

Patient information

Enhanced recovery programme

This leaflet should increase your understanding of the programme and how you can play an active part in your recovery. If there is anything you are not sure about, please ask. It is important that you understand so that you, and possibly your family or friends, can take an active role in your recovery.

Eating and drinking

At the pre-assessment clinic before your operation, you will be given four nourishing drinks to take home.

Two days before your operation, you need to have three of the drinks. You will need to drink the last one the day before your operation. You will be given more when you come into hospital. It is important that you drink four drinks each day after your operation as your body needs more nourishment to help heal your wounds, reduce the risk of infection and help your recovery generally. You also need to have ordinary drinks.

A few hours after your operation, you will start drinks and, if you wish, food. It is important that you eat and drink early after your operation and we will encourage you to have normal food as well as nourishing drinks.

Preparing for theatre

On the day before your operation, you may be given an enema to help clear the contents of your bowel.

It is important that you drink plenty of water up until the time you are advised to be 'nil by mouth'. You will be given a carbohydrate 'pre-load' drink to take at this time (6.30am if you are having a morning operation and 11.30am if you are having an afternoon operation).

You will be given a small injection of Tinzaparine at 10.00pm. This helps reduce the risk of a blood clot (thrombosis) occurring in the legs by thinning the blood.

This will be given to you each day while you are in hospital.

Staying out of bed and walking

After you wake up from your operation, it is important that you start deep breathing exercises, this is to expand your lungs and help clear any secretions or phlegm which you may have on your chest. Doing these exercises will help prevent you developing a chest infection.

Breathe in deeply through your nose and out through your mouth three times.

Relax your breathing for one minute.

Breathe in deeply through your nose and out through your mouth three times.

Relax your breathing for one minute.

Now huff. To do this, take in a breath and 'huff' the air out with your mouth open (as if steaming up a mirror).

With your wound still supported with a towel, cough strongly.

It is important to keep moving in bed to help keep your circulation going and to help prevent any clots in your veins.

Repeat these exercises once hourly.

Wiggle your toes

Point your toes to the ceiling and then point them away from you.

Push your knees down into the bed and tighten the thigh muscle

Squeeze your buttocks together

The staff will help you out of bed about six hours after your operation. You will spend two hours out of bed on the day of surgery and then at least eight hours out of bed each subsequent day. You will be encouraged to walk about 60 metres/60 yards 4 - 6 times a day – starting the day after surgery. By being out of bed in a more upright position and by walking regularly, lung function is improved, and there is less chance of developing a chest infection.

Try to wear your day clothes after your operation as this can help you feel positive about your recovery.

Managing your pain after surgery

We will make every effort to control your pain so that you can walk about, breathe deeply and cough. Good pain relief is very important and has many benefits, helping you to recover more quickly and reducing problems such as chest infections and blood clots.

After your operation you will be asked to tell the doctors and nurses about any pain you have. They will ask about the severity of the pain at rest and on movement such as coughing or sitting out of bed.

We ask patients to score their pain with a number on a scale of 0 – 10, 0 would mean that you have no pain and 10 would be very severe pain.

How will my pain be treated?

You will be undergoing surgery that requires you to have epidural analgesia. (Patient Controlled Analgesia Pump or PCA). These will be supplemented with oral analgesia (tablets and liquid medicine).

What is epidural analgesia?

Epidural analgesia is administered using an injection into the epidural space in your back. The epidural space is near your spine and nerves pass through this space from the lower body to the spinal cord. Your anaesthetist may decide to place a small plastic tube into the space, which is used to give another type of pain relieving medicine from a pump. Both methods act on the nerves to stop pain messages reaching the brain. The epidural is inserted by your anaesthetist just before your surgery. Epidurals provide very effective pain relief and normally cause few side effects. Having excellent pain relief after major surgery improves your comfort and recovery time and also reduces the risks of some complications especially chest infections.

If you do experience pain it is possible to add different methods of pain relief.

As with all pain relief some side effects may occur such as:

Common side effects

- Low blood pressure

- Slight numbness or heaviness in the legs (if you have the catheter type of epidural)
- Itchiness
- About 1 in 100 people have a headache
- Tiredness and vivid dreams

Very rare side effects (but you should know about them)

- Infection or bleeding in the epidural space (less than 1 in 10,000)
- Temporary or permanent nerve damage (less than 1 in 15,000)

Generally most patients have excellent analgesia with very few side effects. Most people have full power in their legs and are up and about sooner than patients with other forms of pain relief.

Other painkillers

If you have the catheter type epidural, this will be stopped two or three days after your operation. As well as your epidural, you will be given tablet or liquid painkillers. It is important to take your painkillers regularly (three or four times a day, as instructed) as this helps control your pain better. If you feel that your pain relief is not adequate and you continue to experience anything other than mild discomfort at rest and mild or moderate discomfort when moving or coughing please inform the nursing staff. They will assess your pain and contact the Pain Service for assistance.

Following your surgery you may experience griping or colicky pains. These are usually of only a short duration and are often relieved by walking. If your pain is severe and continues even after you have taken the prescribed pain relieving medicine you should tell the nursing staff or, if this occurs after you have been discharged, please use the contact numbers printed at the end of this leaflet.

Other medication

For certain bowel operations, you may be required to give yourself a blood thinning injection after your operation. This will need to continue at home when you have been discharged from hospital.

The nurses on the ward will teach you how to do this and will give you all the necessary equipment and information whilst you are in hospital.

Nausea

The medical and nursing staff understand how unpleasant it is to feel sick or vomit after an operation and will treat these symptoms seriously and promptly, so it is important to inform staff if you do feel sick.

Effective anti-sickness treatments are available and can be given before, during and after surgery. These include injections as well as a patch, which stays on the skin behind your ear for the two days following your operation.

You can reduce the likelihood of feeling sick after surgery by avoiding sudden movements, starting to drink in sips before building up to a full cup and having light meals such as soups, sandwiches, plain fish, mashed potato, etc. (Guidance can be given by the Dietetic Department).

Tubes and clips

During your operation, a tube will be put in your bladder so that we can check that your kidneys are working well and producing urine. This will be removed as soon as possible, usually on the morning after your operation. You will have a fluid drip put in your arm during your operation to make sure you get enough fluid.

This should be removed the day after your operation. You may be given extra oxygen to breathe after the operation until you are up and about.

Recovery Unit

Surgery can sometimes take longer than expected so please try and leave at least 3 hours before contacting the Recovery Unit on 01284 713257 for information regarding surgical progress.

Due to the nature of the work load in Recovery, they are unable to offer visiting until after 19.00 hrs, for a short period of time but this can be negotiated if circumstances dictate.

Monitoring

Many different things will be monitored during your treatment including:

- Fluid in
- Food eaten
- Fluid out
- When your bowel first starts working

- Pain assessment
- Number of walks
- Time out of bed

Please remember to tell us about everything that you eat and drink and what you pass. You will be encouraged to write some of this information on the charts yourself.

Colorectal Specialist Nurses

Monday – Friday 9.00am – 5.00pm
01284 712697

Nurse in charge of Ward F5

Monday – Friday 5.00pm – 9.00am or during weekends
01284 713262

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo) <https://www.accessable.co.uk>



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