

# Bowel surgery - the enhanced recovery programme

<b>Your name:</b>	
<b>The operation you are having:</b>	
<b>Name of your consultant:</b>	
<b>Date you are coming to hospital (admission):</b>	
<b>Your operation date:</b>	
<b>Date you are expected to leave hospital (discharge):</b>	

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## The enhanced recovery programme

This booklet explains what the enhanced recovery programme is and how you can play an active part in recovering from your surgery. It does not explain the specific operation you are having, as you will have already been given detailed information about this. If you are not sure about anything, please ask. It is important that you understand so that you and your family or friends can take an active role in your care.

It also explains potential symptoms that you may experience. Some of these are normal and some may suggest that there is a complication. We do not wish to cause unnecessary concern; but rather to help you to monitor your progress.

## What is the enhanced recovery programme?

It is an internationally recognised method for caring for people undergoing bowel surgery that we have been running here at St. Thomas' Hospital since October 2006. The programme aims to help you to recover from your bowel surgery and regain your independence as quickly as possible.

There is researched evidence that eating, drinking, moving around soon after your operation and having good control of your pain helps with, and speeds up, your recovery. Therefore, the programme emphasises these aspects of your recovery and focuses on how you can help yourself after your surgery. It aims to help you leave hospital and return to your normal activities sooner than you would have if not following the programme, which is

why we would like you to take part. Of course, you will not be going home until you are deemed fit to do so by both your medical and nursing teams.

## Before your operation

You will come into hospital on the day of surgery unless your surgeon feels you need to come in the day before. You will usually be admitted to the Gastrointestinal (GI) Unit, Page Ward (females) or Northumberland Ward (males), which are the colorectal surgical wards, located on the 11<sup>th</sup> Floor of the North Wing at St Thomas' Hospital. However, if there is not a bed available on these wards on the day of your admission, your operation will not be cancelled. Instead, you will be cared for on a different ward until a bed becomes available on Page or Northumberland Wards.

Unless you have been told otherwise, you can eat normally until six hours before your operation and drink clear fluids until two hours before your operation. Clear fluids are any drinks which are transparent like water, black tea/coffee or squash. Do not drink anything containing milk or bits of food and please do not chew gum during the 12 hours before your operation as it will increase the level of fluid in your stomach, which could make you vomit whilst you are asleep in theatre.

It is important to take your nutritional supplement drinks as instructed, (which we will have given to you before this stage), as these are vital to your recovery. We will tell you when to stop taking them – this is usually two hours before your surgery.

We will ask you to put on some tight-fitting anti-thrombus stockings and we will give you an injection to slow blood clotting which we will continue giving each day after surgery. These help to prevent blood clots from forming in your legs (deep vein thrombosis) while you are less active than normal after surgery.

## **Bowel cleansing medications**

Some of the bowel operations require you to have some medicine to wash your bowel through before surgery. If you require this treatment, you will be brought to the ward the day before surgery. If you have been told that you can come in on the same day as your operation, you do not need a bowel cleansing.

The bowel cleansing medication may be a drink which we will ask you to take or it maybe an enema which we will administer for you, or both. An enema is a small amount of liquid in a bottle which we will squeeze into your bottom whilst you are lying down. We will ask you to try to hold the liquid in for 10 minutes and then go to the toilet to open your bowels normally.

## **If you need a stoma (ileostomy/colostomy)**

Your surgeon should have discussed with you whether you will need a stoma as part of your surgery, either on a temporary or permanent basis. If this is necessary, you will meet the stoma care specialist nurses before your operation, who will give you information on how to care for your stoma. S/he will also mark a suitable site on the skin of your abdomen, where your stoma should be positioned by your surgeon, so that you can see it easily

and so that it won't obstruct how you normally wear your clothes.

This specialist nursing team will see you regularly on the ward and will make sure that you are ready to care for your stoma when you go home. They will also organise any supplies you will need and explain how to get more. If you have any problems with your stoma, please call them on the number at the back of this leaflet.

## After your operation

We will start you on the enhanced recovery programme straight after your surgery including giving you something to drink when you are still in the recovery room.

## Sickness

Occasionally, some people feel sick (nausea) and some are actually sick, after their operation. This is usually caused by the anaesthetic or medication we use during your surgery. We will give you medicine during surgery to reduce this, and regularly for two days after your surgery, but if you feel sick at any time please tell the staff looking after you. They can give you other anti-sickness medicines to help. It is important to relieve these symptoms so you can feel well enough to eat and drink normally as this is important for your recovery.

## Breathing exercises

Please start the deep breathing exercise explained below as soon as possible after surgery. This lowers your risk of developing a chest infection. Your nurse will show you how to do it. To perform the exercise:

1. Sit up and support your abdomen (tummy) with a rolled up towel.
2. Breathe in deeply through your nose and out through your mouth slowly.
3. Do this three times, followed by a good cough. Repeat the exercise every hour.

If it is too painful to deep breath and cough, you will be reluctant to do it and you won't clear any mucus that may be building up. If it is too painful, you need more pain killers. You must tell your nurse should this be the case.

## Mobility

Please also point your feet up and down and circle your ankles at least 10 times an hour. Along with the anti-thrombus stockings and the injections, these exercises lower the risk of developing blood clots in your legs. Better than these exercises is getting up and walking.

We will help you to get out of bed about six hours after your operation and will ask you to spend the next two hours out of bed, for example sitting in a chair or moving around. For the first time after your surgery, do not get out of bed on your own, please wait for us to help you. You should aim to spend at least eight hours out of bed each day after this. We will encourage you to walk around after your surgery. You should aim to walk about 60 metres (indicated by the red line marked out on the floor of the ward), four to six times a day. You should start this the day after your surgery.

Being out of bed, sitting in a more upright position and walking regularly will help your lung function and more

oxygen will be carried around your body. Again, this lowers the likelihood of you developing a chest infection.

## Eating

Unless your surgeon says otherwise, you can eat and drink when you get back to the ward. Your appetite is likely to be poor but it is important to start eating early on to provide your body with the energy it needs to heal and to keep your gut moving. Chewing gum 4 times a day may also help the movement of your gut.

We will encourage you to eat all your meals in the designated dining area. The exercise of walking to the dining area will also help with your recovery. Snacks and nutritional supplements will also be offered to you between meals by the enhanced recovery assistant. If you would like to bring in any snacks from home, please feel free. We can label them and put them in the fridge for you.

The enhanced recovery assistant also works very closely with the dieticians. If you have any questions about your diet or the choices on the menu, please speak with the dietician.

## Controlling your pain

We will do all we can to make sure that you are not in pain. It is important that your pain is controlled so that you can walk around, breathe deeply, eat and drink, feel relaxed and sleep well.

Before your surgery, we may put a tiny tube into your back (epidural), which allows a continuous supply of pain



relieving medicine to be given which numbs the area where you have had surgery. Instead or in addition to the epidural, you may be offered a pain killer machine which you are in control of yourself. This is called a PCA (patient controlled analgesia). To use a PCA, you press a button on a small handset each time you are in pain. The machine then administers a small dose of strong painkiller intravenously via your canula (please refer to the trust leaflet **Having an anaesthetic** for more information regarding the different kinds of pain killers that we use. This leaflet will be given to you at pre assessment). The PCA machine will not allow you to have too much medicine as it has a lock out timer to prevent this happening.

Alongside the epidural and or PCA, you will be given regular paracetamol, four times a day.

The doctors may also prescribe other types of painkillers that work in different ways, which they will explain to you. Using a combination of different painkillers in this way helps us to improve your pain relief and reduce the amount of strong painkillers you may need.

If you are given an epidural and or PCA, it will be removed up to four days after your operation, but you will still need other painkillers to take over after this.

Taking your painkillers regularly (three or four times a day, as instructed) will help to control your pain better, by preventing pain from building up. You may also need extra painkillers for 'breakthrough' or 'when needed' pain. Breakthrough painkillers can be taken before getting out of bed and walking, if these activities worsen your pain.

If you are uncomfortable, please tell the staff immediately and they will help you.

## Tubes and drips

During your operation, a tube (catheter) will be put into your bladder. This is so we can make sure that your kidneys are working well, by checking the amount of urine you pass. It will be removed as soon as possible; usually on the morning after your operation.

You will also have a canula (like a plastic tap) inserted into a vein in your hand or arm during your operation so that we can give you a drip to make sure you get enough fluid. We can also use this canula to give you medications. We aim to remove this tube one day after your surgery. You will then be able to take your medication orally.

If you have had many procedures or operations before, the veins in your hands or arms may be difficult to use. If this is the case, please do not be alarmed if you wake up with a small tube into the big vein in your neck. This is just a glorified canula and easier for the anaesthetist to use.

You may also have some drains when you wake up after surgery. These are thin plastic tubes which the surgeon inserts into the skin, close to where you have had the operation. These tubes will then drain away any old blood or fluid from inside, down the tubes and into a bag or bottle. The drains would usually be removed 2-3 days after surgery.

During your recovery we will monitor:

- how much food and liquid you consume
- how much urine you pass
- when your bowel first starts working again
- the number of walks you make
- the time you spend out of bed.

## Leaving hospital

How long you will need to stay in hospital will depend on the operation you have had and your recovery. Your expected discharge date should be written on the first page of this information sheet.

We will give you a supply of the painkillers that have helped you to mobilise, to help you to continue to manage your post-operative pain at home. Some patients may need only two types of pain killers, others may need up to four. Your discharge letter will say how long each of these should be taken for.

We will give you enough painkillers to help you over two weeks. Your post-operative pain should gradually reduce over this time as the healing continues. This should allow you to gradually reduce your painkillers, called 'stepping down'.

Everyone is individual, however, so if your pain means you feel you need the painkillers to continue after 14 days, your GP can review your progress and supply alternatives.

If you have any questions about how to make the most of your painkillers after you have left hospital, speak to the enhanced recovery nurse or call the nurses on the ward you stayed on.

## Stepping down your painkillers

If you are taking a strong painkiller (such as morphine or oxycodone), this can usually be gradually reduced every three days, as you continue to heal and the pain lessens. This is called stepping down your painkillers.

Use the number of breakthrough doses you need as a guide to when to reduce your regular painkillers. In general, if you need two or less breakthrough doses each day then you can try reducing the dose of your regular painkillers.

An example of stepping down your morphine slow release tablets is to reduce from 20mg twice a day, to 10mg twice a day, and then stopping.

If you left hospital taking morphine immediate release (IR) or dihydrocodeine, these can be stepped down from six times to four times a day, to twice a day, then stop.

If after reducing your dose you need more than four breakthrough doses a day, return to the higher dose and try stepping down again in two days time.

You should be able to stop these within 7 days after discharge.

If you are taking ibuprofen, this should be the next painkiller to stop, after morphine or dihydrocodeine. Paracetamol will usually be the last to be stopped, after the other painkillers.

Complications do sometimes happen following major surgery, so it is important that you know what to look out

for. If you are worried about anything within a few weeks of leaving hospital, please call us using the telephone numbers on the back of this leaflet. Try to contact us before calling your GP.

## Your wound

Your wound may be slightly red and uncomfortable during the first few weeks after your operation. Please let us know if your wound is:

- becoming more painful or swollen
- starting to discharge (leak) fluid
- beginning to open.

## Your bowels

Your bowel habit may change after part of your bowel is removed. The length of your bowel left for digesting and absorbing your food will be shorter. Therefore, you may find that you go to the toilet more often or notice that your bowel movements are more 'loose' than before.

Alternatively, you may become constipated and go to the toilet less. Make sure you eat regular meals three or more times a day and take regular walks during the first two weeks after your operation. This will help to regulate your bowel habit.

If your bowel movements are loose or you are constipated for more than four days, contact us or your GP for advice.

## Passing urine

Sometimes after bowel surgery, you may experience a feeling that your bladder is not emptying fully. This usually gets better within a week. If it does not, or if you have excessive stinging or burning when passing urine, please contact us as you may have a urine infection. This can easily be treated with antibiotics.

## Abdominal pain

It is possible that you will suffer stomach pains during the first week after your surgery. This pain usually lasts for up to a few minutes and will go away completely in between spasms. This is due to the surgery you have had and is completely normal.

Severe pain, lasting for several hours, may indicate that fluid is leaking from the area where your bowel has been joined together.

Fortunately, this is a rare complication, although it can be serious. If this happens to you, you may also have a fever. Occasionally, you can have leakage that makes you feel generally unwell and causes a fever, but is without any pain. Therefore, if you feel generally unwell and develop a fever, please ring us.

## Exercise

You should take regular exercise several times a day. Gradually increase your exercise in the four weeks after your operation. Do not lift anything heavy, such as a bag of shopping or a Hoover until six weeks after your surgery. This is to give your wound time to heal. If you are

planning to jog or swim, please wait at least two weeks after your surgery and then start gradually.

Common sense will guide your exercise and recovery. If your wound is uncomfortable, do not exercise too much. Once your wound is pain free, you can do most activities.

## Work

You should normally be able to return to work four to six weeks after your surgery. However, if your work involves heavy, manual labour, please do not return to work until you have had your follow-up consultation with the surgical team. If you need a medical certificate for your workplace, please ask us for one before you go home and thereafter contact your GP.

## Driving

Do not drive for at least six weeks after your surgery. You should only begin driving again when you are confident that you can perform an emergency stop comfortably. Please also check with your insurance company before you start driving again.

## Hobbies/activities

In general, you can take up your hobbies and activities as soon as possible after your surgery. This will help with your recovery. However, do not do anything that causes significant pain or involves heavy lifting for the first six weeks following your surgery. You can have sex again as soon as you feel comfortable to do so.

## Your follow-up

The enhanced recovery nurse will telephone you for the first few days after leaving hospital. If there are any problems or if the nurse is concerned about you, we will ask you to come back to hospital so that we can make sure that you are ok. In all other cases, you will see your cancer, stoma or enhanced recovery specialist nurse four weeks after going home from hospital.

Before you leave hospital, we will arrange a follow-up appointment with your surgeon.

If you have had surgery for cancer in your bowel or bottom, we will also give you a follow-up appointment with your colorectal nurse specialist. You will be given the results of any laboratory tests and the nurse will tell you if further treatment is needed, for example chemotherapy.

**If you have severe pain that lasts for more than one to two hours or have a fever and feel generally unwell, please contact us on one of the helpline numbers on the back of this leaflet.**

## Data collection and your feedback

We need to collect data from this programme for audit purposes, so that we can continue to improve on our services. All the data we collect will be anonymous. If you do not wish to be included or want more information, please talk about this with the enhanced recovery specialist nurse.




Please do not hesitate to contact us if you have any questions. We will ask you to complete a survey after your hospital stay about your experience with us. Please give us your honest opinion as we are always looking for ways to improve the care we give our patients.

## Further information

**CORE** is a charity that offers information on digestive disorders and bowel problems.

**t:** 020 7486 0341 **e:** [info@corecharity.org.uk](mailto:info@corecharity.org.uk)

**w:** [www.corecharity.org.uk](http://www.corecharity.org.uk)

The logo for Dimbleby Cancer Care is a blue rounded rectangle with the text "Dimbleby Cancer Care" in white, stacked vertically.

**Dimbleby Cancer Care** provides cancer support services for Guy's and St Thomas'. We have a drop-in information area staffed by specialist nurses and offer complementary therapies, psychological support and benefits advice for patients and carers.

Dimbleby Cancer Care is located in the Welcome Village of the Cancer Centre at Guy's. **t:** 020 7188 5918  
**e:** [DimblebyCancerCare@gstt.nhs.uk](mailto:DimblebyCancerCare@gstt.nhs.uk)

## Notes

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## Hospital contacts

If you have any questions about your recovery or surgery, please contact:

- **Enhanced recovery nurse**, Marie Morris, on 07786 661 790. Alternatively call 020 7188 3026, ask the operator to bleep 1559 and wait for a response
- **Matron for GI surgery**, Karen Bonner for general queries and issues call 020 7188 7188 bleep 2162.
- **Colorectal cancer nurse specialists**, Roni Cummings & Claire McGilly, on 020 7188 2564
- **Stoma care nurses**, Andrew Boddington, Margaret Northover, Katherine Hall, Isobel Rolfe & Fiona Keely on 020 7188 6469
- **Inflammatory bowel disease specialist nurses**, Julie Duncan & Marleen Sastrillo, on 020 7188 2487
- **POPS (Proactive care of the Older Person undergoing Surgery) Specialist Nurse**, Jason Cross on 020 7188 2092
- **Plastic Surgery Specialist Nurse**, Gabby DeLuca, on extension 51147 via 020 7188 7188
- **Page ward** on 020 7188 4710
- **Northumberland ward** on 020 7188 4070
- **Consultant colorectal nurses**, Fiona Hibberts & Harriet Watson on 020 7188 2568

All specialist nurses are available Monday to Friday 9am–5pm. Outside of these working hours, please call Page Ward or Northumberland Ward or your own GP. If you wish to speak to your surgeon, please contact his/her secretary on the number you have already been given.

## Contact us

### Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

**t:** 020 7188 8748 9am to 5pm, Monday to Friday

### Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

**t:** 020 7188 8801 (PALS) **e:** [pals@gstt.nhs.uk](mailto:pals@gstt.nhs.uk)

**t:** 020 7188 3514 (complaints)

**e:** [complaints2@gstt.nhs.uk](mailto:complaints2@gstt.nhs.uk)

### Language and Accessible support services

If you need an interpreter or information about your care in a different language or format, please get in touch:

**t:** 020 7188 8815 **e:** [languagesupport@gstt.nhs.uk](mailto:languagesupport@gstt.nhs.uk)

### NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

**t:** 111

**NHS Choices** – Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

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

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