The Dudley Group
NHS Foundation Trust

Guidance on the Enhanced Recovery Programme in Colorectal Surgery

The Colorectal Nursing Service

Patient Information Leaflet

Your Colorectal Team

Consultant leading your care:

……

Your colorectal/stoma nurse/key worker leading your nursing care:

……..

Other doctors that may be involved in your care:

……

Date for admission to Russells Hall Hospital:

……..

Date of operation:

……

Introduction

Your hospital doctor may have explained your diagnosis and the treatment for this is an operation.

This booklet aims to provide information to help you understand more about your proposed operation. We hope you find it useful and that it will help you understand the care you will receive.

At the end of this booklet you will find a glossary of terms that you may need when you attend hospital appointments. There is also a list of useful organisations you may wish to contact to gain further information or support.

What happens while I am waiting for my operation?

While you are waiting to come in for your operation, it is important that you try to prepare yourself physically. It is a good idea to:

- Try and eat a well-balanced diet, unless you have been instructed to eat a special diet by your doctor.
- Do gentle exercise such as walking.
- Get plenty of fresh air.
- If you are a smoker, stopping or at least cutting down smoking will help your recovery, reduce the risk of complications from the anaesthetic and reduce problems with healing.

  If you would like help with stopping smoking, please contact a member of the hospital Stop Smoking Team on 01384 456111 ext. 2783.

What happens at the pre-assessment clinic?

We will give or send you an appointment to come to the pre-assessment unit.

Who will I see at the pre-assessment clinic?

- Pre-assessment nurse
- Colorectal nurse specialist
- You may also see an anaesthetist and / or a research nurse

The pre-assessment nurse will:

- Assess your general fitness for surgery and anaesthetic.
- Discuss your health and write down your medical history.
- Ask you about your current medication including all prescribed and any other medication that you have purchased and take regularly. This will include tablets, inhalers, creams and eye drops. **Please bring a list with you**.
- Carry out some tests including measuring your blood pressure, pulse, weight and height.
- You may also have blood tests, an ECG (a heart tracing test) and a swab for MRSA. You may need other tests depending on your medical history. The pre-assessment nurse will discuss these with you if they are needed.

Your consultant may arrange for the anaesthetist to see you. The anaesthetist may need to do some other tests before your operation, to assess how safe a general anaesthetic is for you. The anaesthetist will also discuss the type of anaesthetic you need for your operation, and the type of pain relief you will have after your operation.

Research: We aim to let you know about any research studies you

You will also see your key worker/specialist nurse who will discuss any questions you may have. If your surgery involves or may involve having a stoma, your specialist nurse will mark this area on your skin.

What is the enhanced recovery programme?

When you come to hospital for your operation, you will be taking part in an enhanced recovery programme. This programme of care aims to help you recover quickly and safely.

This booklet has information on what is involved in the programme, what you can expect from us and what we expect from you. The programme is different from traditional care and is based on the best available research evidence to improve and speed up your recovery after your operation.

During your hospital stay, we will give you daily goals which you will be encouraged to achieve as you can play an active part in your recovery. A team of doctors, nurses and other healthcare professionals will be monitoring your progress and will support you in reaching your goals. These goals are to do with getting back to normal as quickly as possible, and include things like drinking, eating and mobilising as soon as possible after the operation.

If there is anything you are unsure about, please ask a member of the team responsible for your care.

What happens before I come into hospital?

You will be involved in planning your care and recovery from the time that we see you for your pre-admission assessment. This is an opportunity for you to tell us all about your individual needs and circumstances.

It is important that you tell us as early as possible if you, or any of your family members, have any concerns about your ability to

We have a team of healthcare professionals who can help to organise any support you might need when you leave hospital. These include occupational therapists, physiotherapists, social workers and the discharge planning team.

How do I prepare for my operation?

Please bring in comfortable, loose-fitting clothes for during your stay in hospital as we will encourage you to dress in day clothes after your operation.

Bowel preparation

Before you come in to hospital for your operation, we may ask you to take a bowel preparation. This is to make sure your bowels are empty for the operation. If you need to take this, your consultant or specialist nurse (key worker) will tell you.

You will need to take this preparation at home before you come to hospital for your operation. The instructions on when to start will be enclosed with the bowel preparation.

If you do not need to take a laxative bowel preparation, you may need to use a phosphate enema at **6pm the day before surgery and 6am the day of your surgery**. An enema is a medication that you put in your back passage to clear the lower end of your bowels. Your consultant or specialist nurse (key worker) will let you know if you have to do this.

Eating and drinking

Three days before your operation, you will need to start eating a low residue diet. Your specialist nurse/key worker will explain this to you and give you an information sheet.

If you are able to eat the day before surgery, it is a good idea to have a small meal the evening before the operation.

Patient checklist			
Three days before surgery:			
Start low residue diet Date:			**Tick**
Day before your operation:			
	How many	**Time**	**Tick**
Energy drink	1 sachet	6pm	
Enema	1 (insert into rectum)	6pm	
Energy drink	1 sachet	10pm	
Day of your operation:			**Tick**
	How many	**Time**	
Energy drink	1 sachet	6am	
Enema	1 (insert into rectum)	6am	

What if I am having a stoma?

If you have been told that you may need to have a stoma (ileostomy or colostomy), you will meet one of the colorectal/stoma care nurses for support and information before your operation.

They will give you a pre-operation practice pack. This is a step-by-step guide for patients to practise stoma care before their operation.

After your operation, the colorectal/stoma care team and the ward nurses will help you to adapt to life with a stoma.

What happens when I come for my operation?

On the morning of your operation, you will need to come to the Admissions Lounge at Russells Hall Hospital. Here a nurse will complete your admission paperwork. Your surgeon will discuss the operation details with you and the possible complications.

The nurse will check that you understand the details of the operation. If you want to go ahead with the surgery, we will ask you to give your written consent.

The anaesthetist and your specialist nurse/key worker or one of the team will also come and see you.

When the operating theatre is available for you to have your operation, a nurse will take you to the arrivals lounge. You will need to change into a theatre gown and elasticated stockings (to help prevent blood clots). We will then take you into the anaesthetic room.

What happens in the anaesthetic room?

The theatre team will run through a series of checks with you and attach the monitors which will measure your ECG, blood pressure etc all the way through your operation. The anaesthetist will put a drip in a vein and carry out any other procedures they need to perform before the anaesthetic starts; they will discuss these with you at the time. When everybody is ready the anaesthetist will start the general anaesthetic and you will be off to sleep.

What happens during the operation?

You will have already been given information about your operation by your consultant and specialist nurse.

Surgery can be performed by two different techniques, known as laparotomy (open surgery) or laparoscopic (keyhole surgery):

Laparotomy (open surgery) is a traditional surgical procedure involving a large cut up and down through the abdominal (tummy) wall.

Laparoscopic is an alternative to open surgery. It is also known as keyhole surgery.

In keyhole surgery, the part of your bowel that is affected will be removed but this will not involve a large cut in your abdomen.

Instead, the surgeon makes four small cuts, of five to 10 millimetres in length, in your abdomen. Small plastic tubes are inserted through these holes and surgical instruments can be passed through these tubes into your abdomen. These include a telescope and camera which allow the surgeon to see inside.

A harmless gas will be pumped into your abdomen to make the process possible. The surgeon removes the section of bowel through a separate cut about five to seven centimetres in length

For both types of surgery, during the operation the piece of affected bowel is removed along with lymph nodes near the bowel (see figure 1). These are routinely analysed.

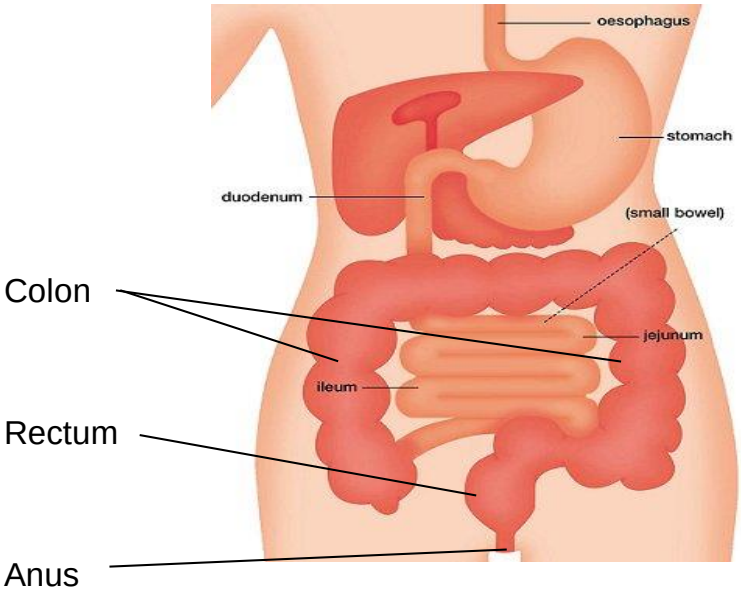

Figure 1 – the digestive system from the oesophagus (food pipe) to the anus

If the parts of the bowel that have been cut cannot be joined back together, the surgeon will bring out one end of the bowel through an opening in the abdominal wall. The end of the bowel is called a stoma.

This can either be a **colostomy** where the end of the large bowel (colon) is brought out or an **ileostomy** where the end of the small bowel (ileum) is brought out.

A bag is put over the stoma to collect the stools that usually pass through, the bowel and out of the body through the rectum and anus

It is natural to be concerned that you will not be able to carry on with your day-to-day activities and that others will notice you are wearing a stoma bag. However, modern stoma equipment is discreet and secure, and there is no reason why you should not be able to do the activities you enjoyed before, including sporting and sexual activities.

Adjusting to life with a stoma can be challenging but most people become accustomed to it over time.

You will see a specialist stoma nurse after having a stoma. Specialist stoma nurses can offer support and advice to help you adapt to life with a stoma.

What are the possible risks?

As with all surgery, this operation carries some risks and complications. It is important that we tell you about these risks so that you have the information you need to make a decision about the operation.

General anaesthetic

A general anaesthetic can cause serious problems such as an allergic reaction but these are very rare. If you have any worries about this, you can discuss them at your meeting before your operation (pre-assessment appointment) or with the anaesthetist before your operation.

Blood clot

A deep vein thrombosis (DVT) is a blood clot in a vein that usually causes symptoms of a red, painful and swollen leg. The risks of a DVT are greater after any surgery. Although not a problem themselves, a DVT can move through the bloodstream and travel to the lungs. This is known as a pulmonary embolism (PE) and is a very serious condition which affects your breathing.

training before you go home, or if this is not possible the district nurses will come to your house to give the injection

If you are able to wear them, you will also be given some elasticated stockings that are specific to your calf and thigh measurements. Nursing staff will advise you on how to use and care for these. Starting to walk and getting moving is one of the best ways to stop blood clots from forming. Again you will need to wear these for sometime after your discharge home.

Bleeding

As with all operations, there is a small risk of heavy bleeding. This may need to be treated with iron tablets or a blood transfusion. A blood transfusion, in rare cases, can cause transfusion reactions or infection.

Infection

There is always a risk that an infection will develop after an operation. These are not usually serious and can be treated with antibiotics.

Nerve damage

The piece of bowel being operated on is very close to the bladder and the nerves responsible for sexual function. These may get damaged during the operation. Bladder function may also be disturbed.

Men may have problems with erection or ejaculation. In women, sexual response may be affected and there may be discomfort during sex.

Other risks

If you have two parts of your bowel joined together by surgery, it is possible for the surgical join in your bowel to break down. If this happens, you may need to have more surgery. This may include

What happens after my operation?

If you have had open surgery or suffer from other medical conditions that require closer monitoring, you will go to the Surgical High Dependency Unit, usually for a day or two. If you have had keyhole surgery, you will probably be taken to a ward, but this will be decided by your consultant and anaesthetist.

A few hours after your operation, you will be able to start having drinks. You may even be able to have something light to eat later that day, if you are not feeling sick.

In addition to normal food, we will encourage you to have nutritional supplement drinks every day during your hospital stay. These are called Fortisip or Fortijuce and are provided in various flavours.

It is important that you eat and drink early after your operation as the nutrients and vitamins from this will help your overall recovery.

Sickness

After an operation, some people may feel or occasionally be sick. Many things may contribute to this but the anaesthetic is designed to reduce the risk of sickness as much as possible.

If you do feel sick, it does not usually last long. We can give you anti-sickness medication through your drip to help you; therefore, if you feel sick, please tell a member of staff. It is important that we relieve your sickness so that you feel better and can eat and drink normally.

Pain control

Effective pain control after your operation is an essential part of the enhanced recovery programme. It will allow you to breathe deeply, start walking around, feel relaxed and sleep well, all of which are a very important part of your recovery process.

The pain control you receive will depend on the type of operation but usually involves a combination of:

- local anaesthetic or other pain killers, given either as a ‘spinal / epidural’ injection in the back, or an injection near the wound to block nerves. These are often given in the anaesthetic room before the operation or occasionally at the end of the operation before you wake up.
- painkillers given through your drip
- tablets or syrup taken by mouth

Please let a member of staff know if the pain control you are receiving is not enough. There are several extra things that we can do to make sure you are as comfortable as possible.

Tubes and drips

While you are having your operation, the doctor will put a tube (catheter) in your bladder so we can measure how much urine you are producing after your operation.

You may have a drip in your arm or neck to give you the fluids that you need.

Some people have a drain put into their abdomen to allow any bloody fluid from the operation to be drained away.

These will usually be removed after you have been reviewed by your specialist doctors.

Exercises

When you wake up from your operation, it is important to start doing deep breathing exercises as soon as possible. This can help to prevent a chest infection, and should be done every 1- 2 hours while you are awake. The exercises are:

In addition, to improve circulation, you should point your feet up and down and circle your ankles as often as possible (at least every hour).

Getting out of bed and walking

The ward staff or physiotherapist will help you to get out of bed as soon as possible after your operation. This may be on the same day as your operation if you are well enough, probably about four hours after you arrive on the ward.

You will spend two hours out of bed on the first occasion, and then at least six hours each day after this. This could be three hours in the morning and three in the afternoon, or three sets of two hours.

We will encourage you to walk 20 metres, three to four times a day on the first day after surgery. This should increase to 60 metres, four to six times a day, from the second day.

Being out of bed in a more upright position, and walking regularly, is good for your lungs and will help to prevent a chest infection. It is good for your circulation and helps prevent blood clots. It also improves other body functions such as bowel movement.

Preventing blood clots (deep vein thrombosis – DVT)

Whilst you are in hospital, we will give you a daily injection of a medication called enoxaparin. This helps to reduce the risk of blood clots occurring in the legs by thinning the blood.

Some people may need to continue having these injections at home. If this applies to you, the ward staff will show you how do this before you leave hospital.

If you can wear them, we will also ask you to wear compression stockings to help prevent clots.

Exercise plays a very important part in the prevention of clots. While you are awake, you should try to move your feet, legs, arms and hands for at least five minutes every hour. You should also move around regularly.

What do I need to look for when I get home?

It is unusual for serious problems to happen after this type of operation but if they do, it is important to treat them as early as possible. Therefore, it is important to know what to look out for.

During the first two weeks after surgery, if you are worried about anything, please telephone the numbers listed towards the back of this booklet. If you cannot contact any of the people listed, ring your GP, or if necessary go to your nearest Emergency Department (A&E).

If you have had keyhole surgery and have any problems within three days of going home from hospital, please contact:

B5 Surgical Assessment Unit (SAU) on 01384 244359

Abdominal pain

It is quite common to suffer sudden abdominal pains during the first week after you have had part of your bowel taken out. The pains usually last for a few minutes and will decrease between spasms.

However, if you have severe pain that lasts for several hours, it is possible that you may have a leakage of fluid from the area where the bowel has been joined together. This can be serious although it is rare. If you get this, you may also have a fever (high temperature).

Therefore, if you have severe pain lasting more than one or two hours, or have a fever and feel generally unwell within two weeks of your operation, contact one of the numbers listed in this booklet.

Bowel habits

Your bowel habits may change after you have part of your bowel removed. For example, your stools may become looser or you may get constipation. To help prevent this, make sure you eat regular

If you are constipated for more than three days, you might be able to take a laxative. However, we suggest you contact us or your GP for advice first. If you are passing loose stools more than three times a day, for more than four days, please contact us or your GP for advice.

If you have a stoma, your colorectal/stoma nurse specialist will discuss how to manage this with you, before you go home.

Blood clots

Blood clots are a possibility after any form of surgery and although these are rare, it is still important that you know what to look out for. If you develop pain, redness and/or swelling in either leg, you should contact the ward you were on after your operation, or your GP, immediately.

Very rarely, blood clots can travel to the lungs and cause you to have chest pains and/or shortness of breath. **This is an emergency and you should dial 999 and ask for an ambulance.**

Wound care

Your wound will probably be slightly uncomfortable for the first one to two weeks. Please contact the ward you were on after your operation, or your specialist nurse, if your wound:

- becomes hot, inflamed, swollen or very painful
- has fluid coming out of it

Diet

A balanced, varied diet is recommended and you should try to eat three or more times a day. You may need to change how much fibre you eat depending on whether you are constipated or have looser stools.

If you have a stoma, the stoma care nurses will give you specialist

If your appetite does not improve after a few weeks, or if you are losing weight without trying, you may benefit from a consultation with a dietitian. Your consultant, GP or colorectal/stoma nurse specialist can refer you to a dietitian.

Exercise, hobbies and activities

We encourage you to be active as soon as you can after surgery. You should plan to exercise several times a day and gradually increase this each day after your operation.

Taking up your normal hobbies as soon as possible again after surgery will also help you to be active which will help you to heal. Just be careful – if your wound is pain free, you should be able to do most activities.

However, you should not lift anything heavy (Including shopping bags) for six weeks after your surgery.

Work

Many people are able to return to work within four weeks of their surgery. However, if your job involves heavy manual work, we advise that you take six weeks off after your operation. If you are not sure about when you should return to work, please ask your GP for advice.

Driving

Do not drive until you are confident that you can do so safely. We would advise that you wait at least six weeks.

It is important that any pain has gone away enough for you to be able to perform an emergency stop and turn the wheel quickly in an emergency. You should also make sure that you can sit in your car, fasten the seatbelt, press all the pedals and turn your head without any discomfort.

Do not drive if you have any discomfort that may distract you.

Stoma care

The stoma nurses will give you a supply of the equipment needed to care for your stoma before you go home. The colorectal/stoma nurse responsible for your care will discuss with you when they will ring you, and will arrange to see you in the stoma clinic.

They will also give you contact telephone numbers, and information and advice about your stoma.

What follow up care will I receive?

A member of the nursing staff will ring you one to three days after you leave hospital. This will give you the opportunity to discuss any concerns, and allow us to assess your progress at home.

The part of your bowel that is taken out will be examined in our laboratory. Once this has been analysed, we will send you an outpatient appointment with your consultant surgeon who will discuss these results. How will I feel after the operation?

Having surgery can be a stressful experience, physically and emotionally. In the first weeks at home, you may have some days when you feel quite low and this is normal.

However, reactions differ from one person to another. These emotions are part of the process that people go through in coming to terms with their illness, and friends and family often experience similar emotions and need support and guidance too.

It is important to remember that there are people available to help you and your family. You may find it easier to talk to someone who is not directly involved with your illness and so you might find it

you to address your specific concerns and worries so that we can give you the support you need.

You may want to get together with other people who are in or who have been in a similar position to yourself. Contact details are included in the list of useful addresses at the end of this booklet.

Can I find out more?

Here is a list of useful addresses and contact details:

Citizens Advice Bureau
www.citizensadvice.org.uk

Citizens Advice Bureau – Dudley Branch
0344 411 1444
Email: dudleybureau@dudleycabx.org

Colostomy Association
Enterprise House
95 London Street
Reading
RG1 4QA
0800 328 4257
www.colostomyassociation.org.uk

Crohn's and Colitis UK
45 Grosvenor House
St. Albans
Hertfordshire
AL1 3AW
0300 222 5700
www.crohnsandcolitis.org.uk

Dudley Stop Smoking Service
01384 456111 ext. 2783
http://dudleygroup.nhs.uk/services-and-wards/stop-smoking-service/

Ileostomy and Internal Pouch Support Group
Danehurst Court
35-37 West Street
Rochford
Essex
SS4 1BE
0800 018 4724

Ileostomy Association Stourbridge Branch
Contact the Secretary
01562 755630
Stourbridge.iasupport.org
Email: stourbridge@iasupport.org

Glossary of terms

These are some of the medical words and terms you may come across during your appointments.

Analgesia
Pain relief.

Anastomosis
The joining together of two ends of healthy bowel after diseased bowel has been cut out (resected) by the surgeon.

Electrolytes
Salts in the blood e.g. sodium, potassium and calcium.

Enema
A liquid introduced into the rectum to encourage the passing of motions.

Faeces
The waste matter eliminated from the anus (other names – stools, motions).

Oncologist
Pathology
The study of the cause of the disease.

Stoma
An artificial opening made by surgery of part of the intestine onto the abdominal surface which allows stool to exit the body.

Tumour
An abnormal growth which may be benign (non-cancerous) or malignant (cancerous).

Contact information

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

Colorectal/stoma care specialist nurses

01384 244286 (8.30am to 6pm, Monday to Thursday, 8.30am to 5pm on Fridays). If we are not available, please leave a message on the answerphone and we will get back to you.

or

Ward B4 (west wing)

01384 244126 (out of hours and weekends)

Ask to speak to the nurse in charge. If the nursing staff cannot answer your questions, they will suggest alternative contacts.

Important information

If you have had keyhole (laparoscopic) surgery and have any problems within three days of going home from hospital, please contact:

B5 Surgical Assessment Unit (SAU) on 01384 244359

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

http://dudleygroup.nhs.uk/services-and-wards/oncology/

If you have any feedback on this patient information leaflet, please email dgft.patient.information@nhs.net

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

للحصول على هذه النشرة بحجم أكبر، وعلى شكل إصدار صوتي و بلغات أخرى، الرجاء الاتصال بالرقم 08000730510.

此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

ਇਹ ਪਰਚਾ ਵੱਡੇ ਅੱਖਰਾਂ, ਬੋਲ਼ ਕੇ ਰੀਕਾਰਡ ਕੀਤਾ ਹੋਇਆ ਅਤੇ ਦੂਸਰੀਆਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਵੀ ਪ੍ਰਾਪਤ ਹੋ ਸਕਦਾ ਹੈ, 0800 073 0510 ਤੇ ਫੋਨ ਕਰੋ ਜੀ।

Aceasta brosura poate fi pusa la dispozitie tiparita cu caractere mari, versiune audio sau in alte limbi, pentru acest lucru va rugam sunati la 0800 073 0510.

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