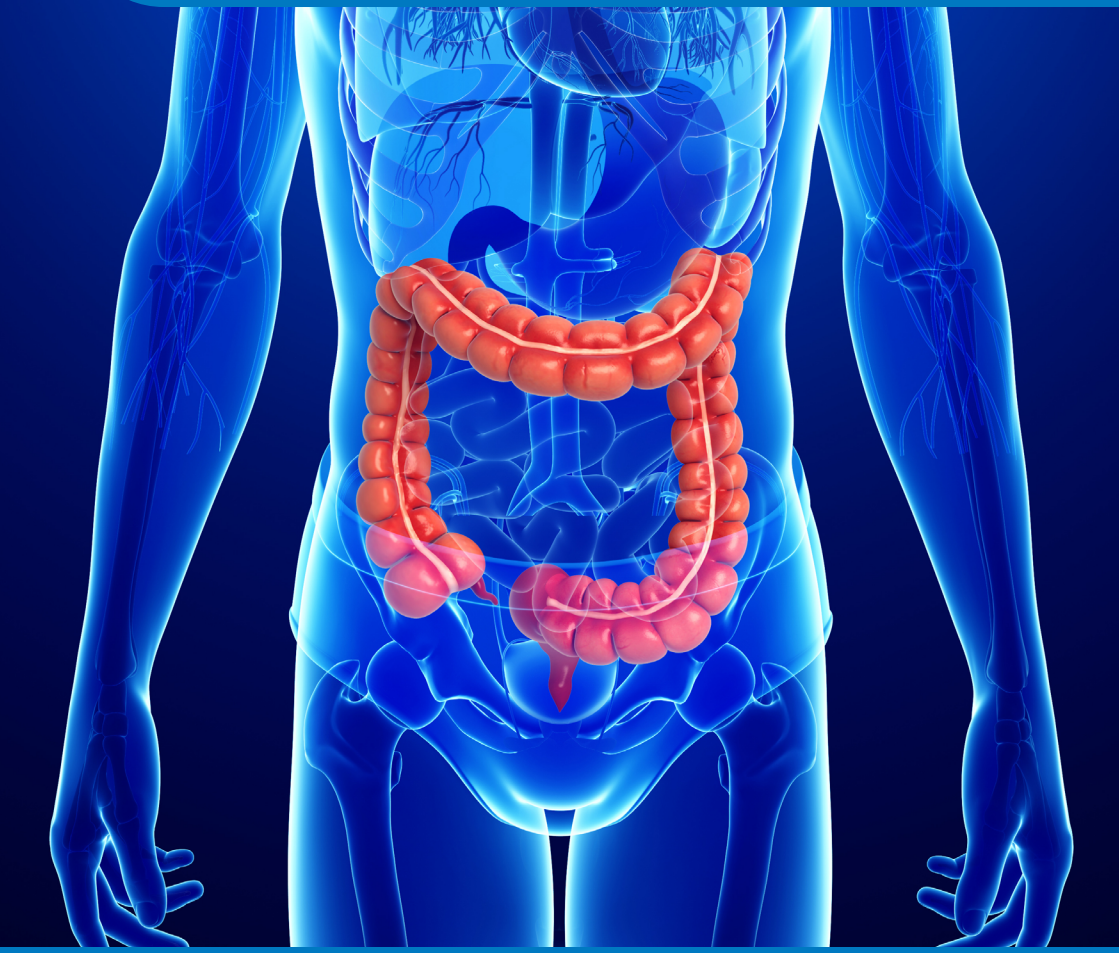
NHS
University Hospital Southampton
NHS Foundation Trust

Colorectal enhanced recovery after surgery (ERAS)

Information for patients



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 robotic operation by following a clear set of guidelines. This booklet is designed to help increase your understanding of the programme and to let you and your family take an active part in your recovery.

We hope it will help to answer some of the questions you may have. If you have any further questions or concerns, please ask at your pre-assessment appointment or contact us using the details at the end of this factsheet.

Contents

Pre-assessment

A few weeks before your surgery, we will ask you to attend a cardiopulmonary exercise test (CPET) and a pre-assessment clinic in hospital. The CPET involves riding an exercise bike and measuring how your heart and lungs respond to the exercise. This helps us assess your fitness and risks from surgery. At the pre-assessment clinic, a nurse will see you and review your general wellbeing and fitness for surgery and talk to you about your upcoming surgery. An anaesthetist will also see you at this time. They will complete your assessment and talk to you about your anaesthetic. You will also have the opportunity to discuss any concerns you may have regarding pain after your operation.

If you need a stoma (a surgical cut in the abdomen that allows waste to exit your body) as part of the operation, we will invite you to visit the stoma care department before you come into hospital. Here, you will find out more about a stoma and start to learn how to look after it. On the morning after your operation, one of the specialist stoma care nurses will visit you to continue teaching you. They will give you goals to help you become independent in caring for your stoma (if applicable) and be ready to leave hospital within five days of your operation.

Please allow plenty of time for meeting these people in the pre-assessment clinic so we can prepare you as well as possible for your stay in hospital. If appropriate, we will also give you your bowel preparation instructions and two cartons of carbohydrate drink called 'PreOp drinks' to take home with you (unless you are diabetic). The aim of the bowel preparation is to clear your bowel before your operation. Please see page 4 for the instructions.

Bowel clearing and diet

Before your operation, we will need to give you medicines to clear part or all of your bowels. Please follow the instructions below and not the product information in the MoviPrep box.

Time	Instruction	Tick when done
On the day before your operation		
8am	Have a low fibre breakfast (see page 6)	
12 noon	Drink one carton of Fortijuice (if you have diabetes, sip this slowly over four hours.)	
12.30pm	**Prepare the first dose of MoviPrep** 1. Empty one 'pouch A' and one 'pouch B' into a 1 litre jug (using two of the four pouches). 2. Add lukewarm drinking water to the 1 litre mark. 3. Mix to dissolve.	
If you prefer, you can mix the solution ahead of time and refrigerate it before you drink it. Do not store the solution for more than 24 hours.		
1pm	**Drink the first dose of MoviPrep** Every 15 to 30 minutes, drink 250mL (one quarter) of the solution. It should take one to two hours to drink. After drinking the 1 litre of solution, drink a further 500mL of water or clear fluid. See the list of clear fluids you are allowed to drink on page 6.	
4pm	Drink one carton of Fortijuice (If you have diabetes, sip this slowly over four hours)	

Time	Instruction	Tick when done
5pm	**Prepare and drink the second dose of MoviPrep** Follow the instructions as above. After drinking the 1 litre of solution, drink a further 500mL of water or clear fluid.	
6pm	**Take the first dose of antibiotics** Metronidazole: five tablets (200mg each) Neomycin: two tablets (500mg each) (You should be taking a total of seven tablets at 6pm)	
10pm	Drink one carton of Fortijuice (Not for those with diabetes) **Take the second dose of antibiotics** Metronidazole: five tablets (200mg each) Neomycin: two tablets (500mg each) (You should be taking a total of seven tablets at 10pm)	
After 2am, drink water only.		
On the day of your operation		
6am	**Drink two cartons of PreOp (not for those with diabetes). After this, do not drink or eat anything.**	

Clear fluids	
Allowed:	**Avoid:**
• Water or squash • Black tea or coffee • Marmite or Bovril mixed into a weak drink • Clear, watery and strained soup • Fruit juice without bits	• All drinks containing milk, including hot chocolate • Fruit juice with bits • Smoothies • Soups with bits • Tomato juice • Fizzy drinks

Low fibre (breakfast the day before your operation)	
Allowed:	**Avoid:**
• White bread • Egg • Shredless marmalade or jam • Croissants	• All breakfast cereal • Mushrooms • Tomatoes • Baked beans • Brown or granary bread • Yoghurt

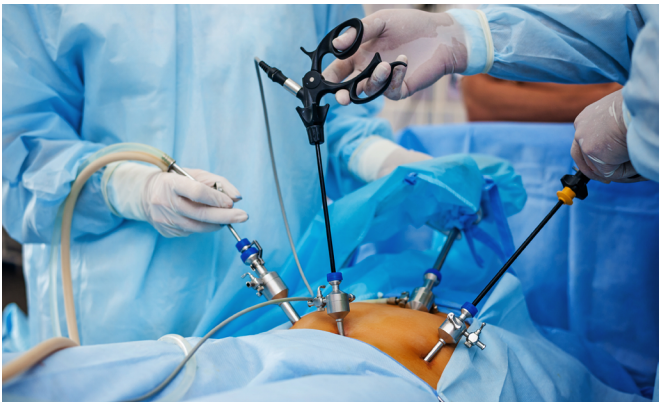
You should aim to drink a glass of water every hour while the effects of the MoviPrep continue. It may be 11pm or later by the time your bowels settle down and you can go to sleep.

Robotic and laparoscopic surgery

Robotic surgery is a new type of minimally invasive surgery (a type of surgery that uses tiny cuts instead of larger ones) that has been introduced into colorectal practice at University Hospital Southampton.

How it is done

Your surgeon will control robotic arms to do your surgery through small incisions (cuts) in your skin. Both robotic and laparoscopic (keyhole) surgery lead to less pain and quicker recovery compared to traditional open surgery.



Medicines

Regular medicines

- Please bring all your usual medicines with you when you come into hospital.
- We encourage you to use your own medicines from home while you are in hospital. This helps your doctor to prescribe them correctly, improves your care, and reduces waste.
- Please keep your medicines 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 when you leave 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 (for example, aspirin, warfarin, clopidogrel, dipyridamole and any diabetic medication), we will give you written information when you come to the pre-assessment clinic to remind you which medicines to stop and when.

Tubes and drips

While you are asleep in the operating theatre, we will place a tube (catheter) into your bladder so the amount of urine (pee) you are passing can be measured. We will remove this tube one to two days after your operation.

We will put a drip (plastic tube placed in your vein) into your arm so we can give fluids directly into your veins. This will stop you from becoming dehydrated. This drip and fluid will normally be stopped the day after your operation.

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. We will give you nourishing drinks every day called Fortisip or Fortijuce. We will usually give you these to start taking from the evening after your operation.

They come in different flavours, so please ask for an alternative if you do not like the flavour you have been given. They can also be mixed with water or milk to make them easier to drink if you find them too rich.

After your operation, you may drink freely except for fizzy drinks. You may also have soup and jelly for supper.

On the first two days after your operation, we encourage you to drink freely and to start eating low fibre meals, as they are easier to digest while your bowel is healing. The nursing team will advise you on what you can have from the menu as you recover from your operation.

We recommend a lower fibre diet for the first four to six weeks after your bowel surgery. Please read the 'Eating after bowel surgery' factsheet for further advice on what to eat. A link to this factsheet can be found under 'Useful links'.

Your appetite may be affected by feelings of sickness. This is nothing to be concerned about. Please tell your nurse, and they will give you medicine for the sickness and advise you on what you should be eating and drinking during this time.

Occasionally, your bowel can be slow to recover from surgery, leading to sickness and bloating. This condition is called an ileus. It usually returns to normal after a few days by resting your bowel and taking fluids through your drip. Your doctors will explain more about this if it happens.

Pain relief

Usually you will have a painkilling medicine running through a drip into your arm when you wake up. This is called a PCA (patient controlled analgesia). If you have a PCA, there will be a button you can press to give you a small amount of painkiller through your drip. This way, you can control your own pain relief. Your doctor will discuss this with you at your pre-assessment appointment.

When you no longer need a PCA, we will replace it with pain relief pills. If you are in pain, please speak to the nurses, who will be able to help. Taking the right amount of pain relief is important to help you do deep breathing exercises, cough and move, which are needed after your operation to help reduce your risk of a chest infection.

Staying out of bed and walking

After you wake up from your operation, it is important that you do deep breathing exercises to help prevent chest infections. Your therapy team will give you an information sheet after your surgery to explain how to do these exercises. If you need further help with these exercises, please speak to your nurse.

We will give you a daily enoxaparin injection to help reduce the risk of developing clots in your legs after your operation. You will need to continue with these injections for 28 days after the operation. We will teach you how to take this yourself when you go home. It is also important that you wear the white anti-clot stockings during your stay in hospital and at home for four weeks or until you are back to your normal level of activity.

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 must take two walks around the ward on the day after your operation and four walks on the following days.

We will help you take walks around the ward every day after your operation, using the following schedule:

- **Day one**: Walk 25 to 50m (two sets)
- **Day two**: Walk 50m (three sets)
- **Day three**: Walk 50m (four sets)
- **Day four**: Walk 50 to 100m (four sets)
- **Day five**: Walk 100m (five sets)
- **Day six onwards**: Walk 100m (five or more sets)

Distance markers are available. Please discuss this with either the therapy team or the nurse looking after you.

If you are out of bed in an upright position and walking regularly, your lungs will work better, and you are less likely to get a chest infection.

You can wear your own day clothes after your operation, as these are more practical for walking around in. Loose t-shirts and tracksuit bottoms are ideal.

Monitoring

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

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

Please remember to write down everything you eat and drink and what you pass from your bowels. You can use the blank pages at the end of this booklet.

Occasionally, your surgeon may decide that you should not follow the enhanced recovery programme anymore. This is likely because you need longer than five days to get better. Your surgical team will let you know if this is the case for you and why.

Going home from hospital

Looking after your wounds

In most cases, you will have some small cuts on your tummy. These will be covered with 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, we will organise for you to visit a practice nurse at your GP surgery.

Bathing and showering

Do not get your wounds wet for five days after your operation. When showering during this time, cover your wounds with a waterproof dressing to protect them. When you are home, shower until your wounds have fully healed. Avoid baths for three weeks.

Diet and fluids

We usually recommend eating a low fibre diet after bowel surgery. Please read the 'Eating after bowel surgery' factsheet. We encourage you to eat a healthy balanced diet when you go home. However, most people report having a poor appetite after surgery. If this is the case or if you have lost weight, try to eat smaller but more frequent meals. The dietitian can give you further advice and information. If you have not already seen the dietitian, please ask your healthcare team to be referred.

Pain control

After your operation, we will give you some pain-relieving medicines to take home. You should continue to take these regularly for the first two weeks after your operation so you can regain full mobility and be comfortable returning to normal activities. We will explain to you when you should be taking your painkillers, as some painkillers must be taken with food.

Your bowels

Your bowel movements are likely to change after your operation, but it will settle with time. You may become constipated (not pooing as often or finding it hard to poo), in which case, you must 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.

To begin with, you may experience loose and/or more frequent bowel movements. 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 using the contact details under the 'Contact us' section of this booklet.

If you have had a stoma formed as part of your operation, please follow your stoma care nurse's advice.

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.

Getting back to normal

Exercise

You should continue to take regular exercise daily when you go home. Gradually increase your exercise during the four weeks after 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 tired when you first start exercising. Make sure you take regular rests. Do not lift heavy things until six weeks after your operation.

Once your wounds are pain-free, you can take part in most activities. Please discuss with your nurse or doctor if you are unsure.

Moving around also decreases the likelihood of developing a clot in your legs, known as a deep vein thrombosis or DVT.

If you develop pain or swelling in the back of your leg or develop breathlessness or chest pain, you should contact your GP immediately or call 999 if you think it is an emergency.

Work

Many people are able to return four weeks after their operation. If your work involves heavy, manual labour, do not return to work until six weeks after the operation. We will give you a sick certificate for work when you leave hospital, which will cover your hospital stay and recovery time.

Some people need to have further treatment after their operation, such as chemotherapy. Your specialist nurse will be able to advise about returning to work in this instance.

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 operation. However, do not do anything that causes significant pain or involves heavy lifting for six weeks after your operation.

Sex

Resuming your sexual relationship may depend on the type of surgery you've had. It will probably be a few weeks before you feel that you are well enough, and it is usual for your sex drive to be affected by tiredness and changes to your body. Please feel free to discuss this with your nurse.

Complications

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

Your nurse will call you at home 24-48 hours after you leave hospital. They 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 symptoms, 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. We may ask you to return to hospital or arrange a virtual appointment to assess you further. If you are unable to contact any of the people listed, then ring your GP. After you go home, we will send you information in the post about

your follow-up outpatient appointment. Your appointment will be about six to eight weeks after you go home.

Abdominal pain

It is normal to suffer griping pains in the first week after surgery. The pain usually lasts for a few minutes and will go away between spasms. However, on rare occasions, pain can last longer, and you may get a fever.

If you have severe pain lasting more than one or two hours or have a fever and feel generally unwell, this may mean that fluid is leaking from the area where your bowel has been joined together. 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.

Useful links

www.uhs.nhs.uk/Media/UHS-website-2019/Patientinformation/Digestionandurinaryhealth/Eating-after-bowel-surgery-2262-PIL.pdf

www.uhs.nhs.uk/Media/UHS-website-2019/Patientinformation/Visitinghospital/Preventingbloodclots-patientinformation.pdf

Contact us

Enhanced recovery nurse practitioner
Mobile: **07826 869 158** (24-hour line)

This line will be answered by the ERAS nurse practitioner from 8am to 4pm, Monday to Friday. Outside of these hours, it will be answered by an out-of-hours nurse practitioner in the surgery team.

Ward E5
Telephone: **023 8120 6504** (24-hour line)

Notes

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Notes

If you are a patient at one of our hospitals and need this document translated, or in another format such as easy read, large print, Braille or audio, please telephone **0800 484 0135** or email **PFSH@uhs.nhs.uk**

For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalsupport**

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