

PLEASE
remember to bring
this booklet to
hospital with you.



Bedfordshire Hospitals
NHS Foundation Trust

Enhanced Recovery Programme for **Colorectal Surgery**

Patient information booklet

Contents Page

Introduction to Enhanced recovery after surgery (ERAS)	3
Pre-assessment clinic	4
Lifestyle Improvements and Prehabilitation	5
Preparing for your stay in hospital	12
Admission to hospital	14
General Complications	15
Post-operative ileus (lazy bowel)	16
Pain control following surgery	19
Day 0 after your surgery – what to expect and what should you be	18
Day 0 on the ward	19
Day 1 – and until day of discharge	20
When do I go home?	22
Things to remember on leaving the hospital	22
Diet	24
Frequently Asked Questions	26
Useful Telephone Numbers	29

*Major surgery is like
running a marathon – and
both require preparation*

The aim of this booklet is to provide you with some general information about our Enhanced Recovery After Surgery programme (ERAS). It is important that you are aware of what to expect before and after your Colorectal Surgery in terms of how to prepare for your operation and for your recovery.

Enhanced Recovery is a modern, evidence-based approach that can help patients recover more quickly after surgery.

Having an operation can be both physically and emotionally stressful. Enhanced Recovery Programmes try to get you back to full health as quickly as possible.

This booklet is only intended as a guide, as treatment is always planned on an individual basis. Please ask a member of the healthcare team if anything remains unclear, or you have any concerns or questions at pre-assessment, during your stay in hospital or at home. Research has shown that the earlier a person gets out of bed and starts walking, eating and drinking after having an operation helps to reduce post-operative complications. Patients and health care professionals are realising the benefits of a shorter stay in hospital, therefore we will work with you in your recovery to keep your stay as short as possible.

You have a very important part to play in your recovery so it is essential to follow the advice that is given to you.

The Pre-assessment clinic

Before your operation you will be asked to attend a pre-operative assessment clinic. At this clinic you will be asked about your medical history, any medications you are on and why. We will also discuss any long term conditions which may possibly need further investigation before your surgery

You will usually be seen pre-operatively by an Enhanced Recovery Nurse and/or will be given information on the Enhanced Recovery Programme. This will let you know how you can practically prepare for surgery, we will discuss the following;

Pre-op bowel preparation

Depending on the procedure that you are having, you may require some medication to clear your bowel.

Carbohydrate Loading

Undergoing surgery can put a strain on your body and your energy needs may increase at a time when you are not able to eat and drink normally. Unless you are a patient with diabetes, you will be given carbohydrate drinks that can help prepare your body for the strain of surgery and keep you well hydrated at the same time. You will also be given instructions on how to take these and when.

Patients with diabetes

Morning admission - we would encourage you to drink **800mls** of any fluids the evening before surgery and **400mls** of clear fluids on the morning of surgery before **06:30** (Nothing containing milk).

Afternoon admission we would encourage you to drink 1.2 litres of fluid in the morning (Nothing containing milk after 7:30am), clear fluids up until 11am.



You **MUST NOT** eat anything for 6 hours prior to your operation. You may drink clear fluids up until 2 hours before your surgery.

NO MILK!

This will differ if you have bowel preparation, you will be given instructions on this.

Please note: the carbohydrate drinks are a **CLEAR FLUID**.

Try not to starve any longer than need be. Your admission letter will give you details of when to stop eating and drinking

Social circumstances

If you are struggling to manage your activities of daily living e.g. washing yourself, preparing meals, getting around the house safely prior to your surgery then it can be beneficial to discuss this with your GP or local social services before you come in for surgery.

Lifestyle improvements & Prehabilitation

Smoking cessation and limiting alcohol intake

Speak to your pre-assessment nurse or GP prior to coming into hospital if you wish to have support for any of the above.

We advise that you don't smoke or drink any alcohol 48 hours prior to surgery as this can have an effect on your anaesthetic and wound healing after your surgery.

Oral Hygiene

Studies have shown that maintaining good oral hygiene before your surgery can help reduce the risk of some post-operative infections. Brushing teeth twice a day is good practice leading up to and after your surgery. If you have any dental concerns we would advise a trip to your dentist making them aware that you have up and coming surgery.

Increasing exercise

We encourage you to increase your level of exercise prior to surgery. Any improvement is good! The main aim is to increase your heart rate at a safe level for you. These exercises should also be continued post-operatively on the ward to aid recovery.

Walking

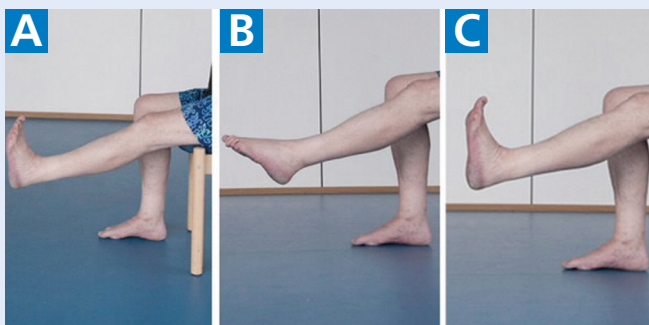
This helps your circulation, builds muscle tone and increases the heart rate which helps your body prepare and recover from surgery. You should start to increase your walking at a quicker pace as you are able. Marching on the spot is also good if for some reason you cannot walk.

Pre-op exercises

These are particularly useful if you have lost weight or muscle tone in the last few months. Doing these simple exercises may help to improve and strengthen muscles and aid circulation.

Ankle stretch

This will improve ankle flexibility and reduce blood clot risk



A. Sit upright, hold on to the side of the chair and strengthen your left leg with your foot off the floor.

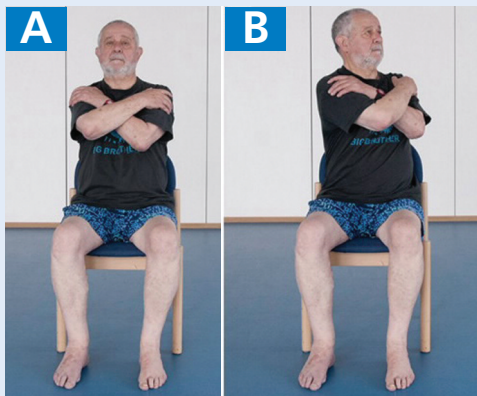
B. With leg straight and raised, point your toes away from you.

C. Point toes back towards you.

Try two sets of 5 stretches with each foot

Upper body twist

This will develop and maintain flexibility in the upper back.



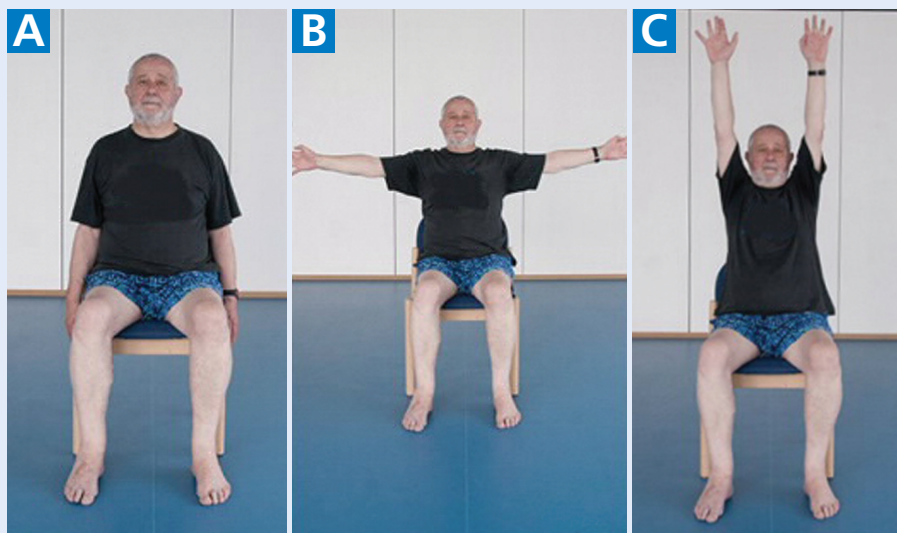
A. Sit upright with the feet flat on the floor, cross your arms and reach for your shoulders.

B. Without moving your hips, turn your upper body to the left as far as is comfortable.

Hold for five seconds.
Repeat going right. Do five of each

Arm exercises

This builds shoulder strength



A. Sit upright, arms by your sides.

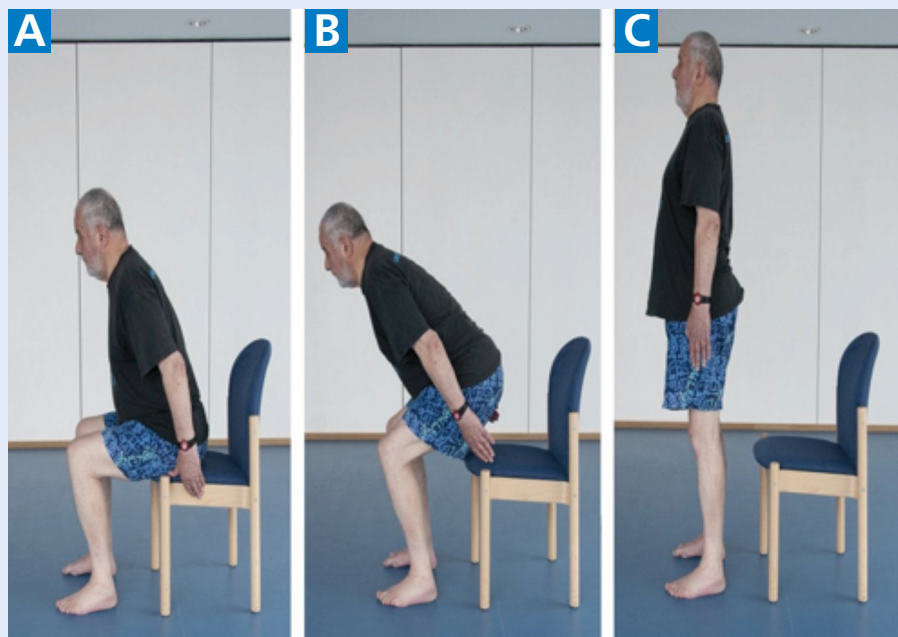
B. With palms forwards, raise both arms out and to the side and up as far as is comfortable.

C. Keep your shoulders down and arms straight throughout.

Breathe out as you raise your arms and breathe in as you lower them. Repeat 5 times

Sit to stand

This is good for Leg Strength



A. Sit on the edge of the chair, feet hip width apart. Lean slightly forwards.

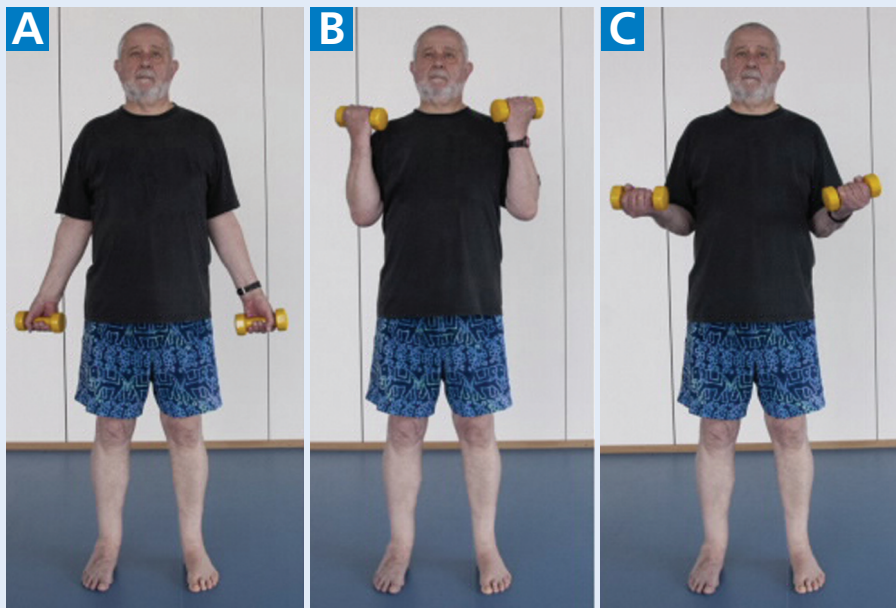
B. Stand up slowly, using your legs, not arms. Keep looking forwards, not down.

C. Stand upright before slowly sitting down, bottom first.

Aim for 5 repetitions - the slower the better.

Bicep curls

This is good for Leg Strength



- A.** Hold a pair of light weights (filled water bottles will do) and stand with your feet hip width apart.
- B.** Keeping your arms by your side, slowly bend them until the weight in your hand reaches your shoulder.
- C.** Lower again slowly.

This can also be carried out while sitting. Attempt 3 sets of 5 curls with each arm.

Sideways leg lift

Rest your hands on the back of a chair for stability.



- A.** Raise your left leg to the side as far as is comfortable, Keeping your back and hips straight. Avoid tilting to the right.
- B.** Return to the starting position.
- C.** Now raise your right leg to the side as far as possible.

Raise and lower each leg 5 times.

Deep breathing exercises

Being able to breathe deeply and comfortably is important both pre and post-operatively as it will help circulate oxygen around your body and will help to prevent post-operative chest infections which can be a serious risk after surgery. You should begin these now.



Nutritional support and advice

If you have had a significant, unplanned weight loss in the last 3-6 months, improving your overall nutritional intake is important prior to surgery. Good nutrition promotes wound and muscle repair therefore aids recovery.

High protein and calorie rich foods are recommended.

Examples are;

- Chicken
- Fish
- Nuts and seeds
- Eggs
- Dairy
- Build up drinks i.e. Complan (over the counter) or Fortisip (prescription or hospital/GP issue only)

Vegetarian /vegan alternatives

Quorn, chickpeas, beans, Seitan, lentils, tofu, and tempeh

Preparing for your stay in hospital

Prepare for discharge before you come in

When you leave the hospital you may return to your home, or stay with family or friends. You do not necessarily need someone to stay with you if you normally live alone.

Please ensure you have a suitable environment to be discharged to before you come into hospital. If you require advice or assistance with this please contact your GP or local social services prior to admission.

There are a few simple things you will need to do prior to your admission, which may make things easier for you when you return home.

We advise no heavy lifting for **6 weeks after your operation** to reduce the risk of developing a hernia. This includes activities like vacuuming, carrying heavy shopping bags and lifting a full kettle.

- It may be helpful to tidy any clutter in the house so that moving around is easy and safe.
- Changing bed linen is often a good idea.
- Have a basic stock of food in to save shopping trips in the early days and also to provide a good balanced diet. For example: if you have a freezer; ready meals, bread, fish, vegetables, ice cream, batch cooked meals. In your cupboards; soups, cereals, tinned fruit and veg.
- Arrange for a repeat prescription of any regular medication.
- Have a supply of paracetamol at home for managing mild pain.
- Think about your transport arrangements for when you are discharged. Can a friend or relative pick you up? If not then a taxi will be provided which you have to pay for, so you may need to bring fare money.

Things to bring in with you...

- **Your Enhanced Recovery pack**, including this booklet and your goal chart!
- **Loose fitting, comfortable day clothes** to wear in the daytime (you can still wear these even if you have a urinary catheter or a drip!).
- **Nightwear**.
- **Sleep aids** e.g. eye mask, ear plugs.
- **Comfortable slippers** or shoes which are supportive.
- **Personal hygiene** items (washing, shaving etc).
- **Walking aids** that you may currently use – labelled with your name.
- **Any medications you are taking in their original boxes** including any pain medications you are currently on (please tell the nurse on the ward you have these as they need to be locked away).
- **Chewing gum** (for after your surgery – this helps to encourage the return of your bowel function).
- **Wifi** is available throughout the hospital which you can use with your own personal devices, although if you bring these in they remain your responsibility.
- **Books**, magazines, reading materials.
- **Small amount of money** for newspapers, confectionary etc.

Admission to Hospital

Day of Surgery

You will receive a letter advising you of your date and time for your admission with fasting instructions. Please read and follow these carefully. On the day of surgery please bath/shower/wash with an antibacterial wash and put on a fresh set of clothes.

- You will be encouraged to have **clear fluids**, not fizzy drinks or milk up to 2 hours prior your surgery. It is important that you try to drink lots of clear fluids until then. This will help you stay hydrated and make it less likely for you to feel thirsty, suffer headaches or have a drop in blood pressure after surgery.
- You will be given a pair of **anti-embolism stockings** to wear during your surgery (unless contraindicated) which help to prevent blood clots forming.
- You will be changed into a **hospital gown** and given **2 x identity bands** to wear.
- A **theatre checklist** will be completed.
- You will have to **remove dentures** prior to your operation – this can be done at the last minute.
- Please **remove any jewellery** or staff will help you tape any which you are unable to take off.
- You will be **seen by the anaesthetist** who will discuss your anaesthetic plan and a spinal injection may also be offered alongside your general anaesthetic – this can help prevent some post operative pain.
- **Then you will be escorted**, walking, to theatre by staff (unless a wheelchair is required).

General complications

One of the main aims of the Enhanced Recovery Programme is to **reduce the risk of complications after surgery**. It is important you play an active role in your recovery to help reduce your chances of developing certain complications.

Blood Clots (DVT)

The longer you are in bed or are not moving around often, the greater the risk of blood clots forming, which is why we encourage you to start circulation exercises in bed when you wake from your surgery and on the ward to get up as soon as possible after the operation.

Preventative measures include:

- While in bed, begin circulation exercises (as shown on page 15) .
- Early mobilisation – **Day of surgery when back on the ward – with help at first from nursing staff!**
- Anti-embolism stockings.
- Blood thinning medication.

Chest Infection

The risk is increased if you are a smoker or have chest or lung disease. Deep breathing exercises (as shown on page 7) are key, these help to get air right to the bottom of your lungs and therefore help to prevent an infection occurring. Also good posture whilst sitting in the chair and walking helps you breathe more deeply.

Post-operative nausea and vomiting

Occasionally after an operation you may feel sick. Please tell a member of staff who will usually be able to give you medication for this.

However it might be that you will need to reduce the amount and volume of what you are eating and drinking for a while.

Eating little and often is advisable to begin with, until you re-establish your appetite without being nauseated.

Post-operative ileus (lazy bowel)

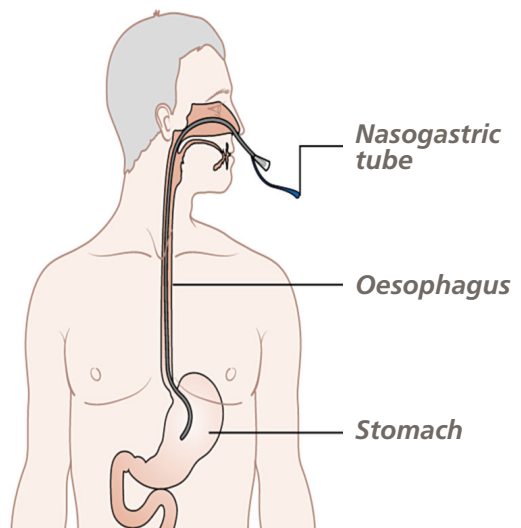
This is a temporary side effect but can be common following abdominal surgery. Around 20% of patients having colorectal surgery may experience this.

In normal cases, the bowel will waken up gradually over some hours and when you pass wind that is generally a good sign the bowel has woken up properly. Return of normal bowel function is helped by walking regularly, eating and chewing food well and chewing gum!

In the case of an ileus, the bowel takes longer to waken up and nothing can pass through it so your abdomen may become swollen and you may feel sick or vomit. At this time you should not eat or drink anything as you will not absorb it properly. The nurses may have to insert a drainage tube into your stomach via your nose to drain the gastric fluid and rest your bowel until it starts to function, which is indicated by passing wind or bowels opening generally. (See pic below)

This will resolve on its own usually within a few days but there are things you can do to help to try and get your bowel working, these are walking and chewing gum!

In a small percentage of patients, this may go on for longer. If this is the case then you would be stopped having any food or drink by mouth to rest your gut and your hydration and dietary needs would be given to you intravenously (through your vein).



Pain control following surgery

How is pain assessed?

After surgery you **MUST** be able to do the following things comfortably in order to help you recover quicker;

- *Deep breathe*
- *Cough*
- *Get in and out of bed*
- *Walk*

You should expect some discomfort following surgery and will be given regular pain relief routinely by the nurses, however If you cannot do any of these **COMFORTABLY** then you must ask your nurse for some extra pain relief called 'PRN' or 'Top Up'. Which you **MUST** ask for as it will not be given automatically.

Pain Score	Description
0 (none)	No pain at rest or on movement
1-3 (mild)	No pain at rest but slight pain on movement
4-6 (moderate)	Intermittent pain at rest or moderate pain on movement
7-10 (severe)	Continuous pain at rest or severe pain on movement

You may experience some cramping pains as your bowel begins to waken up. Walking around helps, also peppermint tea can help, so bring a supply in with you or also it is usually available on the ward tea trolley – ask your ward housekeeper.

Day 0 - after your surgery – what to expect and what you should be doing

In the Recovery area

Immediately after your operation you will spend time in the recovery room where you will be looked after by a team of specialist nurses.

When you are fully awake you will be offered water to drink and you can commence chewing your chewing gum.

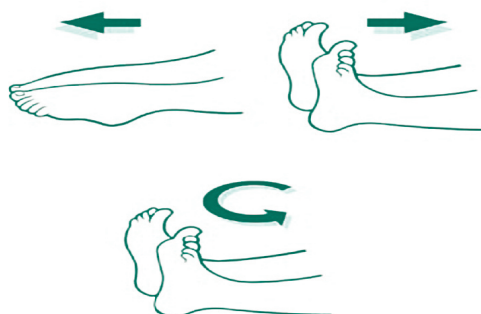
On some occasions you may be transferred to a High Dependency Unit (HDU), this is for patients who require a higher level of nursing care or observation for a short time. Even though this is a critical care area, you should still commence your **Enhanced Recovery goals (see goal chart)**. Once your condition improves and you no longer require close observations you will be transferred to a surgical bed on a ward.

You may have

- A tube in your bladder (catheter) which monitors your urine output.
- A drip in your arm to give you fluids, as soon as you have managed to drink a few cups of fluid without nausea or vomiting then this should be removed.
- An oxygen mask on until you are fully awake and a blood pressure cuff on your arm.
- Inflatable cuffs on your legs which help to prevent blood clots.
- Pain busters – these look like a ball and are attached to a line going into your wound

You should

- Sit up in the bed with assistance and start your deep breathing exercises shown on page 7
- You should do some circulation exercises with your ankles



Repeat these regularly as able until return to the ward

Day 0 – on the ward

- Now this is the time to get your **Enhanced Recovery pack** out of your belongings and start using your ERAS goal chart – ask a nurse or healthcare assistant to do this for you.
- You should ask for assistance to now **get out of bed**. Sitting on the edge of the bed or on the chair for even a short amount of time on the day of surgery has big benefits for your circulation, breathing and bowel function.

Please do not attempt to get up without assistance.

- You should be able to **drink now** and in the evening have a light, low fibre snack e.g. white bread plain sandwich, ice cream, yoghurts. Check the diet advice on page 20.

PLEASE ENSURE YOU CHECK THIS WITH YOUR NURSE FIRST AS THE SURGEONS INSTRUCTIONS MAY HAVE CHANGED.

**COLORECTAL SURGERY
ENHANCED RECOVERY GOAL CHART**
It is important that you take an active part in your own recovery!

PATIENT NAME: **Joe Bloggs**
POST OP DAY: 0 1 2 3 4 5 6 7

DRINKING	Breakfast tea	Lunch	Afternoon	Evening
EATING	Breakfast rice krispies	Lunch	Afternoon	Evening
WALKING	✓	✓	2 nd Walk	4 th Walk
PAIN	Score 0-10 5/10	Score 0-10 3/10	Score 0-10	Score 0-10

Remember to start chewing your gum for 20 mins, 4 times each day

Are you allowed fluids today? 30mls ☒ Free Fluids ☐

Can you start a light diet today? Yes ☒ No ☐

Have your white stockings been removed, legs washed and stock put back on? Yes ☒ No ☐

Remember, you will probably need help with this at first from nursing staff

Have I had my 2 high protein drinks today? 1. ☒ 2. ☐

If not then ask your nurse. These can help supplement your diet and help wound and muscle repair

Have I done my stoma bag teaching today? (x2) Yes ☐ No ☐

If no, then please ask why not. This is an important part of your recovery and to build confidence prior to going home

Enhanced Recovery Team contact information - Tel: 01982 718400
Ipswich FPH (Clinical Lead), Rosie McQuinn (Nurse), Aimee Ford (Shed Nurse)

- **If you feel sick or nauseated** please inform your nurse and ask for some anti-sickness medication.
 - **Start chewing** your chewing gum.
 - **You should be re-assessing your pain levels** regularly by trying to take a deep breath or move around. If you find that you cannot do this or that it is difficult then again, please ask your nurse for some pain relief.
-

Day 1 – and until day of discharge

- Use your **ERAS goal chart** to guide you
- You should aim for **4 walks per day**. Please make sure you have someone with you to begin with until you are safe and steady on your feet.
- Aim to be **out of bed most of the day** however we expect you to be tired in the early days so allow yourself 2 short naps in the day being mindful to sit out afterwards and continue your walking.
- Have a **wash either at bedside or in the shower room/washroom**. You may need help with this to begin with and a chair to sit on.
- Make sure your **anti-embolism stockings have been taken off**, your legs washed and stockings put back on within approx half an hour (any longer and the benefit from wearing the stockings decreases). The nurses will have to help you to begin with.
- Get **dressed into your day clothes** – you may need help.
- **Chew your chewing gum** – 4 x daily for 20 minutes approximately.
- **Continue your diet** (if no restrictions by your surgeons), referring to page 20 on diet in this booklet. Remember to reduce your portion

sizes in the first few days. Small but regular snacks/meals are much better for your gut to begin with.

- If you feel **nauseated**, please ask the nurse for some anti-sickness medication.
- **Oral hygiene is also important** and can reduce the risk of some infections. Brush your teeth twice daily and rinse with a mouthwash if you can.
- **Have your 2 x Fortisip/Fortijuice build up drinks** – have these in between meals so as not to fill you up!
- **Drink a variety of fluids** – water alone is not enough! Aim for around 8 – 10 cups per day. E.g. tea, coffee, squash, fruit juice, sports drinks (non-fizzy).
- **Regularly assess your pain levels.** Do this on movement and when;
 - Taking a deep breath
 - Getting in and out of bed/chair
 - Walking
 - Coughing
- **If you have a stoma formed**, you should begin training. This should be done by the stoma team and the ward nurses and generally 1-2 times daily until you are competent.
- The doctors and nurses will **continue to monitor your progress daily**. You will also have regular blood tests.

If you still have questions about any of the above or your care on the ERAS programme please first speak to the nurse looking after you or the nurse in charge of the ward. In addition, if you have any further questions please ask a member of the ward staff to bleep us on 398 and if we are available we will come and see you.

When do I go home?

Remember, your daily goals are helping you to work toward your discharge criteria. Remember, some days you may feel better or worse than others but overall you should feel a gradual improvement. Meeting this criteria means you are safe to be discharged home. These are;

- *You need to be medically fit (blood tests, blood pressure, temperature etc)*
- *Eating*
- *Drinking*
- *Discharged by physiotherapy*
- *Bowels functioning (passing wind or bowels have opened)*
- *Pain adequately controlled on oral medication*
- *Stoma confident (if applicable)*

Before you go home you will be given a copy of your discharge summary and a supply of any medication you will require. If you require a sick certificate please let a member of the nursing team know.

You should receive a follow up call from a member of the Enhanced Recovery team in the days after your discharge to ensure you are recovering well at home and to give any advice required.

Things to remember on leaving the hospital...

Please ensure you have information on the following before you leave;

- **Wound care** – Please check with your discharging nurse if a follow up is required, if yes you will need to make an appointment to see the practice nurse at your GP surgery. Otherwise the nurse will make an appointment with the district nurses for you.

- **Medications** – Are there any new medications I'm taking home today and do I know what they are for and how to take them?
- **Blood thinning injections** – have I been shown or has a family member/friend been shown how to do the injections? Have I been given a yellow sharps bin to dispose my used needles safely?
- Have I been given my **14 Fortisip/Fortijuice drinks**?
- Have I been given 2 pairs of **anti-embolism stockings**?
- Are there any other follow up arrangements I should be aware of? E.g. blood tests, clinic appointments etc
- Ensure you have someone who can pick you up and take you home. If you had hospital transport to get into hospital then this can be arranged on discharge but please tell your nurse as early as possible so there are no delays

After Discharge

Gradually build up the distance walked daily and slowly return to normal activities but remember that early in the recovery period short daytime rests are needed too.

No heavy lifting for 6 weeks after surgery as you could be at risk of developing a surgical hernia.

Usually if you can raise both legs (if you were able before your surgery) with no discomfort you may be ready to drive. Remember you need to be able to perform an emergency stop without hesitation. If you feel you are ready to drive, please check with your insurance company before you do so. You should not drive whilst you are still taking strong opioid medications.

Diet

You may find it takes a while for your appetite to return to normal following your operation. Food plays an important part in helping your body to heal and recover and below are lists of food you should try to include in your diet. If you have a new ileostomy please follow advice from stoma team. If you have a stoma reversal you should continue on a low fibre diet for 2 weeks

Food with strong flavours can help boost your appetite. And you may need to have 5 smaller meals rather than 3 large meals per day until your appetite returns to normal.

In the immediate post op phase (until bowels open), we advise low fibre foods such as;

- Ready Brek
- Cornflakes, rice krispies, frosties (low fibre cereals)
- Tinned fruit
- Eggs***
- Pasta
- Rice
- Chicken, fish, lean meat***
- Vegetables (cooked, no skins)
- Potatoes (no skin on baked potato)
- Sandwiches (white bread)
- Cheese***



(***High protein foods)

When your bowels start functioning and opening regularly, you should start to build fibre back into your diet. This can also help thicken up consistency of bowel movements.

- *Wholegrain bread, pasta and rice*

- *High fibre cereals e.g. weetabix, shredded wheat*

- *Baked beans*

- *Tough skinned veg & salads e.g. sweetcorn, green beans, broccoli, cauliflower*

- *Fruit with skins or pips*

- *Potato skins, Nuts and seeds****



(***High protein foods)

Vegetarian /vegan alternatives

Quorn, chickpeas, beans, Seitan, lentils, tofu, and tempeh

Frequently Asked Questions (FAQ's)

What if I feel unwell?

Complications do not happen often however it is important for you to know when to seek advice and who to contact. If you are concerned please refer to contact details at the back of this booklet or in your ERAS pack.

How long will it take for my bowel function to settle down?

After your operation your bowel function may take several weeks to settle down depending on what surgery you have had and may be slightly unpredictable at first. Your bowel movement may become loose or you may be constipated.

Make sure you eat regular meals, drink plenty of fluids and take regular walks in the first two weeks after your procedure. If you are on strong painkillers, this can cause constipation so stop these if you can. Drinking fresh orange and warm water mixed twice daily can also help.

If you are concerned, please ring any of the useful relevant numbers at the back of this booklet.

I'm getting griping pains in my stomach, what is this?

It is not unusual to suffer griping pains (colic) during the first week following removal of a portion of your bowel. This pain usually only lasts for a few minutes and goes away between spasms. Drinking hot water, moving around or drinking peppermint tea/water can help with this.

If pain is accompanied with vomiting then please call someone for advice using the Significant Concern number at the back of this booklet.

I can't pass urine as well as I could before my op, is this normal?

You may have a feeling that your bladder is not fully emptying after surgery, this should resolve in time. If you experience any stinging or burning when you pass urine, please see your GP as you may have an infection.

My wound is oozing and painful, what should I do?

In the first week or 2 following surgery your wound may be red and slightly tender, this is normal. However, if your wound becomes inflamed and the redness spreads further then please contact us on the numbers at the back of the booklet.

When are the staples removed from my wound?

These are generally removed between 10-14 days after your surgery. This is done by a nurse, usually at the GP practice or district nurse. Please ensure the discharging nurse at the hospital gives you a staple remover (if you have staples) to give to the nurse who is removing them.

You may have skin glue or dissolvable sutures on your wound, the glue looks crusty and white. Please do not pick it as it will fall off/dissolve as the wound heals. You can shower with skin glue on.

When can I have a shower?

Check with your nurse while in hospital, to ensure you have a shower proof dressing in place. Once the wound is clean and dry, you don't require a dressing and can have a quick shower. Pat the wound dry afterwards with a clean towel or paper towel. Avoid baths until the wound is completely healed and all clips are removed.

I would like some advice about managing my stoma.

If you would like to speak to someone on issues with your stoma then please contact the Stoma Team on the numbers at the back of this booklet.

How long do I wear my anti-embolism stockings?

You should wear these for up to 6 weeks or at least until your mobility is back to what it was prior to your surgery. You should have been sent home with 2 pairs and they should come off at least once every 2 days for no longer than half an hour. If they start to cut into your legs you will need to remove them. Even more important to keep moving every hour and drinking plenty of fluids.

How long should I take my pain relief medications?

If you did not require strong painkillers before your operation, you most likely will not require them afterwards long term. Every day your surgical pain should improve. Most patients only require taking their strong pain medication for a few days after discharge and then using paracetamol on its own until this can also be stopped. If you would like advice on stepping down your pain relief, please call the ERAS team.

When will I have my follow up appointment?

You should receive a letter giving you details of a follow up appointment which will be usually between 2 and 6 weeks. If you have not received this letter within the timeframe please contact your surgeons' secretary – whose number is in the back of the book.

When can I return to work?

Depending on your job you may be able to go back to work after 2 weeks. If you have a manual job involving lifting or driving then this may be considerably longer. Please get advice from your surgeon and employer.

When can I resume a sexual relationship?

Most people are able to resume sexual activity after surgery although it may take a little time, perhaps several months, to recover fully. In men, operations on the rectum can occasionally lead to impotence. This may resolve itself, if not please speak to your GP or your support nurse.

Useful Websites

www.crohnsandcolitis.org.uk

- For patients who have IBD

www.bowelcanceruk.org.uk

– For patients who have a bowel cancer diagnosis

Useful Numbers

If you have a significant concern

*eg; Excessive pain not helped by painkillers or persistent vomiting then call the **Significant Concern** number on;*

07974 259 352

If you call and get no reply after 10 minutes please call your GP or attend A&E

Main Luton & Dunstable Hospital Number 01582 491166

Pre-operative assessment hotline 01582 718980

Enhanced Recovery 01582 718169

(Monday to Sunday – Usual hours of working 8am – 4pm)

Irene Fitt ERAS Clinical Lead

Rosie Mcgrandles ERAS Sister

Hima Nair ERAS Sister

Aimee Ford ERAS Nurse

To bleep us, ring the main hospital no and ask to **bleep 398** or on the wards ask a member of staff to do this.

Colorectal Nurse Specialist (Mon-Fri 8am-4pm) 01582 718042

Sue McIntosh Lead Colorectal Clinical Nurse Specialist

Linda Hewer Colorectal Nurse

Stoma Nurse Specialists (Mon-Fri 8am-4pm) **01582 497091**

Debra Schrader – Senior Stoma Care Nurse Specialist

Sheena Haselar – Stoma care nurse

Sam Wake – Stoma care secretary/PA

Miss Obichere & Mr Gurjar Secretary Direct Line **01582 497234**

(All secretary numbers 8am – 4pm, Mon – Fri)

Miss Brown & Mr Das Secretary Direct Line **01582 718771**

Mr Younis & Mr Sagar Secretary Direct Line **01582 718772**

Notes

Please use this blank page to write down any questions / concerns you may have regarding your surgery / recovery:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

