

Enhanced Recovery Programme Major gynaecology surgery



General Surgery Department

When you are admitted to hospital for your surgery you will be taking part in an Enhanced Recovery Programme. This programme of care aims to help you recover quickly and safely. This leaflet should increase your understanding of the programme and how you can play an active part in your recovery.

If there is anything you are not sure about, please ask.

What is the Enhanced Recovery Programme?

The aim of the programme is to get you back to full health as quickly as possible after your surgery. Research suggests the earlier you get out of bed and start eating and drinking after gynaecology surgery the better. This will speed your recovery, making it less likely that complications will develop.

The programme has the following goals for a quicker and successful recovery after surgery:

- Reducing the stress of an operation on the body.
- Reducing and stopping pain or any other problems you experience after surgery.
- Ensuring you move around as soon as you are able, and within your normal limits.
- Ensure you eat and drink as soon as you are able, and within your normal limits.

To ensure you benefit from all or some of the programme, we need your help and involvement. This leaflet will increase your understanding of the programme and help you to play an active role in the preparation for your surgery, and in your recovery.

Admission preparation

Before your surgery it is important to look after your health, this will help you recover quicker and have fewer complications. Also, try to eat as healthily as possible and avoid putting on a lot of weight the weeks before your surgery. Ensure adequate exercise and walk whenever you can.

If you are a smoker it is advisable for you to stop. Smokers are more prone to complications and chest infections after gynaecology surgery. You may wish to contact a local helpline on **0845 602 3608** or if you have access to the internet log on to **www.nhs.uk/smokefree** for help and advice in quitting smoking.

It is important for you to be thinking about planning your discharge now, before you go in to hospital. When you come home from hospital you still have a lot of recovering to do and you will not be able to do everything for yourself straight away and you will tire easily. You can help yourself by arranging help and support before you come into hospital, for example:

Making sure you know who will come and collect you from hospital. Please bring their contact details with you.

- Ask friends and relatives if they can come to stay or visit to help around the house when you get home.
- Arranging for a friend or relative to do some shopping for you, make extra portions of food to freeze or purchase ready meals and convenience foods that you can freeze for use in the first couple of weeks after you get home.
- Getting up to date on your housework before you come into hospital, this will help reduce the load when you get home.
- Arranging additional childcare or help with the school runs where necessary.
- Arranging care for your pets, if necessary.

If you have any requirements that need to be put in place **before** you go home, or any concerns or queries, please talk to your clinical specialist nurse, key worker, pre-assessment nurse or doctor before you come into hospital.

What should I expect before my surgery?

Eating and drinking

It is important that you are well nourished before your surgery as this will help in the healing of your wounds; reduce the risk of infection as well as improving your general recovery.

Before your surgery you would have visited the pre-assessment clinic and been asked questions about your weight, appetite and dietary intake. If you have lost weight without trying to do so or your appetite has been poor, the pre-assessment nurses will have given you some advice and written information. They may also have referred you to a dietitian and/or advised you to commence supplement drinks before your surgery.

On the day before your surgery you should eat and drink as normal. In order to maximise your nutritional status we recommend you include a few extra snacks in your diet. A key aspect of your enhanced recovery programme is that you will be given a carbohydrate (sugary) drink to drink the night before your surgery and a further drink up to 2 hours before your surgery. This drink is called **preload**.

These drinks have several benefits to your recovery. They will:

- Give you energy to help you recover
- Reduce the risk of nausea (sickness)
- Help your wounds to heal
- Reduce the risk of infection
- Generally aid your recovery

Patients who have diabetes will be advised not to take the carbohydrate drink – **preload**.

Admission

It is usual to be admitted the day of your surgery to the Elective Surgery Unit (ESU). The ESU staff will contact you prior to your admission informing you what time to come in.

When you arrive at ESU, the necessary documentation will be completed and any nursing procedures will be carried out. You will go to theatre from ESU and after your surgery you will be transferred either to the Intensive Care Unit (ICU), the Acute Dependency Unit (ADU) or directly to the main ward. Please note that your property will remain in ESU until you have returned from theatre and admitted onto a ward or unit. Therefore, it is advisable not to bring any valuables.

Preparing your bowel for surgery

It is sometimes necessary for the bowel to be prepared for surgery and this will depend on what operation you are due to have. Some patients may have an enema two hours before their surgery to clear the lower end of the bowel and others may not require any bowel preparation at all. This will be discussed with you in advance, prior to your admission.

Preparation for surgery

In order to reduce the risk of blood clots forming, you will be asked to wear below knee surgical stockings. These stockings will reduce the risk of blood clots forming in your leg veins. You will also be given a daily blood thinning injection after your surgery. Some patients will have to continue the injections for 3–4 weeks after discharge; you will be advised by the medical staff if this includes you.

What can I expect after my surgery?

After major gynaecology surgery some patients may be admitted to the Intensive Care Unit (ICU) or Acute Dependency Unit (ADU) to allow close post-operative monitoring. There is a higher staff ratio on these units but they are mixed sex units. We will do all we can to respect your privacy and dignity at all times, but recognise this may not be sufficient for everyone due to the mixed-sex nature of these units. Please let a member of staff know if we can do more.

Monitoring

During your recovery the nurses will check you regularly because we will need to monitor:

- Blood pressure, pulse, respiratory rate and temperature
- Fluid and dietary intake
- Urine output
- When your bowels or stoma starts working
- Level of pain
- Number of times you have sat out of bed
- The number of walks you have taken

Pain Control

It is important that your pain is well controlled so that you can deep breathe, walk about, feel relaxed and sleep well. You may have a tube in your back (an epidural) which gives you continuous pain relief and is usually removed two days after surgery. Alternatively, you may have a pump connected to a button, which you can press to administer pain relief directly into your drip (Patient Controlled Analgesia – PCA). This will usually be stopped one to two days after your surgery. You will also be given painkillers by mouth.

Sickness

Sometimes after surgery a person may feel sick or be sick. This is usually caused by the anaesthetic drugs, but you will be given medicine during surgery to help reduce this. It is important to relieve sickness in order to allow you to feel better, so that you can eat and drink normally which will aid your recovery. If you do feel sick following surgery, please speak to your nurse who will be able to provide medicine to help you.

Tubes and drips

During your surgery a tube (catheter) will be placed in your bladder so that we can check that your kidneys are working well and producing urine. This will be removed as soon as possible, usually within 48 hours after your surgery. You will have a drip in your arm and fluid will be given through this to ensure you get enough fluid and not become dehydrated. This should be removed once you are drinking.

Occasionally, following surgery you may have a wound drain; this is a plastic tube coming from your wound into a bottle or bag to remove any excess fluid from your wound site.

Eating and drinking

A few hours after your surgery, you will be able to start drinking and, if you wish eating. It is important that you eat after your surgery and we recommend you start with light meals and snacks. Your body needs the nourishment to help heal your wounds, reduce the risk of infection and help your recovery generally. We would also like you to drink at least 2 litres of fluid each day.

Mobility and exercise

The quicker you begin to start moving around, the quicker you may leave hospital. Your recovery starts immediately after your surgery and you should aim to start these exercises straight away after your surgery every hour that you are awake.

- **Deep breathing exercises** – Take a slow deep breath in through your nose filling the very bottom of your lungs. Slowly breathe out through your mouth and relax. This should be done about three times an hour and helps reduce the risk of a chest infection.

Once you have been back from surgery for more than four hours, the nursing staff will sit you fully up in the bed (“cardiac chair” position). This allows your body to get used to being upright, and prepare your body for getting up and mobilising on the first morning after your surgery. On the morning after your surgery you will be expected to sit out of bed and mobilise with the assistance of the physiotherapists/ nursing staff. The mobilisation is repeated in the afternoon. You are expected to sit out for about two hours at a time on the first day. The sitting out and mobilisation is expected to progress and increase over the post-operative period.

Being out of bed in a more upright position and by walking regularly improves lung function and reduces the risk of developing a chest infection. It also helps in making you feel more positive about your recovery.

Important discharge information

When you leave hospital

Complications do not happen very often but it is important that you know what to look out for. During the first two weeks after surgery if you are worried about any of the following please phone the telephone numbers on this leaflet. If you cannot contact the people listed then ring your GP.

In order to reduce the risk of clots forming, some patients will require daily injections of Dalteparin, a blood thinning injection for up to 3–4 weeks after discharge from hospital. You will be taught how to inject the Dalteparin yourself; if you feel you will be unable to do this, please try and identify someone who can do this for you, e.g. a relative or a friend.

Abdominal pain

After surgery it is normal to experience some abdominal discomfort from the wound, this will gradually improve over several weeks. You should continue taking the pain relieving drugs, which have been prescribed for you at the hospital, until you feel comfortable. If you need further supplies or your pain is not adequately controlled you should see your GP.

If you have severe pain lasting for more than two hours or have a fever and feel generally unwell within two weeks of your operation date, you should contact us on the telephone numbers provided. After two weeks you should speak to your GP if you have any concerns or problems.

Your wound

It is normal for your wound to still be slightly red and uncomfortable during the first one to two weeks. Please let us know by telephone if your wounds become inflamed, painful or swollen or to start to discharge fluid.

Vaginal bleeding

You should expect slight bleeding or discharge from your vagina, sanitary pads are advised BUT no tampons. Please contact a member of the health care team if the bleeding becomes heavy.

When can I return to normal activities?

For the first two weeks at home you should rest and relax, but it is also important to continue to do the exercises you did in hospital. Go for a walk each day and gradually increase the amount you are doing. Regular exercise should help you to return to normal activities as soon as possible.

Six to eight weeks after your operation you should be back to your normal level of activity. Do not do any heavy lifting until six weeks following surgery and avoid standing for long periods of time. Common sense will guide your exercise and rehabilitation.

If your wound is uncomfortable, go easy with your exercise. Once your wound is pain free, you can undertake most activities.

Work

You should be able to return to work four to six weeks after your surgery depending on the type of job you do. A member of your health care team or your GP will be able to advise you.

Driving

You should not drive until you are confident that you can drive safely. A good indicator for this is when you have got back to most of your normal activities. Usually this will be within two to four weeks of surgery. It is important that any pain has resolved sufficiently to enable you to perform an emergency stop and turn the wheel quickly.

Hobbies/activities

In general, you can take up your hobbies as soon as possible after your surgery. This will benefit your convalescence. However, do not do anything that causes significant pain or involves heavy lifting – avoid these activities for the first six weeks after your surgery.

Next appointment

After being discharged from hospital you will be sent an appointment to meet a surgical doctor or clinical specialist nurse in clinic. This will usually be between 3 to 8 weeks after your surgery. At the clinic visit the doctor or nurse will discuss any histology test results from the laboratory and whether or not any further treatment will be recommended for you. Make sure that you write down any questions or concerns that you might have beforehand on a piece of paper and take this with you because it can be very frustrating if important questions are forgotten when you see the doctor. After they have seen you, your surgical doctor or nurse will write a letter about you to your GP so that they can continue with your medical care in the community.

How can I meet the Enhanced recovery goals?

Your daily diary

To meet the programme goals, we would like you to complete a diary, which records whether the goals are being met. These will begin a few days before your operation, and with your help, will ensure you have a quicker and problem free recovery. You will need to complete the following sections, which start before your surgery and continue until you are discharged. We expect you to be discharged around 1–2 days after your surgery if you have robotic or laparoscopic 'keyhole' surgery and 4–7 days if you have had open surgery.

Each day that you are on a ward, please complete your personal activity plan. If you didn't achieve an activity there is space for you to document why not and also for other thoughts etc, which you may wish to write down.

The night before surgery

You will be contacted by a member of staff from the hospital letting you know what time you will be admitted for your surgery. If you are not diabetic, they will also tell you what time to take your carbohydrate **preload** drink on the day of your surgery, this is important to ensure you gain the most benefits from this drink.

All patients will have been informed if they need to take any bowel preparation the day before surgery.

Please tick as appropriate:

Carbohydrate 'Preload' drink	
By 9pm: 2 sachets of preload mixed in with 800mls of water	<input type="checkbox"/>
I am diabetic – no Carbohydrate 'Preload' drink	<input type="checkbox"/>

Day of surgery

If your surgery is scheduled for the **morning** you should have nothing to eat or drink after 2am, but you may have a small amount of water and your carbohydrate preload drink, up to 2 hours before your operation – 1 sachet of preload mixed in 400mls of water, to be finished by 6am.

If your surgery is scheduled for the **afternoon** you should have a light breakfast before 6.30am, and then have nothing except a small amount of water and your carbohydrate preload drink up to 2 hours before your operation – 1 sachet of preload mixed in 400mls of water, to be finished by 10.30am.

Bowel preparation (You will have been informed what you will need)	
None required <input type="checkbox"/>	Enema on admission <input type="checkbox"/>
Carbohydrate 'Preload' drink	
If your surgery is in the morning please drink by 6am	<input type="checkbox"/>
If your surgery is in the afternoon please drink by 10.30 am	<input type="checkbox"/>
I am diabetic – no Carbohydrate 'Preload' drink	<input type="checkbox"/>

Evening of surgery (Day 0)

Date: _____

Have you?	Initial when achieved
Done your deep breathing exercises every waking hour	
Changed your position at least every two hours to include lying tilted on your side to ensure you have relieved the pressure on your bottom	
Told the nurse if you have pain or nausea	
Sat up in “cardiac chair” position	
Started drinking	
Eaten supper	
What has been your pain level today? Please indicate on the scale below: (No pain) 0 1 2 3 4 5 6 7 8 9 10 (Excruciating pain)	

Comments/questions

First day (Day 1) after surgery

Date: _____

Have you?	Initial when achieved
Done your deep breathing exercises every waking hour	
Changed your position at least every two hours to include lying tilted on your side to ensure you have relieved the pressure on your bottom	
Told the nurse if you have pain or nausea	
Sat out of bed for 2 hours in the morning	
Sat out of bed for 2 hours in the afternoon	
Walked this morning	
Walked this afternoon	
Discussed your discharge plans with your nurse, if had robotic or laparoscopic surgery	
Eaten breakfast	
Eaten lunch	
Eaten supper	
Eaten some snacks between meals (ask your nurse for something from the kitchen)	
What has been your pain level today? Please indicate on the scale below: (No pain) 0 1 2 3 4 5 6 7 8 9 10 (Excruciating pain)	

Comments/questions

Have you?	Initial when achieved
Done your deep breathing exercises every waking hour	
Changed your position at least every two hours to include lying tilted on your side to ensure you have relieved the pressure on your bottom	
Told the nurse if you have pain or nausea	
Sat out of bed in the morning for 3 hours	
Sat out of bed in the afternoon for 3 hours	
Sat out of bed in the evening for 2 hours	
Walked this morning	
Walked this afternoon	
Walked this evening	
Discussed your discharge plans with your nurse	
Eaten breakfast	
Eaten lunch	
Eaten supper	
Eaten some snacks between meals (ask your nurse for something from the kitchen)	
What has been your pain level today? Please indicate on the scale below: (No pain) 0 1 2 3 4 5 6 7 8 9 10 (Excruciating pain)	

Comments/questions

Have you?	Initial when achieved
Changed your position at least every two hours to include lying tilted on your side to ensure you have relieved the pressure on your bottom	
Told the nurse if you have pain or nausea	
Sat out of bed in the morning for 3 hours	
Sat out of bed in the afternoon for 3 hours	
Sat out of bed in the evening for 2 hours	
Walked this morning	
Walked this afternoon (twice)	
Walked this evening	
Discussed your discharge plans with your nurse	
Made transport arrangements for getting home on discharge	
Eaten breakfast	
Eaten lunch	
Eaten supper	
Eaten some snacks between meals (ask your nurse for something from the kitchen)	

Comments/questions

Have you?	Initial when achieved
Changed your position at least every two hours to include lying tilted on your side to ensure you have relieved the pressure on your bottom	
Told the nurse if you have pain or nausea	
Sat out of bed in the morning for 3 hours	
Sat out of bed in the afternoon for 3 hours	
Sat out of bed in the evening for 2 hours	
Walked this morning	
Walked this afternoon (twice)	
Walked this evening	
Discussed your discharge plans with your nurse	
Made transport arrangements for getting home on discharge	
Eaten breakfast	
Eaten lunch	
Eaten supper	
Eaten some snacks between meals (ask your nurse for something from the kitchen)	

Comments/questions

Have you?	Initial when achieved
Changed your position at least every two hours to include lying tilted on your side to ensure you have relieved the pressure on your bottom	
Told the nurse if you have pain or nausea	
Sat out of bed in the morning for 3 hours	
Sat out of bed in the afternoon for 3 hours	
Sat out of bed in the evening for 2 hours	
Walked at least 60m	
Discussed your discharge plans with your nurse	
Made transport arrangements for getting home on discharge	
Eaten breakfast	
Eaten lunch	
Eaten supper	
Eaten some snacks between meals (ask your nurse for something from the kitchen)	

Comments/questions

Please help us to improve our care for future patients

We are always trying to improve the service for future patients and your experience and opinions are appreciated, and will help us with audit and research. If you could complete the following 4 questions and bring this booklet with you to your surgical clinic follow up appointment and give your questionnaire answers to the clinic doctor or nurse to file in your medical notes. Thank you.

Q1. Is there anything that we got you to do that you didn't think was necessary?

Q2. Is there anything that made you feel unhappy about your patient experience? Include the bad bits or low points for you on your patient journey from your initial GP visit to your surgical follow up appointment after your operation.

Q3. Is there anything that made you feel good about your experience? Include the best bits or high points for you on your patient journey from your initial GP visit to your surgical follow-up appointment after your surgery.

Q4. Do you have any recommendations for how we can improve patient experience?

Contact details

Important telephone numbers:

Compton Ward

Telephone: 01483571122 ext 4941

Pre-assessment

Telephone: 01483 571122 ext 4268

Royal Surrey County Hospital (RSCH) NHS Foundation Trust fully subscribes to the National Patient Safety Agency (NPSA) *Being Open* best practice framework, November 2010.

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located in far left corner as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–4.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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