

# Enhanced Recovery after Surgery

This information leaflet aims to help you understand the Enhanced Recovery programme and how you can play an active part in your recovery after surgery.

## What is Enhanced Recovery?

Enhanced recovery is sometimes referred to as rapid or accelerated recovery. It aims to ensure that patients are as healthy as possible before receiving treatment, that they receive the best possible care during treatment, and receive the best possible care during recovery.

Having an operation can be both physically and emotionally stressful. Enhanced recovery programmes aim to get you back to full health as soon as possible by way of planned nutrition and early mobilisation after surgery. It is also important that you play an active role in enhancing your own recovery. This includes eating well, increasing your exercise levels, and reducing your alcohol intake and smoking.

As part of this programme, you will be given a diary which we will ask you to complete before and during your hospital stay. You will also be asked to take 2 carbohydrate pre- op drinks before your surgery. These will help to reduce dehydration and contribute to a faster recovery time.

## Pre-assessment clinic

You will be given a pre-op assessment prior to your surgery, this aims to provide information and safely prepare you for surgery. We will also be making sure that appropriate plans are in place for your discharge and post-operative care to help facilitate a positive recovery. It is useful

for you to have arrangements for family and/or friends to help support you on your discharge home.

We will be checking your medical history, general health and fitness which may include examinations such as blood pressure, height and weight, listening to your heart and lung sounds, MRSA nose and throat swabs, undertaking routine blood tests, and electrocardiograms. The results of these will help us to assess your fitness for surgery.

It is important for you to bring in a list of your current medications to your appointment. Some medications such as Warfarin, aspirin, anti-platelet drugs, the oral contraceptive pill or hormone replacement therapy, and some diabetic medication may need to be stopped or adjusted before the procedure. However, it is very important that you think about other contraceptive methods if you have been advised to stop the contraceptive pill, and your general practitioner will be able to advise you about this.

## Before your operation

Your body needs plenty of nutrients to recover from an operation. The nurse in your pre assessment appointment will have already given you the carbohydrate pre-op drinks for you to take on the morning of surgery with the instructions of when you need to take them. Although you will not be allowed solid food from six hours before your operation, you will be able to drink clear fluids up to two hours prior to surgery. It is important that you have a healthy and substantial meal before the nil by mouth period starts. If you have been told to not eat solid food after midnight then it's useful for you to have a further snack before bedtime.

## On the day of surgery

You will usually be asked to come into hospital on the day of surgery, unless the surgeon feels there is a medical need to come in the day before. Please bring with you any medicines you are taking in the original boxes and show them to the doctor and nurse. You will need to have bathed or showered at home prior to your arrival.

You will be seen by the surgeon, who will obtain your written consent for surgery if they haven't already done so previously. You will also see the anaesthetist who will discuss with you their role in maintaining your safety during surgery and the various methods and pain relief and anaesthesia techniques used. Please be aware that the nursing staff may admit you to a designated waiting area within the ward rather than a bed space prior to surgery. After your operation you will be admitted to a ward area specific to your needs.

## After surgery

After your surgery it is important for you follow the advice given at your pre assessment appointment and in your information leaflets.

## Pain control

It is important that your pain is well controlled so that you can walk about, breathe deeply, eat, drink and sleep well, all of which will aid your recovery. If at any time you feel your pain is not well controlled, it is very important you inform the nursing staff.

## Exercise

We encourage mobilising from Day 1. You should plan to be walking several times a day and gradually increase your levels of activity during the six weeks following your operation until you are back to a normal level of activity, this can take twelve weeks. Advice from the

surgeons and nurses along with your common sense will guide your exercise and rehabilitation programme.

## Your wound

If you require post-operative wound care we will arrange for this. However, it is usual for your wounds to be closed with dissolvable sutures and they normally do not require any follow up from the community nurses. It is not unusual for your wound to be slightly red and uncomfortable during the first one or two weeks. However, you will need to seek advice from either us or your GP if your wound becomes:

- Inflamed, painful or swollen
- Started to discharge fluid or has an offensive odour/colour
- Separated in any place

## Discharge home

Our aim is for you to be in your home recovering as soon as possible. Your family and friends will need to play an important part in your recovery and will need to assist you in any shopping or household chores that you are unable to achieve. Adequate rest is also an important part of your recovery. Therefore we advise you to organise this support in advance for when you go home.

Your planned length of stay in hospital will be discussed with you before your admission so you will be able to prepare in advance for your discharge home. If you have any concerns over this then please discuss these at your pre assessment appointment in order to prevent any delay with your discharge date.

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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