

Enhanced recovery after colorectal surgery (ERAS)



Information for patients attending
Princess Royal University Hospital only

This leaflet explains how you can help prepare for and recover from your surgery.

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name** and **date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

If we don't ask these questions, then please ask us to check.

Ensuring your safety is our primary concern.

What is enhanced recovery after colorectal surgery (ERAS)?

It is a way of improving and speeding up your recovery after surgery. It does this by:

- using modern surgical techniques
- ensuring good and effective pain control
- getting you moving and exercising as early as possible after the operation.

We will give you daily goals so you can take an active part in your recovery.

Your journey to recovery

Before you come into hospital

Pre-assessment clinic

At your pre-assessment appointment, we will discuss your planned surgery and perform tests and checks to make sure you are fit for your procedure.

We will give you information about your care after surgery and answer any questions you may have.

ERAS talk

Before your surgery, you will see the ERAS clinical nurse specialist. They will talk with you about how ERAS works, what you can expect when you recover and how you can help yourself to recover.

You will be given:

- Checklist before going to the hospital (see page 10)
- Day to day patient's diary, which explains what we will do and



your goal to achieve during your hospital stay and to prepare for leaving hospital (see page 12-16).

- Steps diary - to record your steps before and after surgery (see page 11).

Stoma nurse

If you are having a stoma you will see the stoma nurse before surgery.

Eating and drinking

It is important to have regular meals and a balanced diet in the week leading up to your surgery. Three days before you come in, we recommend you drink at least 8-10 cups of fluid every day. We also advise you eat less fibre to reduce the contents of your bowel.

Preparing for theatre

You can eat and drink as normal until six hours before surgery (provided that you are not having bowel preparation). You can then drink clear fluids only (water, coffee or tea without milk) until three hours before the operation. You must not eat or drink anything after 6am (for morning surgery) or 10am (for afternoon surgery).

For all surgeries

You will also be given a high energy drink called Preload, to be taken as follows:

- 10pm the night before surgery – take two sachets of Preload dissolved in 800ml water
- 5.30am (morning surgery) or 9:30am (afternoon surgery) on the day of surgery – take one sachet of Preload dissolved in 400ml water.

Bowel preparation

We will tell you if you need bowel preparation. If you do, we will give you Moviprep, to be taken as follows:



- 3pm the day before surgery – one bag (sachets A and B) of Moviprep dissolved in one litre of water
- 6pm the day before surgery – one bag (sachets A and B) of Moviprep dissolved in one litre of water.

Please note that if you are having bowel preparation, you should only have drunk clear fluids such as water, coffee or tea without milk. Stop eating once you start your bowel preparation. You can drink clear fluids until 6am or 10am on the day of your surgery.

Recovering after surgery

You may be discharged on day one, two or three, depending on your progress, but when you go home, continue to follow the advice below.

Pain control

It is very important that your pain is well controlled so you are comfortable and able to walk around. You will be prescribed painkillers to take regularly but please tell your nurse if you are still in pain when you move.

Nausea

Many people feel sick after surgery. If you do, please tell a member of staff and they will help you. Eating as soon as possible can also help to make you feel less sick.

First food, drink and exercise

The table on the next page explains what to eat and drink, and the exercise we advise you to try doing, on the first few days after your operation.

Tubes and drains

The catheter put in your bladder during surgery will usually be removed at 7am the day after your surgery or on the second day (depending on your surgery).



Day after surgery

Day after the operation	What can I eat and drink?	What exercise can I do?
0	If you are able, you can drink normally.	Sit upright. Move around. Deep breathing exercise.
1	Clear fluid (morning). Soup and sweet (afternoon) as tolerated. Drink two litres of fluid. Have Fortisips three times.	Walk 250 steps. Sit out of bed for most of the day. Deep breathing exercise.
2	Eat and drink normally, keeping to a low fibre diet. Drink two litres of fluid. Have Fortisips three times.	Walk 500 steps. Up and about, doing what you can. Deep breathing exercise.
3	Eat and drink normally, keeping to a low fibre diet. Drink two litres of fluid. Have Fortisips three times.	Walk 750 steps. Up and about, doing what you can. Deep breathing exercise.
4	Eat and drink normally, keeping to a low fibre diet. Drink two litres of fluid. Have Fortisips three times.	Walk 1250 steps. Up and about, doing what you can. Deep breathing exercise.

* Fortisips – ready made drink to supplement solid food

Day of discharge

The surgical team will advise if you are fit for discharge when:

- your pain is controlled by painkillers
- you can move as well as you could before your surgery
- you are eating a balanced diet
- your blood pressure, temperature, pulse and breathing are normal for you
- you are able to handle your stoma on your own, if you have one
- you are able to inject yourself with Clexane, if you need to use this blood thinning medication.



Things to remember

For the first week you will be visited by our early discharge team at home (if you live within the Borough of Bromley) or otherwise by District Nurses. They will assess your progress and advise you as necessary. Complications are rare.

Going home

Returning to work

You can start light work after two weeks. If your job involves heavy manual labour, we advise you return to work after six weeks.

Driving

You can drive after four weeks as long as you feel safe but check your insurer before starting.

Flying

You must not fly for at least 10 days after surgery.

Exercise

If your wound is healing well, you can start gentle exercise such as swimming, and slowly build up to exercise you did before your operation.

You can start having sex again when you find it comfortable; this is usually a few weeks after surgery.

Stoma patients only

A stoma nurse specialist will give you stoma supplies. If you have any concerns about your stoma, please contact the Stoma Specialist nurse (page 8).



Follow-up appointment

You will have a check-up to see the outpatient clinic one-two weeks after surgery.

Pain control and wound care

You may have some abdominal pain or discomfort, and your wound may be slightly red and uncomfortable for the first one-two weeks. This is normal and you should keep taking your pain medications as prescribed to ease it.

If this pain gets worse in the first two weeks after discharge, the painkillers do not ease it and you have any of the following symptoms, please contact the ERAS specialist nurse (page 8) or go to your local Accident and Emergency (A&E) department.

- Fever
- Vomiting
- Generally feeling unwell
- Your wound is painful or swollen
- Your wound is oozing fluid.

Getting you bowel movements back to normal

It will take a few weeks for your bowel to settle. Eat regular meals, drink 8 - 10 glasses of fluid a day and walk regularly. If you have constipation, contact your nurse specialist for advice. If you have loose stools more than three times a day for more than four days, please contact from ERAS Specialist Nurse. Your bowel can be unpredictable for the first few weeks after surgery.



Eating and drinking

You may find that it takes some time to get your appetite back after your operation, so try eating small meals several times a day. Drink plenty of fluids.

Keeping moving

It is important to keep walking and exercise regularly and continue wearing compression stockings for 28 days, to reduce the risk of developing a blood clot. We will also give you a Clexane injection to use at home for 28 days. Our nurse will teach you or a family member how to give the injection, or make alternative arrangements.

We appreciate any feedback that you have. You can leave your feedback by completing our How are we doing? questionnaire.

Who can I contact with queries and concerns?

If you have any queries please contact the appropriate specialist nurse:

ERAS Specialist Nurse

Tel: 01689 864622

Colorectal Specialist Nurses

Tel: 01689 863174

Stoma Specialist Nurse

Tel: 01689 864742

Early Discharge Team

Tel: 01689 864482



Care provided by students and student therapists

We provide clinical training where our students and student therapists get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. PALS at Princess Royal University Hospital, Farnborough Common, Orpington, Kent BR6 8ND

Tel: **01689 863252**

Email: **kch-tr.palskent@nhs.net**

If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.



Before going to Hospital

I know my date for going home date

I have arranged my transport for getting there and back

I have packed a small bag with the right stuff (clothes, slippers, phone and charger, ear plugs, eye mask, books etc)

I have arranged my aftercare/respite

I have remembered to take my medication with me

I have packed my diary, steps diary and pen

At Home

I have stocked up food in my fridge and cupboard (low fibre diet)

I have cleaned the house and emptied the bin and recycling

I have changed the bedsheets

I have done my laundry and ironing



Steps diary

Before Surgery

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7

After Surgery

Week one

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7

Week two

DAY 8	DAY 9	DAY 10	DAY 11	DAY 12	DAY 13	DAY 14

Day 1 = 250 steps Day 2 = 500 steps Day 3 = 750 steps

Day 4 = 1250 steps Day 5 = 2000 steps

Day 14 = 10,000 steps

(as recommended by British Heart Foundation)



Enhanced Recovery after Surgery (ERAS) Diary

PRE OPERATIVELY	YES	NO	IF NOT, WHY?
Seen by ERAS CNS?			
ERAS leaflet given and telephone number			
Have you been pre assessed?			
Seen by the stoma CNS?			
Shown how to administer clexane?			
Awareness of: Catheter and drain			
Awareness of: Steps diary			
Location of surgical admission lounge			
To bring comfortable clothes and safe footwear			
AFTER THE SURGERY	YES	NO	IF NOT, WHY?
Did you sit out?			
Pain well controlled?			
No nausea & vomiting?			
Anti embolism stockings on?			
Clear fluid (if tolerated)			
Shown how to administer clexane on the ward?			
Seen by eras/stoma nurse			
Other:			



Enhanced Recovery after Surgery (ERAS) Diary

DAY ONE	YES	NO	IF NOT, WHY?
Urinary catheter will be removed or tomorrow			
Doctors ward round			
Pain well controlled			
No nausea & vomiting			
Free fluid in the morning			
Soup and sweet in the afternoon			
Deep breathing exercise			
Physiotherapist			
Blood test			
Fortisips (if allowed)			
Stoma nurse (if you have one)			
Sit out and mobilise			
Anti embolism stockings on			
Steps diary			
ERAS Nurse			



Enhanced Recovery after Surgery (ERAS) Diary

DAY TWO	YES	NO	IF NOT, WHY?
Doctors ward round			
Pain well controlled			
No nausea & vomiting			
2 Litres of fluid			
Fortisips (if allowed)			
Sit out and mobilise			
Clexane			
Deep breathing exercise			
Stoma nurse (if you have one)			
Changed of dressing			
Anti embolism stockings on			
Physio			
Steps diary			
ERAS nurse			
Early discharge/district nurse			
Other:			



Enhanced Recovery after Surgery (ERAS) Diary

DAY THREE	YES	NO	IF NOT, WHY?
Doctors ward round			
Pain well controlled			
No nausea & vomiting			
Low fibre diet			
Deep breathing exercise			
Changed of dressing (if dry, the nurse will remove the dressing)			
Stoma nurse (if you have one)			
Anti embolism stockings on			
Clexane			
Sit out and mobilise			
Physio (if you still need it)			
Steps diary			
ERAS nurse			
Early discharge team or district nurse			



Enhanced Recovery after Surgery (ERAS) Diary

DAY OF DISCHARGE	YES	NO	IF NOT, WHY?
Doctors ward round			
Pain well controlled			
No nausea & vomiting			
Referred to early discharge team / district nurse			
Confident to give your own clexane			
Continue to wear teds stockings			
If you have stoma, you will be confident in managing			
The first follow up appointment date & time			
Checked the wound			
Stoma nurse (if you have stoma)			
POST DISCHARGE	YES	NO	IF NOT, WHY?
Follow up appointment date			
Early discharge team			
Returned the feedback form on your first follow up appointment			
Telephone call from ERAS nurse			