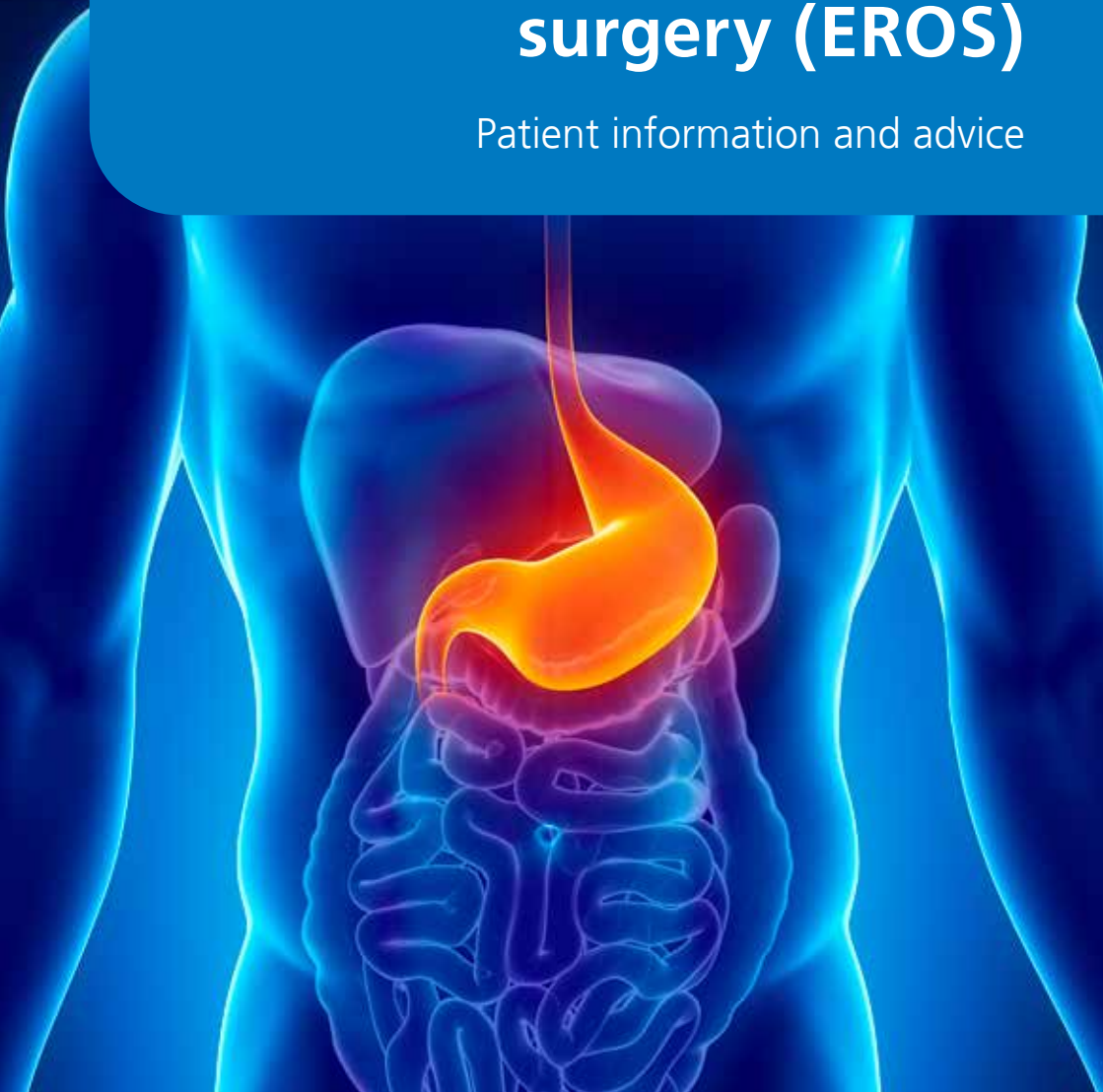


Enhanced recovery after oesophagogastric surgery (EROS)

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 eight days of your 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 nurse specialist on **023 8120 4859**.

Pre-assessment

You will be asked to attend the pre-assessment clinic at the hospital two to four weeks before your surgery. During this visit, the pre-assessment nurses will assess your general wellbeing and fitness for surgery, as well as explaining your surgery to you.

A consultant anaesthetist will also assess you and talk to you about your anaesthetic. You will also have the opportunity to discuss any concerns you may have about managing pain after your operation.

If you are having an oesophagectomy, you may have a jejunostomy tube (a plastic tube inserted into the small bowel through which liquid food and fluid can be given) placed at the time of your operation. If this is needed, we will discuss this with you at pre-assessment and you will be referred to a specialist dietitian.

You will be given a simple form that asks questions about your home life and any support that you have or may need when you leave hospital. Please complete and return this before leaving the pre-assessment department.

Please allow approximately half a day for this appointment. This appointment is also a good opportunity to ask any questions you may have before your operation.

We will give you two cartons of a carbohydrate drink called PreOp to take home with you. Please see below for instructions on when to take these drinks. Please note that if you have diabetes, we will not give you PreOp.

Pre-operative diet

On the day before your surgery, you should eat and drink as normal.

Continue as normal up to 2am on the day of your surgery.

After 2am, only drink clear water.

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 drink any fluids other than this after 2am (except water).

After 6am, having drunk your PreOp drinks, do not have anything else to eat or drink.



Medicines

Regular medicines

Please bring supplies of 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, as 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 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 your operation

When you attend the clinic, we will tell you if you should stop taking any medicines before your operation (such as aspirin, warfarin, clopidogrel, dipyridamole, some

blood pressure medication and diabetic medication). We will give you written information to remind you which medicines to stop and when the last dose should be taken.

Eating and drinking after your operation

After your operation, it is important that you eat and drink well, as this will help with your recovery. Food and fluids will be reintroduced very slowly after your operation to ensure you heal well and to reduce the risk of complications. The speed at which food and fluid will be introduced will depend on the type of operation you have had.

For people having a gastrectomy:

Day of operation and day one after surgery – mouth care with moist sponges or special oral swabs (pink sticks).

Day two and three after surgery – sips of water, black tea or black coffee (maximum of 50ml per hour).

Day four after surgery – drink freely (except fizzy drinks). You will be prescribed nourishing drinks called Fortisip or similar. The nurses will advise you when to drink these. They come in a range of flavours so please ask for an alternative if you do not like the flavour you are given. Fortisip and Fortijuce can also be diluted with water or milk to make them easier to drink if you find them too rich.

Day five after surgery until leaving hospital – puréed food from a specially prepared hospital menu and continuation of Fortisip or similar.

Please note: Not everyone will be allowed to drink freely at day four after their operation. Progression through this process is dependent upon review by a senior member of the surgical team.

For people having an oesophagectomy:

Day of operation and day one after surgery – mouth care with moist sponges or special oral swabs (pink sticks). If inserted, feeding through the jejunostomy tube will also begin.

Day two and three after surgery – sips of water, black tea or black coffee (maximum of 50ml per hour). The volume of feed going through the jejunostomy tube will be increased.

Day four after surgery – (if blood and swallowing tests suggest your bowel is working well) drink freely (except fizzy drinks). You will be prescribed nourishing drinks called Fortisip or similar. The nurses will advise you when to drink these. They come in a range of flavours so please ask for an alternative if you do not like the flavour you are given. Fortisip and Fortijuice can also be diluted with water or milk to make them easier to drink if you find them too rich.

Day five after surgery until leaving hospital – puréed food from a specially prepared hospital menu and continuation of Fortisip or similar. You may also go home with an overnight feed through the jejunostomy tube until your eating has improved. Training will be provided on the ward and your need for continued feeding will be discussed at clinic.

We may suggest you are discharged home with continued feeding through the jejunostomy tube. If this is the case, we will provide you with training before you leave hospital and further support for you at home as needed.

Once you have started eating solids again, it is important for your recovery to eat well. Following surgery, you will have to eat smaller portions and more often (five to six small meals a day). Your dietitian will discuss this with you.

Your appetite may be affected by feelings of nausea (feeling sick) and sickness. This is nothing to be concerned about. Please tell the nurse looking after you and they will provide you with medication to relieve the sensation of nausea and sickness, and advise you on what you should be eating and drinking during this time.

Tubes and drips

A drip will be placed in your arm through which the anaesthetic drugs will be given. Once you are asleep, other drips will be placed in your arm, and a large drip into a vein in your neck to allow us to take measurements and blood samples.

In the operating theatre, a tube (catheter) will be placed into your bladder so the amount of urine (wee) you are passing can be measured. This tube will be removed three to four days after your operation.

You will have at least one drain placed into your chest and/or abdomen. They will be removed three to five days after your operation.

Having these drips and drains should not stop you from moving around or undertaking activities such as washing and dressing.

Pain relief

You will have the opportunity to discuss the options for pain relief after your operation with your anaesthetist at pre-assessment.

We usually offer people having an oesophagectomy a pleural catheter (a small tube placed into the side of your torso) as the main method of pain relief after their operation. You will have the opportunity to discuss what this is and the benefits and risks of this with your anaesthetist.

You will also be offered a pain relief infusion running into a drip in your arm. You can control this infusion yourself by pressing a button which makes the drip deliver a small amount of painkiller.

This is called patient controlled analgesia (PCA) and allows you to safely control your own pain relief.

These will be stopped when you no longer need them and you will start taking pain relief by mouth, usually four days after your operation.

We want you to be as comfortable as possible after your operation, as this not only improves the way you feel but also your ability to take deep breaths, cough and move. Please inform the nursing staff if you are experiencing pain so that they can help you.

Staying out of bed and walking

Staying out of bed and walking is one of the most important things that you can do to speed up your recovery after your operation.

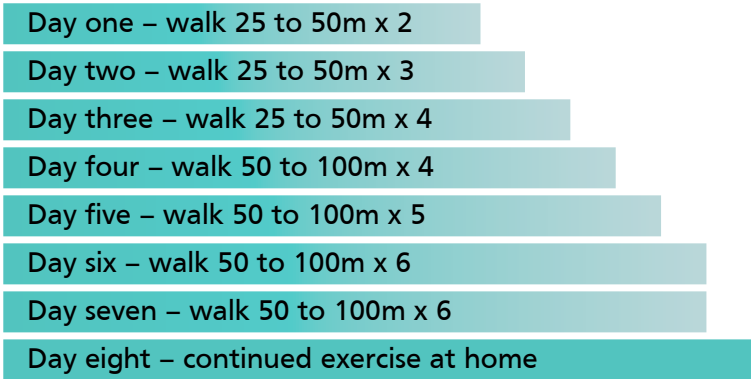
Once you wake up from your operation, it is important to start deep breathing exercises to help

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 therapy team.

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 four hours out of bed on the first day after your operation. You should

spend six hours out of bed on each of the following days.

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



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

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 or another serious complication.

You should 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.

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. You will also wear Flowtron boots (special stockings worn below the knee that compress the leg intermittently) for the first three days after your operation. The nursing staff will remove these for you to allow you to walk.

Monitoring

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

- blood test results
- fluid intake
- food eaten
- fluid out
- pain levels
- wind passed
- bowel motions
- number of walks
- time out of bed

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.

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

Leaving hospital

Looking after your wounds

Your wounds 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, the nurses will organise for you to visit the practice nurse at your GP surgery.

When showering or bathing during this time, cover your wounds with a waterproof dressing to protect them.

If you have concerns about your ability to bathe or shower once you are discharged, please ask to speak to the occupational therapist while on the ward.

Bathing and showering

It is advisable not to get your wounds wet for five days after your operation.

Diet and fluids

Your dietitian will give you specific advice regarding your diet. You must continue a purée diet when you leave hospital.

Most people report having a poor appetite after surgery, especially after this type of operation. You will not be able to eat normal sized portions and we advise you to try to eat little and often (six small/child-sized meals a day and supplements). The dietitian can give you further advice and information. If you have not already seen the dietitian, please ask to be referred.

Pain relief

After your surgery, you will be sent home with some pain-relieving medication. You should continue to take this 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 pain-relieving medication, as some medication must be taken with food.

Your bowels

Your bowel movements are likely to change after your operation, but will settle with time. 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 to four days, please contact your nurse practitioner or GP for advice.

Passing urine

Sometimes after 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.

Follow-up appointment

Your nurse practitioner will contact you to check on your progress. You will be able to contact them for up to two weeks after your operation. You will have a follow-up appointment approximately two weeks after you leave hospital (this will likely be a virtual clinic). If you do not receive an appointment, please contact your nurse practitioner who can arrange an appointment for you.

Getting back to normal

Exercise

Activity is encouraged as soon as you wake up from your operation. 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 do 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 lift anything heavier than a kettle of water until six weeks after your operation.

Common sense will guide your exercise and rehabilitation. Once you are no longer in pain from your surgical wounds, you can undertake most activities. Please discuss with your specialist nurse or doctor if you are unsure.

Walking and staying active also decreases the likelihood of developing a clot in your legs, known as a deep vein thrombosis or DVT. However, if you develop pain or swelling in the back of your leg, or breathlessness or chest pain, you should attend your nearest emergency department or call **111**.

Work

Many people are able to return to work three to four months after their surgery. If your work involves heavy, manual labour, it may take longer for you to return to work. If you need a sick certificate for work, please ask your doctor for this before you leave hospital. Please discuss this with your specialist nurse as you may need extra treatment after surgery that may affect your ability to return to work.

Driving

Do not drive until you are confident 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.

Sexual relations

Resuming your sexual relationship may be influenced by the type of surgery you have had. Ask your specialist 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.

Hobbies and activities

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

Before you come into hospital, you may wish to consider who could help you afterwards with tasks that involve heavy lifting, such as shopping or gardening.

Complications

A third of people develop a complication after surgery, and the majority of these are straightforward to treat. If you experience any significant complications, your healthcare team may remove you from the enhanced recovery pathway. This may lead to an extended stay in hospital.

The most common complication is a chest infection. We will take several measures to avoid this, such as appropriate pain relief and early mobilisation.

Other complications include:

- infection or leakage from one of the joins to the gut
- heart problems or an irregular heartbeat
- blood clots

Approximately one in 50 people who are admitted for this type of surgery will experience a serious and potentially fatal complication. This statistic is below the national and international average for this type of surgery. Our clinical team are experts in the management and treatment of these complications.

What to expect when you're home

The enhanced recovery nurse co-ordinator or your nurse specialist will phone you 24 hours after you leave hospital, or the next working day. They will ask you how you are and discuss any questions or concerns you might have.

If at any point in the first two weeks after your operation you are worried about any of the symptoms described on this page, please do not hesitate to contact us.

Please use the telephone numbers on the back of this booklet, or ask your specialist nurse (if you have one). If you are unable to contact any of the people listed at the back of this booklet, ring your GP.

Chest pain, shortness of breath or palpitations

It is normal to feel tired and lacking in energy for the first few weeks after your operation.

If you develop:

- severe chest pain
- shortness of breath at rest
- palpitations (noticeable heartbeats)
- leg swelling

go to your nearest emergency department or call 999.

Abdominal pain or vomiting

It is normal to have abdominal discomfort during the first week after your operation. This will usually settle by taking pain killers on a regular basis.

If you experience any of the symptoms below, please contact your nurse practitioner as soon as possible:

- severe pain that lasts for several hours
- fever
- vomiting

These symptoms may indicate a more serious complication needing medical advice.

Your wound

It is not unusual for your wound to be slightly red and uncomfortable during the first one to two weeks. Please call your nurse practitioner if your wound is:

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

Notes

Contact us

Upper GI nurse practitioner, telephone: 07768 447611 (24-hours)

This mobile phone will be held by the upper GI nurse practitioner from 8am to 4pm, Monday to Friday. Outside of these hours, it will be held and answered by a senior nurse within surgery.

Clinical nurse specialist, telephone: 023 8120 4859

Ward E5 upper, telephone: 023 8120 4361

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

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.

For a translation of this document, or a version in another format such as easy read, large print, Braille or audio, please telephone **0800 484 0135** or email **patientsupporthub@uhs.nhs.uk**

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

www.uhs.nhs.uk