



Patient information

Enhanced Recovery after Surgery (ERP)

Introduction

We feel you would benefit from taking part in an Enhanced Recovery Programme (ERP). The programme has input from the entire surgical team (surgeons, anaesthetist, specialist nurses, physiotherapists and dietitian). Its aim is to help you to recover from your operation as soon as possible.

This leaflet gives you some information about the programme and how you can play an active part in your recovery.

After discussing your operation with your surgeon, you will be seen by the specialist nurse and the Enhanced Recovery nurse specialist. If it is necessary for you to see the stoma nurse, this will also be discussed.

The three important parts of this programme are to ensure good pain control, to encourage you to be up and about as soon as possible and early introduction of food and drinks.

Before admission

Bowel preparation

If it is necessary for you to have bowel preparation (laxatives) this will be discussed with you by your surgeon and nurse specialists. This may be given as enemas and/or medication to drink.

Discharge planning

It is helpful if you can discuss with your relatives, carers and friends whether you think you would need social service help on discharge for example home help, meals on wheels. This will be discussed during your first meeting with the Enhanced Recovery specialist nurse and pre-operative nurse.

Once we know what help you will need at home we can start planning for your discharge. This will be discussed with you by the ward staff on admission.

Food and drink

Before coming into hospital please continue to eat and drink normally.

- You may be given supplement drinks, please take these as directed.
- You may also be given 3 sachets of Pre-Load, an energy drink, to take before your operation. These drinks give you the energy you will require to help recover from your operation. These will be given to you by the ward staff.

Drips and tubes

Whilst you are asleep it is usually necessary to put a tube into your bladder (catheter) as part of your operation. This will enable the staff to monitor how much fluid you need. It may also be necessary to put a drip into a vein in your neck to monitor you during and after your operation. These will be removed as soon as possible after your surgery. Your anaesthetist will discuss this with you before your operation. However, do not be alarmed if the tubes are put back in if progress is slow.

Pain control

You will be seen by an anaesthetist before your operation who will discuss pain relief with you. This may be an epidural which is pain relief given continuously through a tube inserted in your back, or patient controlled analgesia (PCA) which is pain relief that you control yourself. There are separate leaflets that explain these two forms of pain relief in more detail.

After your operation

Pain control

Good and effective pain control is essential for a quick recovery. If your pain is well-controlled you can walk as early as the same day as your operation, deep breathe, eat and drink and feel relaxed. It will help you sleep well and ensure you are rested.

If your pain control is not effective and you are in discomfort or pain it is essential that you speak to the nurse looking after you as soon as possible as you may need to be seen by a member of the pain team.

While you are asleep your surgeon may put some local anaesthetic around your wound. This can help to reduce your discomfort when you wake up.

Mobilisation/Physiotherapy

Early mobilisation (getting out of bed and walking around) is a very important part of your recovery. Most patients will get up the day of, or the day after, their operation. You will be encouraged to sit in a chair and walk short distances at least 4 times a day, with help from the nursing staff and the physiotherapists.

Having an operation has an effect on your breathing and your circulation. The physiotherapist will see if you need help and will be able to give you help and advice. The following exercises will help to reduce complications and speed your recovery.

1 Deep breathing exercises

Following your operation you tend to breathe more shallowly and not expand your lungs at the bottom. These exercises help to improve your lung movement and clear phlegm off your chest. Start these exercises as soon as you wake up, until you are up and about again.

Sit in a comfortable position with your back well-supported (upright in your bed or in a chair). Place your hand on the upper part of your stomach.

Relax your shoulders

- Take a slow deep breath in through your nose, concentrating on expanding the lower part of your chest.
- Hold the breath for a count of 3, then slowly breathe out completely; repeat 3 or 4 times.

2 Huffing

Coughing can be uncomfortable and tiring. It has been found that 'huffing' helps to move phlegm in preparation for coughing.

- Take a small breath in.
- Open your mouth wide and squeeze air forcefully out of your lungs as quickly as possible (as if steaming up a mirror).
- Your stomach muscles should contract but your throat muscles should not tighten.
- The huff must be long enough to move phlegm from the airways.

3 Coughing

Adequate pain relief and the correct coughing technique are essential to clear phlegm comfortably and effectively. Once phlegm has been loosened by 'huffing', try a supported cough.

- Position yourself either sitting in a chair, on the edge of the bed, or lying in bed with both knees bent up. To relieve the stretch on your tummy, place hands or pillow over your stomach.
- Take a deep breath in and as you cough squeeze your hands in over your stomach in order to support it.

Circulatory exercises

Good circulation in your legs helps to prevent deep vein thrombosis (DVT) or blood clots. You will be given a pair of special support stockings (TED stockings) to wear the morning you go to theatre. You will be encouraged to wear them throughout your hospital stay. These help push blood back to your heart. Also remember not to cross your legs or ankles as this can make the circulation more sluggish.

- Ankle circling involves moving the feet clockwise and anti-clockwise in circles. Repeat 10 times.
- Keeping your legs straight bend your feet firmly up and down at the ankles. Repeat 10 times.
- Keeping your legs outstretched, press the back of your knees down into the bed and tighten your thigh muscles. Hold for a count of 3 and relax. Repeat 10 times.

It would be helpful to practise these exercises before you come into hospital.

Food and drink

You will be offered food and drink as directed by your surgeon. This may be as early as the same day as your operation.

- You will also be encouraged to take supplement drinks, three times a day as well as a normal diet.
- By eating and taking these drinks your body will receive the extra nourishment it needs to help heal your wounds and help your recovery.

Critical care unit (CCU)

It may be necessary for you to be admitted to the CCU after your operation. There are separate leaflets available which provide information about the unit.

Returning to work

You will be able to return to work within 6 to 12 weeks depending on your particular operation and your job. Please discuss this with your surgeon before you are admitted to hospital.

Further information about your discharge will be given to you on the ward following your operation.

If you have any other questions please ask!

Contact details:

Ward 3 (Dept 48)	0161 918 2159
Ward 10 (Dept 4)	0161 446 3860

