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**ENHANCED RECOVERY
AFTER SURGERY PROGRAMME
(ERAS)**



London Bridge Hospital

Contact Details

If you have any concerns, please call your Consultant's secretary during working hours. During out-of-hours, please call the ward.

You will be given emergency numbers to use following discharge if you have any questions.

In an emergency, please telephone 020 7407 3100 and ask to speak to the Duty Manager on Dect Phone 48000.

The Duty Manager will transfer you to the appropriate person to help you with your enquiry.

Your name:	
The planned operation:	
Your Consultant:	
Date of admission:	
Expected time of operation (am/pm):	
Potential discharge date:	

This booklet explains what the enhanced recovery programme is, and what you need to do to help yourself recover after your operation.

Research has shown that if you help with your own recovery process, you will experience less pain and spend less time in hospital afterwards. You will resume your normal activities and lifestyle at home, and be able to return to work much sooner.



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Exercise

In addition to performing your normal everyday activities, you should take regular exercise several times a day. Gradually increase your exercise in the first four weeks after surgery. Ideal exercises include walking and cycling on an upright exercise bike.

Your physiotherapist will give you advice about returning to any sport or hobbies you like to take part in or are planning to start.

Work

You will be advised by your Consultant when you are likely to be able to return to work.

Driving

You should only begin driving again when you are able to perform an emergency stop comfortably and without delay. Please also check with your insurance company before you start driving again.

Your follow-up

Depending on the surgery, you will be advised when you will need to arrange your follow-up appointment with your Consultant.



Your bowels

Your bowel habits may change after your surgery. You may find that your bowel movements are 'looser' and more frequent than before. Alternatively, you may become constipated following the anaesthetic as a side effect of some painkillers. While you are in hospital, the nurses will enquire regularly about your bowel motions.

Make sure you eat regular meals and take regular walks during the first few weeks after you return home.

Abdominal pain

There is a possibility that you may suffer stomach pain and cramps in the first two weeks after surgery. The spasms usually last only for a few minutes, but may be very uncomfortable. This is due to the surgery and is completely normal.

If you experience severe pain, develop a fever or feel unwell, please contact us immediately. It may be recommended that you ask your GP to prescribe you anti-spasmodic tablets.

Activities

In order to protect the wound as it heals, it is important that you avoid certain activities. If you have had abdominal surgery, do not lift anything heavier than a kettle half full of water, (approximately 2-3 kilogrammes) for four weeks after the surgery. You should avoid some tasks such as vacuuming, mowing the lawn and heavy household tasks for the same length of time. Light domestic duties such as washing up and dusting are acceptable.

What is the ERAS programme?

ERAS is a programme that is designed to help you recover from your surgery more efficiently, with the aim of helping you regain your independence. The programme covers various aspects of your care before your operation, during your operation and in the days following surgery.

These include introducing special carbohydrate drinks before the operation to minimise the effects of fasting, specialised pain control, getting you out of bed early, encouraging you to do breathing exercises, taking a walk four times a day and the introduction of food and drink following your surgery.

Before you come into hospital

Enhanced recovery starts at home before your operation. Research has shown that it is beneficial to try and lead a healthy lifestyle beforehand, in terms of diet and exercise.

If you smoke, it is ideal to give up as soon as you can. If you are struggling to quit completely, cutting down as much as possible and trying not to smoke immediately before surgery will help greatly and your GP should be able to help with this. If you drink alcohol, it is recommended that you reduce the amount or give up drinking for a week before your operation.

You should try to eat a varied and healthy diet. If you have lost weight unintentionally it may be helpful to try and increase your weight. Your GP can advise you how to do this. If you would like any dietary advice, we can refer you to our one of our specialist dietitians when you arrive.

It is also very beneficial to try and increase your fitness and exercise tolerance before surgery. This will obviously depend on any other problems you may have which affect your mobility, for example arthritis. However, any improvement you can make in your fitness will help your recovery. If you are not used to exercise, try increasing the distance you walk each day.



Before your operation

You will come into hospital on the day of surgery, unless your surgeon feels you should come in the day before. Unless you have been told otherwise, you can eat normally up to six hours before your operation and drink clear fluids until two hours before your operation. Clear fluids are any drinks which are transparent. This includes water, black tea/coffee (with or without sugar), or squash.

Taking PreOp drinks before surgery

PreOp is a clear, non-fizzy, lemon-flavoured carbohydrate drink, which comes in a 200ml carton, specifically designed for patients undergoing surgery. Research has shown that having an operation puts stress on the body. This carbohydrate drink reduces the stress on the body and aids a faster rehabilitation.

If you have been asked to take PreOp, you will be given instructions with the drinks. Sometimes the drink is not required.

If your surgery is in the morning, you will take a loading dose of four bottles the evening before, and take the final two bottles the next morning, to finish two hours before your operation:

- evening before surgery - 4 x 200ml cartons
- morning of surgery - 2 x 200ml cartons

If your surgery is in the afternoon you will take a loading dose of four bottles that morning, and the final two bottles should be finished two hours before your operation:

- morning of surgery 4 x 200ml cartons
- 2-3 hours before surgery 2 x 200ml cartons

PreOp should be stored in a cool, dry place, and consumed within four hours of opening. If you have been told that you require bowel preparation you can continue to take PreOp, and follow the diet instructions we give to you.

Planning your discharge

It is best practice that we support you to start planning your discharge at the earliest opportunity, often even prior to admission. How long you will need to stay in hospital will depend on your operation and your recovery. Unless there is a reason (medical or other) you should be ready to leave by 10.30am on your day of discharge. The day before you plan to go home, please confirm with your nurse or the ward receptionist what time you will be collected, so that we can arrange your discharge.

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 at the back of this booklet. Try and contact us before calling your GP.

Your wound

Your nurse will advise you about how to manage your wound before you go home, and may provide you with some spare dressings. Your wound may be uncomfortable during the first few weeks after your operation, take extra care and avoid having a bath until advised. Please let us know if your wound develops any of the following:

- becomes more painful or swollen
- starts to discharge fluid
- beginning to open
- becomes red or angry looking

Please also let us know if you have developed a temperature.



During your recovery we will monitor

- your blood pressure, heart rate and temperature
- how much food and drink you have had
- how much urine you pass
- when your bowel first starts working again
- the number of walks you take
- the amount of time you spend out of bed

Controlling your pain

It is important that your pain is controlled so that you feel comfortable, can walk around, breathe deeply, eat and drink, feel relaxed and sleep well.

Your nurses will regularly check how you are feeling and how we are managing your pain. Our aim is to get you to a point that you can move with mild pain or a pain level that you are happy with. You may have an epidural in your back which delivers a continuous supply of pain relieving medicine. Alternatively, you may have a Patient Controlled Analgesia (PCA) painkiller which is under your control. You will be taught how to assess and dose this using a button to press which will be within your reach at all times.

You will be given oral painkillers (tablets) as soon as you are able to eat and drink. These will be taken at regular intervals initially and reduced as required when your pain levels decrease. If your pain is not controlled on movement, please inform a member of staff immediately. Do not wait for a nurse to offer this to you.

When you are able to take painkillers orally, take them regularly to control your pain better. If you are uncomfortable, please tell staff immediately so we can help you. We can also offer you hot packs and other methods of pain management.



If you need a stoma (ileostomy/colostomy)

Your surgeon will have discussed with you whether you may need a stoma as part of your surgery, either on a permanent or temporary basis. If this is necessary, we will refer you to the stoma care nurse before your operation.

The stoma nurse will visit you regularly on the ward and will ensure that you are ready to care for your stoma when you go home. If you have any problems with your stoma at home, please call the Duty Manager on the number at the back of this booklet.

After your operation

Your Consultant may arrange for you to go straight to our Intensive Care Unit after your operation until you are ready to come back to the ward.

You will continue on the enhanced recovery programme after your surgery. This includes starting to drink and mobilise as soon as possible.

Eating and drinking

After your operation it is important that you are well hydrated. When you first wake, we would like you to try and drink about five glasses or cups during the first day.

After this, you should aim to drink 10 to 12 drinks (about 2000mls) per day, unless you feel sick. You can drink a variety of non-fizzy drinks whilst you are in hospital.

High-protein and high-energy drinks are provided to help your body to heal, reducing the risk of infection and aiding your overall recovery. Aim to drink at least two of these per day during your stay.

Occasionally, some people feel sick after their operation. This is usually caused by the anaesthetic or medication used during your surgery. Several medicines are used to treat this, so if you are feeling sick, please let your nurse know and we can give you one that is right for you. It is important to relieve these symptoms so you can feel well enough to eat and drink normally.



Breathing exercises

Please start the deep breathing exercises (explained below) as soon as possible, ideally when you wake from the surgery. The operation and anaesthetic have an effect on your lungs so that they do not open as fully as normal, this can leave you vulnerable to developing a chest infection.

1. relax your shoulders
2. take a long slow deep breath in, hold for four seconds
3. open your mouth and breathe out
4. repeat three more times

You should perform these exercises every hour that you are awake. If you feel the need to cough, press a folded towel against your stomach for support to reduce the discomfort. Do not suppress a cough as this may lead to a chest infection.

Helping you out of bed

We will help you get out of bed as soon as possible, even on the day of your operation, and will ask you to spend time sitting in a chair or moving around. You should aim to spend at least four hours out of bed on the first day after your operation, and then a minimum of eight hours daily for each day after this.

Circulation exercises

These are needed as the anaesthetic will slow down your circulation. They will help reduce the risk of developing a deep vein thrombosis.

- bend and straighten your toes briskly
- rotate your ankles in both directions

Your physiotherapist will explain your individual exercise programme to you. You should do your exercises six times every hour until you are fully mobile.

Mobilisation

On the day of your operation you may be helped out of bed to walk on the spot, this will improve your breathing and circulation until you are able to walk to the chair. From the first day after your operation we will encourage and assist you to walk around, aiming to walk at least 60 metres, four times a day.

This is an essential part of your recovery. Spending time out of bed, sitting in a more upright position and walking regularly will help your lungs function and lowers the risk of a chest infection. It also helps your bowel function and mobility recover faster.

