-Gray	01271 349116

### Out of hours

Lundy Ward            01271 322724

Ask to speak to the nurse in charge. If they are unable to answer your questions, they will contact the on-call doctor for you.

## References

Adapted from Dorchester and Gloucestershire/St Marks/13



## **PALS**

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email [ndht.pals@nhs.net](mailto:ndht.pals@nhs.net). You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

## **Have your say**

Royal Devon University Healthcare NHS Foundation Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

'Care Opinion' comments forms are on all wards or online at [www.careopinion.org.uk](http://www.careopinion.org.uk).

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