

# Enhanced recovery after colorectal surgery (ERAS)

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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 12-15).

- Steps diary - to record your steps before and after surgery (see page 9).

## **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 three, four or five depending on your progress, but when you go home, continue to follow the advice given.

### 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 – clear fluid	Sit upright. Move around. Deep breathing exercise.
1	Free fluid. Drink 2 litres of fluid. Have fortisips 3 times a day as tolerated.	Walk 250 steps. Sit out of bed for most of the day. Deep breathing exercise.
2	Soup and sweet. Drink 2 litres of fluid. Have fortisips 3 times a day as tolerated.	Walk 500 steps. Up and about, doing what you can. Deep breathing exercise.
3	Eat and drink – low fibre diet. Drink 2 litres of fluid. Have fortisips 3 times a day as tolerated.	Walk 750 steps. Up and about, doing what you can. Deep breathing exercise.
4	Continue low fibre diet for at least 2 weeks after surgery.	Walk 1250 steps. Up and about, doing what you can. Deep breathing exercise.

\* Clear fluid – water, black coffee and black tea

Free fluid – any fluid except fizzy drink

Soup and sweet – Soup (no bits), yoghurt, jelly, ice cream, custard

Fortisip – supplement drink

## 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 ask your consultant first before booking your flight.

### 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 follow up appointment at the outpatient clinic 2-3 weeks depending of your 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

### **Stoma Specialist Nurse**

Tel: 01689 864742

### **Colorectal Specialist Nurses**

Tel: 01689 863174

### **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.

## 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)



# 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/respice

I have remembered to take my medication with me

I have packed my ERAS leaflet 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



# 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 <b>safe footwear</b>			
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?
Sit out at 7:30am			
Urinary catheter will be removed or tomorrow (to attach flip flow instead)			
Doctors ward round			
Pain well controlled			
No nausea and vomiting			
Free fluid (any fluid except fizzy drinks)			
Deep breathing exercise (every 15 minutes if possible)			
Physiotherapist			
Blood test			
Fortisips as tolerated			
Stoma nurse (if you have one)			
250 steps or more			
Anti embolism stockings on			
Change of dressing			
ERAS nurse			



# Enhanced Recovery after Surgery (ERAS) Diary

DAY TWO	YES	NO	IF NOT, WHY?
Sit out at 7:30am			
Urinary catheter will be removed (if not removed yesterday)			
Doctors ward round			
Pain well controlled			
No nausea and vomiting			
Soup and sweet (plain soup (no bits), yoghurt, jelly, custard, ice cream)			
Deep breathing exercise (every 15 minutes if possible)			
Blood test			
Fortisips as tolerated			
Stoma nurse (if you have one)			
500 steps or more			
Practise clexane administration			
Anti embolism stockings on			
Change of dressing			
ERAS nurse			



# Enhanced Recovery after Surgery (ERAS) Diary

DAY THREE	YES	NO	IF NOT, WHY?
Sit out at 7:30am			
Doctors ward round			
Pain well controlled			
No nausea and vomiting			
Low fibre diet			
Deep breathing exercise (every 15 minutes if possible)			
Blood test			
Fortisips as tolerated			
Stoma nurse (if you have one)			
750 steps or more			
Practise clexane administration			
Anti embolism stockings on			
Change of dressing (if dry, the nurse will remove the dressing)			
ERAS nurse			



# Enhanced Recovery after Surgery (ERAS) Diary

DAY OF DISCHARGE	YES	NO	IF NOT, WHY?
Sit out at 7:30am			
Doctors ward round			
Pain well controlled			
No nausea and vomiting			
Low fibre diet			
Deep breathing exercise (every 15 minutes if possible)			
Blood test			
Fortisips as tolerated			
If you have stoma, you will be confident in managing			
1250 steps or more			
Confident to give your own clexane			
Checked wound			
Continue to wear anti embolism stockings			
Referred to Early discharge team or District nurse			
ERAS nurse			
POST DISCHARGE	YES	NO	IF NOT, WHY?
Early discharge team home visit or District nurse			
Telephone call from ERAS CNS			



# Enhanced Recovery after Surgery (ERAS) Feedback

BEFORE SURGERY				YES	NO
Did you feel that the information given to you by ERAS nurse before surgery was adequate?					
What can be done to improve these meeting? Please tick					
Longer session	More details	More written information			
Shorter session	Less details	Less written information	Just right		
AFTER SURGERY					
Have you had any of the following in the last 24 hours? Please tick					
Nausea	None of the time	Some of the time	Most of the time	All the time	
Vomiting	None of the time	Some of the time	Most of the time	All the time	
Pain	None of the time	Some of the time	Most of the time	All the time	
THE WARD				YES	NO
Are you happy with the care you received on the ward?					
DISCHARGE PROCESS				YES	NO
Were you informed about your date of discharge?					
Were you informed on how to get help and advice once discharged?					
How did you find your date of discharge?	Too quick	Just right	Too slow		
OVERALL EXPERIENCE					
What would you rate your experience out of 10? 1 (lowest) 2 3 4 5 6 7 8 9 10 (highest)					
What could be done to improve your overall experience and the service?					
ADDITIONAL COMMENTS					