

Colorectal surgery

Enhanced recovery programme for colorectal surgery

Information for patients, relatives and carers

Introduction

This booklet is a general guide to your post-operative care. Depending on your personal circumstances there may be variations from the practice outlined in this booklet. The team will discuss these with you.

About the enhanced recovery programme

The aim of the enhanced recovery programme (ERP) is to help get you back to full health as quickly as possible after your operation. Getting out of bed and eating, drinking and exercising early in your recovery is better, research shows. This will reduce the likelihood of complications.

ERP enhances your recovery by:

- helping your bowels to get back to normal more quickly
- helping you to get back on your feet and moving around more quickly
- reducing fatigue (tiredness)

ERP also reduces the risk of complications such as:

- chest infections
- developing blood clots after surgery

We will encourage you to work towards achieving daily goals. The more involved you are the more successful the programme will be for you.

We recommend this programme for many patients having planned surgery. However, your consultant may decide it is not right for you. If this is the case, they will discuss it in detail with you.

Pre-operative assessment

Before you come into hospital for treatment, you will see a consultant in the outpatients department. They will explain what will happen during your operation.

Afterwards, we will give you an appointment to attend the pre-operative assessment clinic. At the clinic, staff will carry out routine tests to ensure you are fit and safely prepared for surgery. This includes screening for potential infections.

Pre-assessment nurses will give you more instructions. This will include fasting times and how to take the carbohydrate drinks (energy drinks to maintain nutrition while you are fasting for the operation).

About one week before your surgery, the colorectal clinical nurse specialist (CNS) will contact you. They will talk to you about the ERP and discuss all your needs. This will include arrangements at home so that any help you may need after your operation can be planned.

Diet and exercise will also be discussed. You may need to be referred to the dietitian if, for example, you have lost a lot of weight or your appetite is poor.

Before surgery

It is very important to consider the following before surgery:

- **diet:** what you eat is important. Good nutrition before surgery will help you to recover faster afterwards
- **staying active:** be as active as you can before surgery. Carry on with your daily activities
- **stop or reduce smoking:** if you are a smoker we advise to stop or reduce smoking as soon as possible. This will reduce the risk of complications after surgery, such as delay in wound healing or breathing problems. Visit your GP or pharmacist for advice on products to help you stop smoking. You can ask to be referred to the right service.

Planning your return home after surgery

It is very important to plan for your return home after surgery.

Transport

We advise you not to travel home on your own from the hospital when you are discharged. We recommend you arrange for a friend or relative to collect you. If this is not possible please speak to a member of the team when you arrive on the ward, so hospital transport can be booked.

Help at home

Please arrange for family or friends to help you with tasks like shopping and cleaning for the first couple of weeks. If you live alone, you can stock long life food, like pre-cooked meals, before you are admitted in hospital.

On the day of your operation

- you can eat light food until six hours before the admission.
- you can drink only water until two hours before the admission.
- you are advised to drink the carbohydrate drinks mentioned before (instructions of when to take the drinks will be given at the pre-assessment appointment).

You will be admitted to the surgical admission unit. It is important that you keep yourself warm before your operation so please bring a dressing gown and slippers.

You will be:

- provided with a hospital gown and some support stockings to wear. These stockings reduce the risk of you developing blood clots in your legs
- seen by the anaesthetist **and** a member of the surgical team to sign your consent form. This form confirms that you understand the procedure and agree to have the surgery

Starting your enhanced recovery programme

Your ERP will start straight away after your surgery and continue until you leave the hospital. Each day, you and the clinical team will have a number of goals to meet. These goals may change because of your condition or complications that may arise. If they do change, your clinical team will discuss this with you.

Immediately after your operation, you will:

- be admitted to a surgical ward
- have cannulas (small plastic tube) inserted in your arm and hand, or both, so you can receive fluids and pain relief
- have a catheter (tube to help you pass urine) inserted into your bladder
- be given oxygen
- have your temperature, blood pressure and pulse checked regularly
- receive additional medications that will be prescribed on an individual basis
- depending on the operation, a drain (tube) may be inserted on your stomach or abdomen to remove fluids that collect there after surgery as a reaction to the operation

Depending on your condition you may also have the following:

- stoma (if this is planned it will have been discussed with you in detail by the team)
- epidural for pain relief
- patient controlled analgesia (PCA) – this is a way of getting pain relief through a line directly into the vein by pressing a button

Controlling your pain is very important. It allows you to walk about, breathe deeply, eat and drink, feel relaxed and sleep well. This all helps your recovery.

Day one after your operation

Mobility (moving around)

Each day after your surgery you are advised to sit in a chair for a total of four to six hours. You should take regular rests on the bed. Do this if you feel well enough.

You should aim to go for at least two walks around the room or bay or ward. We can support you to do this. Walking and breathing exercises will help to:

- reduce the risk of developing a chest infection
- reduce the risk of blood clots in your legs
- encourage your bowels to get back to normal more quickly

Being out of bed in an upright position and walking regularly will improve your breathing. Perform deep breathing exercises at least five times an hour to help prevent a chest infection.

- breathe in through your nose and out through your mouth
- cough when needed. If this feels uncomfortable, hold your stomach to reduce the pain

Eating and drinking

You should take all medications, food and drinks orally (by mouth). Start eating and drinking as you feel able. Follow a light diet, as advised by the surgical team. If you are unsure about what you are allowed to eat please ask the nursing staff for advice.

Try to drink eight glasses (around 1.5 litres) of non-fizzy fluid each day. You may need carbohydrate drinks to ensure you have enough nourishment to help your body heal. This is important as it will reduce the risk of infection and help your overall recovery.

Chewing gum will help your bowels to return to normal. Please bring a supply into hospital with you. You might be given a laxative to encourage your bowels to work. (Unless your entire large bowel (colon) has been removed, or you have an ileostomy).

Pain control

You will have an epidural or PCA or strong oral painkillers. This will be checked by a nurse often to ensure it is still working well. Regular pain relief will also be given.

Feeling sick

If you feel sick please tell the nurses. They will be able to give medication to reduce this symptom.

Tubes and drip

If you are drinking well, your drip will be removed. Your cannula will remain until the day you are discharged.

Once you are up and about, the catheter in your bladder should be removed. If you have had pelvic surgery then we may leave it in for longer. Once the catheter is removed, we will ask you to pass urine into a bottle or a bedpan so it can be measured.

If the drip, drains or catheter remains, your clinical team will review these daily to decide when they can be removed.

Regular monitoring

Your blood pressure, pulse, temperature, fluid balance and weight will be regularly checked (day and night time).

Stoma

If you have a stoma, the stoma CNS will start teaching you how to self-manage it.

Personal hygiene

We will help you to wash or shower, and you can brush your teeth as usual. This will help you get back to your normal routine more quickly. It may also help you to feel more positive about your recovery.

Day two after your operation

Mobility (moving around)

You should sit out of bed in a chair for a total of six to eight hours, taking regular rests on the bed.

You should aim to walk unaided at least two to four times during the day. Please make sure that you feel steady on your feet first and ask us if you need help.

Continue performing deep breathing exercises.

Eating and drinking

Continue eating and drinking a light diet as per the surgical team advice.

Drink eight glasses (around 1.5 litres) of non-fizzy fluid each day.

Pain control

If you had keyhole surgery then your team will consider removing your epidural or PCA. If it needs to remain in place the nurses will check it is still working well. You will continue taking regular pain relief. If you are still in any pain please tell the nurses on the ward. They can review your pain relief.

Stoma

If you have a stoma we will continue to teach you how to self-manage this.

Personal hygiene

We will help you to wash or shower. We advise you to wear your normal clothes or pyjamas during your stay in hospital.

Day three after your operation

Mobility (moving around)

If you feel well enough, you should sit out of bed in a chair for a total of eight hours. Take regular rests on the bed. During this time, you should wear your own clothes and aim to walk unaided at least four times.

Pain control

If you're still in pain, your epidural or PCA will be removed. You will continue taking regular pain relief daily. If you are still in pain please tell the ward nurses. They can review your pain medication.

Stoma

If you have a stoma, we will continue to teach you how to self-manage this.

Personal hygiene

You should now be washing or showering on your own. You should also be wearing your normal clothes or pyjamas.

Days four and five after your operation

Mobility (moving around)

You should get dressed and spend your day sitting out of bed for a total of 10 hours, with regular rests on the bed. You should aim to walk unaided at least four times.

Stoma

You should now be able to self-manage your stoma.

Discharge home

Before you are sent home we would like you to:

- be eating and drinking
- be walking
- have your pain under control with tablets
- have a normal temperature
- have passed wind and/or had bowel movement

On the day you are discharged, we may ask you to wait in the discharge lounge for your discharge medications and lift home. This will be from midday.

What happens after discharge

You may need someone to help with heavier jobs such as food shopping, vacuuming and gardening for a few weeks. Some people feel more confident staying with a relative or friend or having a relative or friend stay with them. If you live alone and we think you may need temporary care to help you get back to normal and stay independent, you will be seen by the therapist team (e.g. physiotherapist and occupational therapist) and if required, they will organise support at home for when you leave hospital.

We encourage you to take regular daily walks to stay active. This reduces the risk of blood clots forming in your legs.

Follow-up clinic appointment

The enhanced recovery nurse will call you 2 to 3 days after you have left the hospital. They will assess your progress.

You should receive an outpatient appointment after discharge (usually within 3 to 6/weeks). This is where the surgical team will assess your progress. If you do not get an appointment, please contact the department or your CNS.

Complications

Complications do not happen often. However, it is important to know what to look out for:

Go straight to A&E if you are worried about the following symptoms in the first four weeks after surgery.

Deep vein thrombosis (DVT)

This is a blood clot in your leg. If you experience any of these symptoms you should go straight to A&E:

- swelling
- pain
- redness

Pulmonary embolism (PE)

This is a blood clot in your lung. If you experience any of these symptoms you should go straight to A&E:

- sharp, central chest pain (can be right or left sided)shortness of breath
- coughing up blood
- palpitations (where your heartbeat feels uncomfortable or unusual)

Occasionally you might feel a gripping pain (colic) which usually lasts for a few minutes and goes away between the spasms. However, if you experience any of these symptoms you should go straight to A&E:

- severe stomach pain that lasts for several hours
- vomiting
- fever
- feeling generally unwell with a fever but without stomach pain
- palpitations (where your heartbeat feels uncomfortable or unusual)

Chest infection

If you experience these symptoms you should go straight to A&E:

- cough with sputum (phlegm) especially if it is yellow or green
- fever
- shortness of breath
- chest pain

What to look out for at home

Bowels

Your bowel habit can change after removal of part of the bowel and you may experience diarrhoea or constipation, or both. During the first week, make sure you:

- eat small, regular meals at least three times a day
- drink plenty of fluids
- take regular walks during the first few weeks.

If you have constipation for more than three days, we advise you to:

- take a laxative, or
- eat more food rich in fibre (brown bread and brown cereals, salads, fruits like prunes)

If you are passing loose stools more than three times a day for over four days then please call your CNS for advice.

Stoma

If you have a stoma, the stoma CNS will explain everything you need to know before you go home. If you have any problems after you go home please contact your stoma CNS. We will give you their contact details before you leave the hospital.

Passing urine

Sometimes after bowel surgery you can experience a feeling that your bladder is not fully emptying. This usually settles after around five days. However, if this is a new symptom at home or if it stings a lot when passing urine, please ring the GP or the CNS for advice. You may have an infection.

You should check the colour of your urine.

- straw-coloured urine suggests that you are well hydrated and drinking enough
- darker urine can be a sign that you are dehydrated and usually means you need to drink more fluid

Diet

It is recommended that you follow a balanced, varied diet. You should try to eat small amounts at least three times a day.

If you are finding it difficult to eat, you can supplement your food with nourishing, high protein, high calorie drinks. You can drink these three or four times a day. Brands such as Build-up or Complan® are available in supermarkets and pharmacies.

You may find that certain foods cause loose bowel motions. If this happens, you should avoid those foods for the first few weeks following your surgery. If you are suffering from diarrhoea it is important to drink extra fluid and call the ward or your CNS for advice.

If you are losing weight without trying or struggling to eat enough, you may need to see the dietitian. Please ask your GP to refer you.

Wounds

The nurse will assess your wounds and tell you how to care for them before you leave hospital. Your wounds should be covered by waterproof dressings for five days after surgery. Try not get your wounds wet for this time. If there is a lot of discharge coming from the wound, the dressing may need changing more often.

Any skin staples used on your wounds will usually be removed after 10 to 14 days. This will usually take place in your GP practice and can be done by the practice nurse.

It is not unusual for your wounds to be a bit red and uncomfortable during the first few weeks. However, please contact the GP or your CNS if you have any concerns about your wounds or you notice your wounds:

- become inflamed, more painful or swollen
- start to leak fluid/pus
- start to come apart at the edges

Tiredness

You might find that you have low energy levels in the first few weeks after surgery. However, it is important to make sure your mix activities with rest. For example, even if you have low energy levels, it is important to:

- get out of bed
- get dressed
- try to have a walk outside
- rest when needed

Exercise, hobbies and activities

We encourage you to take regular daily walks in order to stay active. This reduces the risk of blood clots forming in the legs.

Increase your daily walks over the four to six weeks after your operation. Do this bit by bit until you are back to your normal level of activity.

There is no need to avoid hobbies and activities, so get back to them as soon as possible after surgery.

For six weeks after your operation, avoid:

- anything that causes significant pain
- anything that involves heavy lifting
- contact sports, like football or rugby

Once you are pain free you can normally take part in most exercise. If it causes discomfort, change your exercise.

Work

You should be able to return to work within two to four weeks after your operation. However this may vary depending how well you are recovering. If your job is manual, then do not carry out any heavy lifting until six weeks after your operation or when advised by the surgical team.

Whatever job you do you should check with your employer in case there are specific rules or advice about your return to work.

Driving

You should not drive until you are confident that you can drive safely.

You must be able to perform an emergency stop and turn the wheel quickly without pain.

Usually this will be within two to four weeks of surgery. It is likely to be when you have returned to most of your normal activities.

Before driving, you **must** check that your insurance covers you to drive post-surgery. Check this with your insurance company.

Summary

The best way to improve your recovery is to take an active part in it. You can help yourself get back to normality as soon as possible.

We will support and advise you about:

- diet and nutrition
- getting up and about as soon as possible.

We will:

- remove drips and catheters at the right time
- involve you in personalised care to ensure a rapid recovery.

Each day you should feel some improvement.

Please ask your team or the ward staff if you are worried about anything or have any questions at any time.

How to contact us

Enhanced Recovery Nurse: 020 331 11600/ 078 245 99615

7 North Ward: 020 331 11931

Riverside Ward: 020 331 38881/020 331 38897

Stoma CNS: 020 3313 0862 (CXH)
0203 3121 306 (St Mary's)

Further sources of support and information

Macmillan cancer navigator service at Imperial College Healthcare NHS Trust (ICHT)

This is a single point of contact for ICHT cancer patients and their families, helping you to navigate your care and resolve queries that you may have. Our Navigators can access information about your appointments, connect you to appropriate services and signpost you on to further support. They can also book you in for a telephone call back from your Clinical Nurse Specialist (CNS) if you have a question that needs clinical input.

The service is open Monday to Friday 08:30 to 16.30 excluding bank holidays. (The service is closed for training between 14.00- 14.45 on Thursdays.)

Call: **020 3313 0303**

Macmillan cancer information and support service at Imperial College Healthcare NHS Trust (ICHT)

The Macmillan cancer information and support service offers free support and information to anyone affected by cancer, including family and loved ones. The service has physical centres at Charing Cross and Hammersmith Hospitals, and also offers virtual and telephone support.

When you call or visit you can speak to one of the Macmillan cancer team one-on-one about whatever matters most to you. You can sign up to a range of weekly virtual groups that provide the opportunity to connect with other people with cancer in a relaxed environment.

You can also speak to our Macmillan welfare and benefits adviser, who can offer ICHT patients tailored advice on additional financial support.

The service is open Monday-Thursday (excluding bank holidays), with various drop-ins available within our physical centres. For more information please call us on **020 3313 5170** or email [**imperial.macmillansupportservice@nhs.net**](mailto:imperial.macmillansupportservice@nhs.net)

Maggie's West London

Maggie's is a cancer charity that provides the emotional, practical and social support to people with cancer and their family and friends.

The centre offers a calming and beautiful space, a professional team of support staff, and the opportunity to talk and share with a community of people who have been through cancer too.

Maggie's centres are warm, friendly and informal places full of light and open space, with a big kitchen table at the heart of the building. Maggie's West London is located in the grounds of Charing Cross Hospital but is independent of our hospital.

The centre is open Monday to Friday, 09.00-17.00. For more information please call **020 7386 1750**.

Macmillan Support Line

The Macmillan Support Line offers confidential support to people living with cancer and their loved ones. This support line is a national line provided by Macmillan and is independent of our hospital.

The Support Line is open every day, 08:00 to 20:00. Please call: **0808 808 000** or visit www.macmillan.org.uk

How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3313 0088** (Charing Cross, Hammersmith and Queen Charlotte's & Chelsea hospitals), or **020 3312 7777** (St Mary's and Western Eye hospitals). You can also email PALS at [**imperial.pals@nhs.net**](mailto:imperial.pals@nhs.net) The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to complain by contacting our complaints department:

Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street London W2 1NY

Email: ICHC-tr.Complaints@nhs.net

Telephone: **020 3312 1337 / 1349**

Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team: imperial.communications@nhs.net

Wi-fi

Wi-fi is available at our Trust. For more information visit our website: www.imperial.nhs.uk

Colorectal surgery
Published: May 2023
Review date: May 2026
Reference no: 2919
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