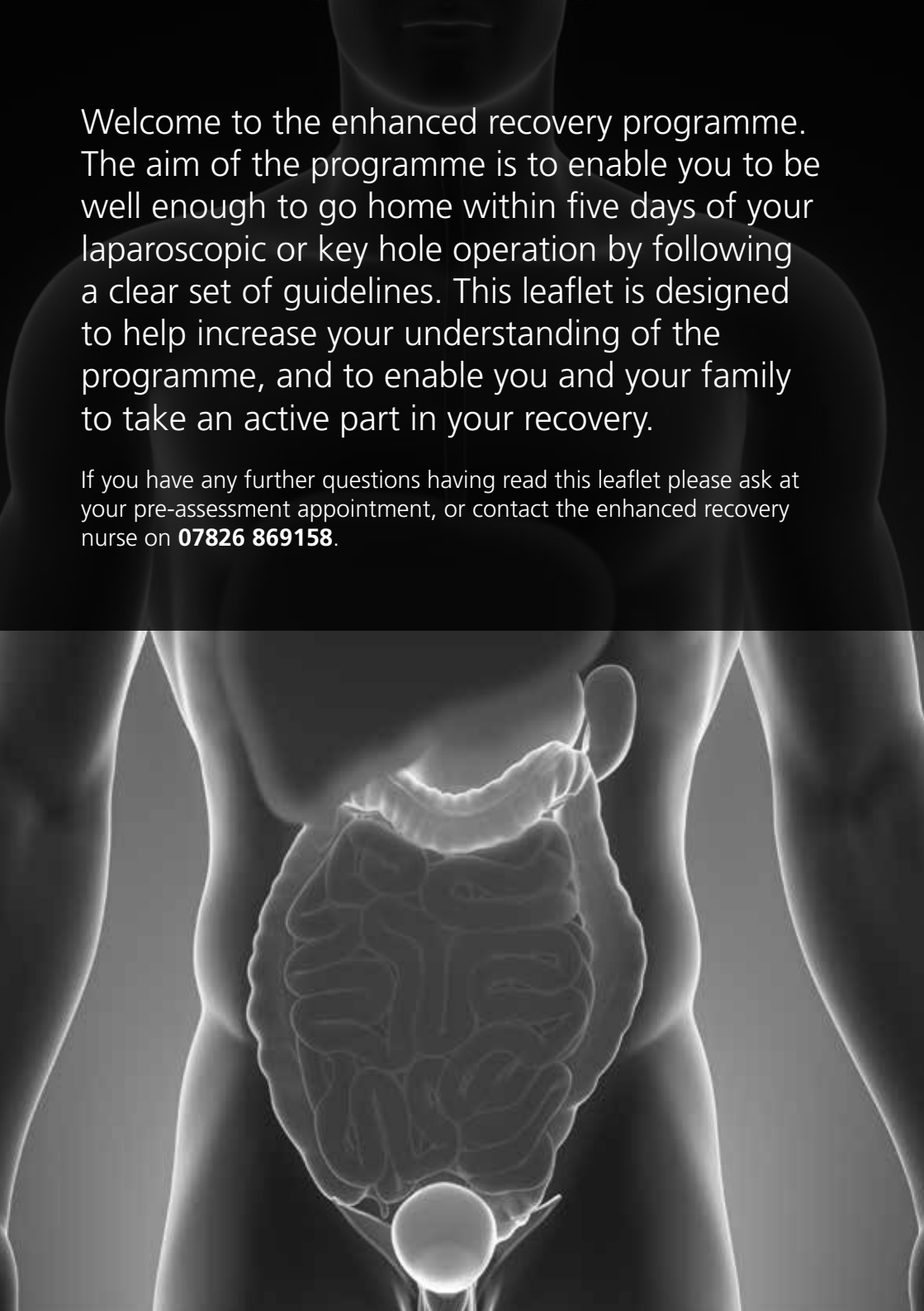


# Enhanced recovery after laparoscopic surgery (ERALS) programme

Patient information and advice





Welcome to the enhanced recovery programme. The aim of the programme is to enable you to be well enough to go home within five days of your laparoscopic or key hole operation by following a clear set of guidelines. This leaflet is designed to help increase your understanding of the programme, and to enable you and your family to take an active part in your recovery.

If you have any further questions having read this leaflet please ask at your pre-assessment appointment, or contact the enhanced recovery nurse on **07826 869158**.

## Pre-assessment

One to two weeks before your surgery, you will be asked to attend the pre-assessment clinic at the hospital. During this visit you will be seen by the nurse practitioner who will assess your general wellbeing and fitness for surgery, as well as explaining to you about your surgery.

An anaesthetist will also see you at this time. They will assess you and will talk to you about your anaesthetic. You will also have the opportunity to discuss any concerns you may have regarding pain after your operation.

For patients who may require a stoma to be formed as part of the operation, you will also be invited to attend the stoma care department before your admission in to hospital. Here you will find out more about a stoma operation and start to learn how to look after a stoma.

On the morning after your operation you will be visited by one of the specialist stoma care nurses, who will continue the teaching with you and provide you with your own goals. These will enable

you to be independent with your stoma care, and aim to be ready for discharge within around five days of your operation.

Please allow adequate time for meeting these people in the pre-assessment clinic, so we can prepare you as well as possible for your admission into hospital.

Every patient on the enhanced recovery programme is also given two cartons of carbohydrate drink called PreOp to take home with them. Please see below for instructions of when to take these drinks.

## Bowel clearing and diet

Before your operation it is necessary for us to give you medicines to empty out part, or all of your bowels. Depending on your surgeon and the operation there are two ways that this can be done. The nurses at your pre-assessment appointment will tell you which instructions to follow.

Instructions one <input type="checkbox"/>	
<b>Bowels</b>	<p>You will be given a small enema to take home with you at your pre-assessment appointment.</p> <p>This enema should be administered at 8pm the night before your operation. The nurses at pre-assessment will explain to you about how to use your enema and written instructions will be provided.</p> <p>On the morning of your operation you will be given by the nurses a second larger enema to clear out the rest of your bowel in hospital.</p>
<b>Diet</b>	<ul style="list-style-type: none"> <li>• On the day before your surgery you should eat and drink as normal.</li> <li>• Continue with your normal diet up to 2am on the day of your surgery.</li> <li>• After 2am, only drink clear water.</li> <li>• At 5.30am on the morning of your surgery you must drink the entire two cartons of PreOp drink given to you at pre-assessment. Please note these drinks are designed specially to be taken before an operation. Please do not take any fluids, other than this and clear water, after 2am.</li> <li>• After 6am having drunk your PreOp drinks you should have nothing more by mouth.</li> </ul>

Instructions two <input type="checkbox"/>	
<b>Bowels</b>	<p>You will be given three sachets of a medicine called Picolax to take home with you at your pre-assessment appointment, and three bottles of a nutritious drink called Fortijuce. This is different from the carbohydrate drinks PreOp which you have also been given.</p> <p>The sachets of Picolax should be taken the day before your operation.</p> <p>This will clear your whole bowel out. Please follow the instructions provided with them. You should aim to drink a large glass of water every hour whilst the effects of Picolax continue.</p>
<b>Diet</b>	<ul style="list-style-type: none"> <li>• Have a light breakfast the day before your operation. You should have nothing else to eat until after surgery.</li> <li>• Please drink the three Fortijuce drinks along side the instructions given.</li> <li>• At 5.30am on the morning of your surgery you must drink the entire cartons of the PreOp drinks given to you at pre-assessment. Please note these drinks are designed specially to be taken before an operation. Please do not take any fluids, other than this and clear water, after 2am.</li> <li>• After 6am having drunk your PreOp drink you should have nothing more by mouth.</li> </ul>

## Medicines

### Regular medicines

- Please bring all of your usual medicines with you when you come into hospital.
- Southampton Hospital encourages you to use your own medicines from home while you are in hospital. This helps the doctors to prescribe them correctly, improves your care and reduces waste.
- Please keep them in their original containers, as we cannot use them if they have been transferred into anything else.
- We will always try to make sure that you have enough medicines on discharge from hospital. To help us achieve this, please make sure you have plenty of your usual medicines at home before you come into hospital.

### Stopping medicines before the operation

- If you have to stop any medicines before the operation (e.g. aspirin, warfarin, clopidogrel, dipyridamole and any diabetic medication), you will be given written information when you attend the clinic to remind you which medicines to stop, and when.



## Eating and drinking after your operation

It is important to have good nutrition and hydration after your operation. This will help you with your recovery. You will be prescribed nourishing drinks everyday called Fortisip or Fortijuice. The nurses will advise you when you should be drinking these. They come in a range of flavours so please ask for an alternative, if you do not like the flavour you have been given. Fortisip and Fortijuice can also be diluted with water or milk to make them easier to drink, if you find them too rich.

After your operation, you will be allowed to drink freely except for fizzy drinks. You will also be allowed to have soup and jelly for supper.

On the first day after your operation you are encouraged to eat three meals and drink normally. It is suggested that these meals are low in fibre for the first three days and therefore easy to digest. Please ask your nurse to advise you what to choose on your menu.

On the second day after your operation you should be eating and drinking as normal.

Occasionally your appetite may be affected by feelings of sickness. This is nothing to be concerned about. Please tell the nurse looking after you and they will provide you with medication for the sickness and advise you on what you should be eating and drinking during this time.

If you have difficulty eating a normal diet, have lost a significant amount of weight or have complex nutritional concerns or issues please ask the nurses to refer you to a dietitian.

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## Tubes and drips

Whilst in the operating theatre, a tube (catheter) will be placed into your bladder so that the amount of urine you are passing can be measured. This tube will be removed one to two days after your operation.

You will also have a drip put into your arm to enable fluid to be given to you directly into your veins and to stop you from becoming dehydrated. This drip and fluid will normally be stopped the day after your operation.

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## Pain relief

This depends on what you and your anaesthetist have discussed at your pre-assessment appointment. You may have a painkilling infusion running via a drip into your arm when you wake up. This is called a PCA (patient controlled analgesia). If you have a PCA you will be

given a button you can press which enables you to receive small amounts of painkiller via a drip. In this way you are able to control your own pain. This will be stopped when you no longer need it. You may also need oxygen via a mask.

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## Staying out of bed and walking

After you wake up from your operation, it is important that you start deep breathing exercises to help prevent you from developing a chest infection. You will be given an information sheet at your pre-assessment appointment to explain how to do these exercises. If you need any further help regarding these exercises please speak to the nurse looking after you.

To help reduce the risk of developing clots in your legs after your operation you will receive a daily injection, which thins your blood. It is also important that you wear the white anti-clot stockings for the duration of your stay.

The ward staff will help you out of bed after your operation. You should spend two hours out of

bed in a chair on the day of your surgery, and then at least six hours out of bed on each following day. You will also be encouraged to take two walks around the ward on the day after your operation and four walks on the following days. By being out of bed in an upright position, and by walking regularly your lungs will work

better and there is less chance of you getting a chest infection.

We would encourage you to wear your own day clothes as soon as you are able to after your operation as these are more practical for walking around in. Loose T-shirts and tracksuit bottoms are ideal.

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## Monitoring

Many different things will be monitored during you stay with us including:

- fluid intake
- food eaten
- fluid out
- pain levels
- wind passed
- bowel motion
- number of walks
- time out of bed.

Occasionally there may be reasons why your surgeon decides that you should not follow the enhanced recovery program anymore. This is likely to be because you need longer than five days to get better. You will be advised by your medical team if this has been decided and the reasons why.



Please remember to tell us about everything you eat and drink and what you pass from your bowels. You will be encouraged to write some of this information down yourself.



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## Discharge information

### Looking after your wounds

In most cases you will have a number of small cuts on your tummy. These will be covered with small dressings. Your ward nurse will check your wounds before you go home. If they still need to be dressed or if you have stitches that need to be removed the nurses will organise for you to visit a practice nurse at your GP surgery.

### Bathing and showering

It is advisable not to get your wounds wet for five days after your operation. When showering or bathing during this time, wounds should be covered with a waterproof dressing to protect them.

### Diet and fluids

Unless given specific advice by your specialist nurse, dietitian, or doctor, you should try to resume a healthy balanced diet when discharged home. However, most people report having a poor appetite after surgery. If this is the case or you have lost weight, try to eat little and often. The dietitian can give you further advice and information. If you have not already seen the dietitian, please ask to be referred.

### Pain control

Following your surgery you will be sent home with some pain relieving medication. You should continue to take these regularly for the first two weeks after your operation to enable you to regain full mobility and be comfortable to resume normal activities. The nurses will explain to you when you should be taking your painkillers as certain painkillers must be taken with food.

### Your bowels

Your bowel movements are likely to change after your operation, but will settle with time. You may develop constipation, in which case make sure you eat regular meals, three or more times a day, drink plenty of water 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 three days or if you have not had a bowel movement for more than three or four days please contact your enhanced recovery nurse practitioner or specialist nurse (number on the back of this booklet).

Patients who have had a stoma formed as part of their operation should follow the advice given to them by their stoma care nurse.

### Passing urine

Sometimes after bowel surgery you may experience a feeling that your

bladder is not emptying fully. This usually resolves in time. If it does not, or if you experience stinging when passing urine please contact your GP as you may have a urine infection which can be treated with antibiotics.

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## Getting back to normal

### Exercise

Activity is encouraged from the first day following your operation. You should continue to take regular exercise daily when you go home. Gradually increase your exercise during the four weeks following your operation until you are back to your normal activity level.

The best exercise you can take is to walk and gradually increase the amount you walk each day. It is normal to feel rather tired when you first start exercising. Ensure you take regular rests. Do not undertake heavy lifting until six weeks after your operation.

Common sense will guide your exercise and rehabilitation. Once your wounds are pain free you can undergo most activities. Please discuss with your specialist nurse or doctor if you are unsure.

Mobilisation also decreases the likelihood of developing a clot in your legs known as a deep vein thrombosis or DVT. However should you develop pain or swelling in the back of your leg or develop breathlessness or chest pain you should contact your GP immediately.



## Work

If you work, many people are able to return four to six weeks following their surgery. If your work involves heavy, manual labour, do not return to work until six weeks following surgery. If you require a sick certificate for work please request this from the doctors prior to leaving hospital. If you have a specialist nurse, please discuss this with them as you may be continuing on for extra treatment, which will depend on your condition.

## Driving

Do not drive until you are confident that you can drive safely. You should be able to do an emergency stop without any pain. It is best to check with your insurance company before you start driving.

## Hobbies and activities

In general you can take up your hobbies and activities as soon as possible after your surgery. This will benefit your convalescence. However, do not do anything that causes significant pain or involves heavy lifting for the six weeks following your surgery.

## Sexual relations

Resuming your sexual relationship may be influenced by the type of surgery you have had. Ask your specialist nurse or enhanced recovery nurse for advice. It will probably be a few weeks before you feel that you are well enough and it is quite usual for your sex drive to be affected by tiredness and changes to your body. Side effects from the operation can affect this, so please feel able to discuss this with your specialist nurse.

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## Complications

Complications after surgery do not happen very often, but it is important that you know what to look for.

You will be phoned at home by the enhanced recovery nurse practitioner 24 hours after being discharged, who will ask you how you are, and discuss any questions or concerns that you might have.

If at any point in the first two weeks after your operation you are worried about any of the following below, please do not hesitate to contact us. Please phone the telephone numbers on the back of this booklet, or your specialist nurse if you have one. If you are unable to contact any of the people listed then ring your GP.

After going home you will also be sent information in the post about your follow up outpatient appointment. Your appointment will be at around six weeks after you go home.

### Abdominal pain

It is normal to suffer griping pains during the first week following removal of a section of the bowel. The pain usually lasts for a few minutes and will go away

completely in between spasms.

Severe pain that lasts for several hours may indicate leakage of fluid from the area where the bowel has been joined together. This can be a serious complication, which fortunately happens rarely. Should this arise it may be accompanied by a fever. On occasion, leakage may occur which makes you feel generally unwell with a fever but without any pain.

**If you have severe pain lasting more than one or two hours or have a fever and feel generally unwell, you should contact us as soon as possible on the numbers provided.**

### 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 the wound is:

- becoming red, painful or swollen
- leaking any kind of fluid.

We hope that this booklet has been useful in your journey through the enhanced recovery programme. We welcome any feedback or suggestions of how it can be improved for future patients.

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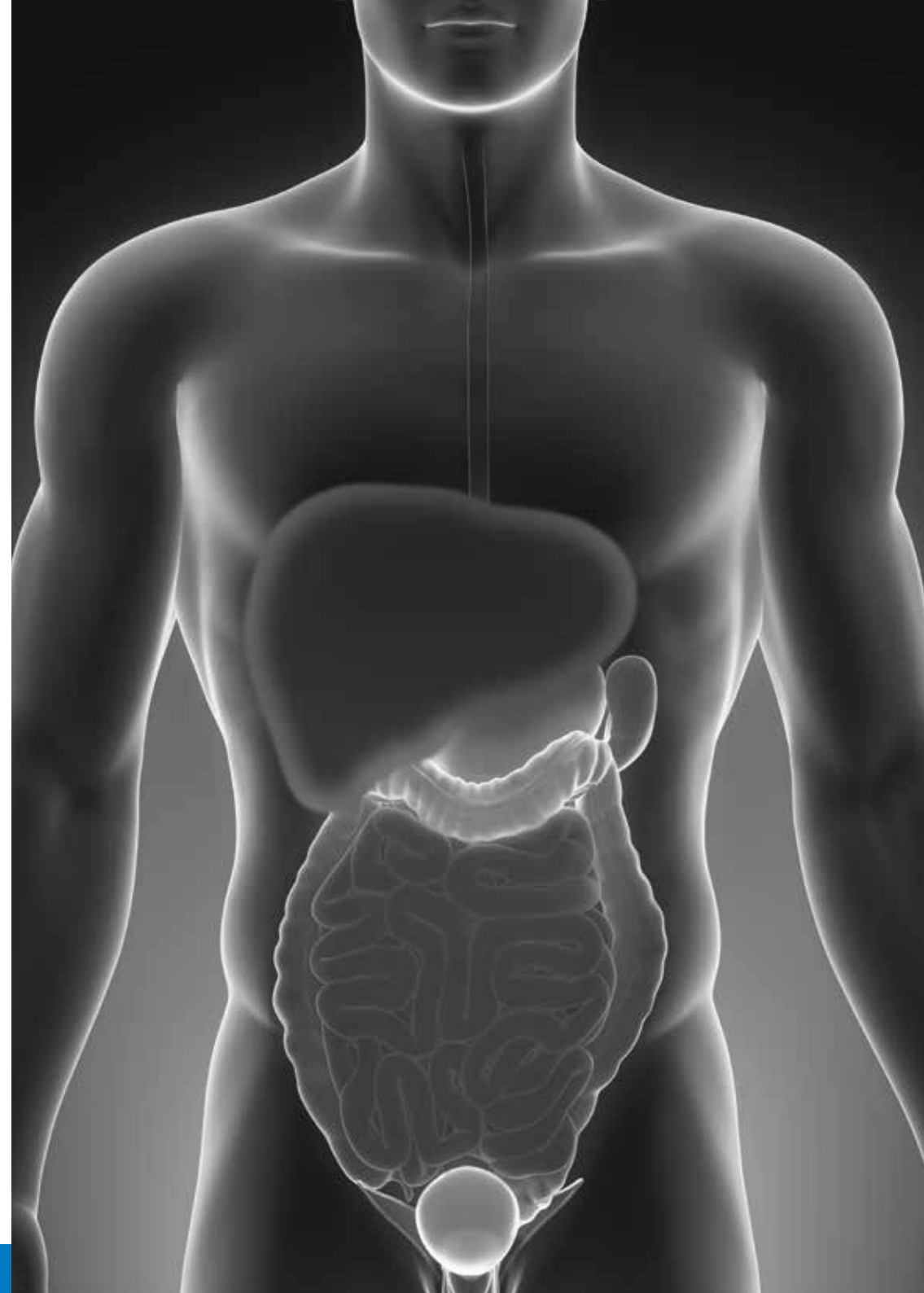
## Contact numbers

### Enhanced recovery nurse practitioner – 07826 869158

This number can be contacted twenty-four hours a day. It will be held by the ERALS co-ordinator from 8am to 4pm Monday to Friday. Outside of these hours it will be held and answered by a senior nurse within surgery.

### Ward E5

023 8120 4688





University Hospital Southampton NHS Foundation Trust  
Tremona Road  
Southampton  
SO16 6YD

Main switchboard telephone: **023 8077 7222**

**If you need a translation of this document,  
an interpreter or a version in large print,  
Braille or on audiotape, please telephone  
023 8120 4688 for help.**

**[www.uhs.nhs.uk](http://www.uhs.nhs.uk)**

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