Tameside and Glossop Integrated Care NHS Foundation Trust

Enhanced Recovery Programme

Colorectal Surgery

- Patient information Leaflet

December 2019

Contents

THE ENHANCED RECOVERY PROGRAMME

The Enhanced Recovery Programme aims to improve the experience and wellbeing of people who require surgery. The Enhanced Recovery Programme promotes your health and helps you return to normal as quickly as possible.

There is a great deal of research available on Enhanced Recovery after surgery which states that the sooner you get out of bed, begin to walk and start eating and drinking the quicker the recovery. This also means that **you** must play an active role, taking responsibility for your recovery after surgery.

With this new approach to care, recovery after surgery is more comfortable, easier and happens more quickly.

This approach involves:

- Pre-operative advice and information
- Referral to a prehabilitaion programme for optimisation prior to surgery
- Carbohydrate rich drinks before surgery
- Tailored postoperative pain relief
- Early feeding after surgery
- Early walking after surgery

These elements speed up recovery and reduce the possibility of complications such as chest infections and muscle wastage.

The Enhanced Recovery aims to ensure patients are involved in their own care. We ask that you play an active role in your recovery and work in partnership with all of the Colorectal Team to achieve this.

Staff involved

The Enhanced Recovery programme focuses on providing the highest quality care using a multidisiplinary approach, which means you may receive input and care from several different members of staff throughout your stay, for example:

- Your Consultant and his team of Doctors
- Anaesthetist
- Pre-operative clinic nurse
- Theatre/Recovery Nurse
- Physiotherapist
- Ward Staff (Manager/Sister/Staff Nurses/Auxillaries)
- Discharge Co-ordinator
- Dietician
- Pain Team
- The Enhanced Recovery Team

BEFORE SURGERY

Smoking and Alcohol

Smoking prior to surgery delays wound healing and increases your risk of developing chest complications during and after surgery, not to mention increasing your risk of long term chest problems. Prior to hopital admission we advise that you stop smoking at least 2 weeks before and for at least 6 weeks after. If you require assistance with stopping smoking prior to surgery please visit your GP for advice.
Tameside Hospital is a non smoking site.

Alcohol intake should also be reduced prior to admission and for around 6-8 weeks after. If your intake is excessive please inform clinic staff or visit your GP.

Colorectal Team

If the surgeon has discussed the possibility of having a stoma then the Stoma Specialist Nurses will make arrangements to see you at home.

You will be given to opportunity to discuss any fears or anxieties and ask any questions whenever you see a member of the Colorectal Team. If you have any questions between being seen at Pre-op Clinic and your admission please don't hesitate to telephone the Surgical Unit or the Colorectal Specialist Nurses.

Surgical Unit tel:	0161 922 6082
Colorectal Specialist Nurses:	0161 922 4419

DIETARY ADVICE

Research shows that if you are well nourished and hydrated before and after your surgery you may recover better and more quickly.

You should try to eat as normally as possible up until your surgery.

- Eat regular meals containing protein foods such as meat, fish, eggs, cheese, lentils and milk.
- Include carbohydrate foods at each meal such as cereals, bread, rice, pasta and potatoes.

- **If you are underweight or experiencing unintentional weight loss**
  - ✸ Avoid using low fat foods / drinks – use full fat milk, margarine / butter, cheese, and yogurts
  - ✸ Include extra snacks e.g. yogurts, cheese and crackers, rice pudding etc. and nourishing fluids e.g. full fat milk

  It may be advisable to see your GP to investigate causes for weight loss

What is Pre Load?

Pre Load is a carbohydrate powder. It is used to prevent dehydration, lethargy and insulin resistance which can help you recover quicker. It has a neutral taste when diluted in water.

Pre-load is not given to diabetic patients as this will increase your blood sugars level, which may impact on your operation and recovery.

You will have:-

- **On the night before surgery** you will have **800ml of Preload to sip between 8pm – midnight**.You can drink water at this time also. (This is 2 sachets of preload dissolved in 800mls of water).

- **On the morning of your surgery (usually around 6am)** you will have **400ml of Pre Load** to sip. This should be consumed in full 2 hours before surgery. You should also stop drinking water 2 hours before surgery. (This is 1 sachet of pre load dissolved in 400 mls of water).

Following your surgery if you are feeling well enough, you will be encouraged to try small amounts of diet and fluids. You will be provided with a Patient Goal Diary which will provide guidance of what you should try to eat/drink on a daily basis. Unless otherwise directed.

ADMISSIONS LOUNGE

The Same Day Admissions Lounge is the area you will be admitted to on your arrival. It is located within the Day Surgery Endoscopy Unit on the first floor of the Hartshead South Building. Following your admission you will be transferred to the Surgical Unit where you will be prepared for your surgery. You may also be admitted directly to the surgical unit if you are admitted the day prior to your surgery.

SURGICAL UNIT

You will be transferred to the Surgical Unit either on the day of your surgery or the day before. This ward accommodates patients undergoing bowel surgery and other surgical procedures. Male and Female patients are nursed in separate areas. Please be assured that it is a very rare occurrence that we have to cancel patients on the day of admission.

The visiting times are 11am to 1.00 pm and 3.00pm to 8 pm every day.

The ward has a quiet period every day after lunch to allow patients to rest, during this time the ward is closed to visitors.

Please nominate one person to ring the ward with any enquiries as answering multiple phone calls greatly impacts on the time nurses could spend with patients. Please advise your family members that specific details of your condition cannot be discussed over the telephone.

Flowers are not permitted on the unit.

Day of Admission

Please bring in the following items:

- All medications in their original packaging if possible.
- Day clothes- practical shoes which must have backs. Comfortable, loose clothing is recommended whilst in hospital.
- Nightclothes, dressing gown and slippers (practical and well fitting, mule type slippers are **not** safe for walking around the ward after your operation)
- Toiletries and towels

N.B. Please note there are no facilities for washing patient's belongings in the hospital.

We advise that expensive jewellery, personal belongings and large amounts of money are NOT brought into hospital. We suggest that patients keep no more than £10 with them at any one time.

On arrival to the Surgical Unit you will be introduced to members of the Nursing Team and shown around the ward.
Once on the ward you will be given instructions of when to stop eating and drinking ready for your surgery. Generally you will be able to eat normally up to six hours before your operation unless you are to receive medication to prepare/empty your bowel. You will be able to drink clear fluids (water) up to two hours before surgery unless otherwise directed.

A doctor will see you on admission to take details of your medical history, prescribe regular medications and take your bloods.

Whilst in hospital you will be fitted with anti-embolism stockings, often referred to as TED stockings, which are used to reduce the risk of blood clots or Deep Vein Thrombosis (DVT) forming. If your hospital stay if short, we will request that you continue to wear them for a week or two following discharge.

To further reduce your risk of developing blood clots, you will also commence a course of blood thinning injections. These injections are given in your stomach each day, and you may be asked to continue them for a short period at home.

DAY OF SURGERY

An Anaesthetist will see you prior to theatre to discuss the options available for pain relief.

Your Consultant or a member of his team will see you on the ward prior to your operation to gain your consent for surgery, unless this has been obtained during a clinic appointment.

If the Surgeon has discussed the possiblity of the formation a stoma, the stoma nurse will see you on the morning of your operation to “site” you for a stoma. These markings are performed to ensure in the event that formation of a stoma is required, the stoma is sited in the most appropriate area of your abdomen.

On the day of surgery a shower should be taken. This ensures your skin is as clean as possible prior to your surgery and can help to reduce the risk of wound infections.

You will also be required to change into a hospital gown.

The staff on the ward and theatre escort staff willl ask you some questions from a “pre-operative check list”. You will be asked to confirm your signiture on your consent form and whether you understand what the surgeon is planning to do and that you are aware of potential risks/complications.

You will be escorted to theatre for your operation either via a trolley or walking, depending on your preference.

When you wake up following surgery you will be in the recovery room, and will have an oxygen mask in place and an intravenous drip, which gives you fluid directly into a vein. Once the Recovery Nurse feels you are stable enough to return to the Surgical Unit, your transfer back to the unit will be arranged.

Sometimes after surgery it is necessary for patients to go to a High Dependency Unit (HDU) for closer monitoring. Often this decision is planned and the Anaesthetist will have discussed this prior to surgery, however, there are occassions when an unplanned transfer to HDU is required.

On return to the Surgical Unit your nurse will closely monitor you, this will include:

- Blood Pressure
- Pulse
- Respirations and oxygen levels
- Temperature
- Urine output
- Consious level
- Nausea and Pain scores
- How effective your pain relief is/any problems which may occur

Your nurse will also need to regularly check your wound (and stoma if one has been formed). You will be assisted in adjusting your position on a regular basis. Please be aware that these observations are important and staff will have to wake you in the night to continue to monitor you safely.
After your surgery it is essential you perform deep breathing and circulatory exercises as explained to you in pre-op clinic and set out in your goal diary.

PAIN CONTROL

Following surgery you will have either an Epidural or Patient Controlled Analgesia (PCA) pump, which your Anaethetist will have discussed with you prior to surgery. In conjuction with the Epidural or PCA you will also be given other painkillers which work well in combination. Whilst it is normal for you to experience some pain after surgery, if you find that you are struggling with your level of pain, it is important you inform the staff, so that your pain medication is reviewed and if necessary changed by your doctor.

The Epidural or PCA will be removed usually within the first 24-48 hours, after surgery, when you are tolerating oral pain killers and your pain is adequately controlled.

Epidural

The epidural space is an area which lies close to your spinal cord through which the nerves in charge of your body's sensations pass.

The insertion of an epidural involves a fine plastic tube called an epidural catheter being placed into the epidural space. Local anaesthetics are then injected into it reducing the number of pain messages and other sensations from reaching your brain. This can cause numbness, which varies in extent depending on the amount of local anaesthetic given. The epidural catheter is then connected to an epidural infusion pump which enables a mixture of local anaesthetic and other pain relieving drugs to be given continuously over a period of days to keep your pain well controlled.

When the epidural is stopped, full feeling will gradually return.

How Is An Epidural put in?

Epidurals can be put in:

- When you are awake.
- When you have been given a drug, which will make you drowsy and relaxed (Sedation).
- During a general anaesthetic (when you have been put to sleep).

These choices can be discussed further with your anaesthetist.

Local anaesthetic is then injected into a small area of the skin and deep tissue in your back, to make the area numb. A special epidural needle is then pushed through this numb area until it reaches your epidural space and then a fine catheter is passed through the needle. When the anaesthetist is happy with the epidural catheters position, the needle is removed leaving only the epidural catheter in your back, this is then secured to help prevent it from moving or falling out.

What Are The Alternatives To An Epidural Infusion?

Injections: can be given directly into your vein for immediate effect or into a muscle within your leg/buttock. This method usually takes 20 minutes to start working.

Patient Controlled Analgesia (after surgery): This system relies on a special pump, which contains strong pain relieving medication. The pump is connected to a hand held button, which when pressed by yourself gives a small amount of medicine straight into a vein usually in your arm or hand.

Spinal Analgesia: A needle is placed close to the spinal cord, through which a single dose of pain relieving medication is administered, to numb the nerves at and around the site of the operation. This medication continues to work for a number of hours after the surgery. Once the medication has been given the needle is removed.

Nerve Block: Local anaesthetic is injected into tissues surrounding nerves in and around the site of operation. This helps to numb the area. These drugs continue to work for a number of hours after surgery.

Side Effects And Complications Of An Epidural Infusion

Very Common or Common Side Effects and Complications – Affects 1 in 10 people

Inability to pass urine - The epidural may affect the nerves that supply sensation to the bladder, so a catheter (tube) maybe put into your bladder to drain it. This is often necessary for major operations to monitor kidney function. With an epidural it is a painless procedure and bladder function returns to normal when the epidural wears off.

Low Blood Pressure - The local anaesthetic affects the nerves going to your blood vessels, so your blood pressure may drops a little. Fluids and/or drugs can be administered to treat this.

Itching - This can occur as a side effect of the morphine like drugs used with the local anaesthetic and is easily treated with medication.

Feeling Sick and Vomiting - This problem is less common with epidurals and can be treated with anti-sickness drugs.

Headaches - Minor headaches are common after surgery, with or without an epidural. Occasionally a severe headache occurs after an epidural because the lining of the fluid filled space surrounding the spinal cord has been accidentally punctured. The fluid leaks out and causes low pressure in the brain, especially when you sit up. If this happens it may be necessary to inject a small amount of your own blood into the epidural space to seal the leak (a blood patch). This usually works immediately.

Uncommon Complications – Affecting 1 in 1000 people

Catheter infection - The epidural catheter can become infected and may have to be removed, antibiotics may be necessary. It is very rare for the infection to spread any further than the insertion site in the skin.

Slow Breathing. Some drugs used in the epidural can cause slow breathing and/or drowsiness, which can be easily treated with drugs.
Backache - This is common after surgery, with or without an epidural and is often caused by lying flat on the operating table.

Rare Complications

Other complications, such as convulsions (fits), breathing difficulties and temporary nerve damage are rare (affecting 1 in 10,000 people) whilst permanent nerve damage, epidural abscess, epidural haematoma (blood clot) and cardiac arrest (the heart stopping) are very rare indeed (affecting 1 in 100,000 people).

Post Epidural Infusion Patient Discharge Instructions

Serious Complications from epidural analgesia are rare. However, because the epidural space is close to the spinal cord, an infection causing a collection of pus or a blood clot can cause pressure on the spinal cord. In this **very rare event** that there is pressure on the spinal cord, it is crucial to diagnose and treat it as quickly as possible; this must be done by expert hospital doctors to prevent delays in treatment and long lasting damage.

This information tells you what to look for and what action to take if you think that you have a problem.

Throughout the duration of your epidural infusion the nurses caring for you will regularly check that you do not have any abnormal weakness or numbness in your legs other than that which is normally caused by the epidural. You must tell them if you feel any difference in the sensation of your legs or have difficulty moving them. It is important to remember that some operations can cause altered sensation in the legs therefore any changes experienced may be as a result of the surgery and not the epidural. If you do have any altered sensation when the epidural has been removed you must inform a member of staff immediately and they will contact someone from the anaesthetic department to assess you.

Signs and Symptoms

- Redness, pus, tenderness, or pain at the epidural site.
- Feeling generally unwell despite the fact that all seems well with your surgical wound.
- High temperature, neck stiffness.
- Numbness and or weakness in your legs/ inability to weight bear.
- Difficulty passing water/incontinence of faeces.

If you are still recovering in hospital and your epidural has been stopped it is important that you inform a doctor or nurse **immediately,** if you experience any of these signs and symptoms especially if they are **NEW** symptoms.

If you experience any of these symptoms and have been **discharged** it is important that you **contact the on call anaesthetist** at the hospital **immediately via switchboard on 0161 922 6000**. After speaking to the on call Anaesthetist they may arrange to see you in the Accident and Emergency Department in order to examine you.

Patient Controlled Analgesia (PCA)

This method of pain control relies on a special pump, which contains strong pain relief. The PCA pump is connected to a hand held button, which when pressed gives a small amount of pain relieving medicine straight into a vein usually in your arm or hand.

What Are The Benefits Of Patient Controlled Analgesia?

- You are in control of your pain relief
- You should experience fewer side effects such as sickness and vomiting
- There is no delay in receiving pain relief
- It starts to works within 5 minutes
- Increased safety

How Does A Patient Controlled Analgesia Pump Work?

You will be connected to the PCA pump via a 'drip'. This is a small plastic tube placed into a vein which is connected to a bag of fluid. The fluid is used to flush the medicine into your blood stream. You will have the button in your hand, which you must press and release after it has beeped, when you feel that the pain is getting stronger, this tells the pump to give you a small amount of the medicine. You can do this whenever you feel discomfort, and do not need to ask the nurse first. Don't wait for the pain to build up. You may find it useful to press the button 5-10 minutes prior to movement (i.e. physiotherapy and getting out of bed), as it usually takes about five minutes for the medicine to start working. After five minutes, if the pain is still the same, you can press the button again, and continue to press the button every 5 minutes until your pain has reduced. Once your pain has settled you do not need to press the button again until the pain starts to return.

Whilst on the PCA, oxygen is prescribed to ensure that enough oxygen enters your body. When the PCA is started, you will need to wear oxygen continuously for the first 24 hours, after this period you only need to wear it when sleeping.

Can I Give Myself Too Much?

NO, once the handset is pressed, the pump locks itself usually for 5 minutes, so that you cannot receive another dose no matter how many times you press the button within the prescribed time period.

How Often Should I Press The Button?

You can press the button as often as you feel you need to. As everyone is individual, levels of pain varies between individuals, so you are the best person to decide how much pain medication you need. It is important not to consider the fear of addiction, as you will have had an operation and you need the pain medication to help you get better.

N.B. You are the only person allowed to press the button. Do not allow any hospital staff, friends or relatives to do so.

What Are The Side Effects Of The Drugs Used In Patient Controlled Analgesia?

Slow Breathing and drowsiness. The drugs used in the PCA may cause slow breathing and/or drowsiness, which can be easily treated with medication.

Itching - This can occur as a side effect of the morphine like drugs used and is easily treated with medication.

Feeling Sick and Vomiting - These can be treated with anti-sickness drugs.

Difficulty in passing urine - This is treated by passing a tube into your bladder.

Constipation - This can be treated with medication

Alternatives To Patient Controlled Analgesia

Oral Tablets and Medicines: These are used for all types of pain. They take at least 20-30 minutes to have some effect.

Injections: These are used to treat moderate to severe pain. They can be given directly into your vein for an immediate effect, or into your leg or buttock muscle. If given into a muscle it takes around 20 minutes to start working.

Suppositories: These are inserted into your back passage by yourself or the nurse, the drug then dissolves and enters your bloodstream. Suppositories work over a longer period and may be given if you are vomiting or are nil by mouth. They will not make you open your bowels.

Epidural Analgesia: This is a method by which a small tube is placed close to the spinal cord. The tube is then connected to a machine, which gives drugs, to numb the nerves at and around the site of the operation.

Spinal Analgesia: A needle is placed close to the spinal cord, through which a single dose of pain relieving medication is administered, to numb the nerves at and around the site of the operation. This medication continues to work for a number of hours after the surgery. Once the medication has been given the needle is removed.

Nerve Block: Local anaesthetic is injected into tissues and nerves in and around the

site of operation, to numb them. These drugs continue to work for a number of hours post-surgery.

If you have any questions with regards to your pain relief please feel free to contact the Pain Team on 0161 922 6759

AFTER SURGERY

Mobilisation

Early mobilisation is a major aspect of the Enhanced Recovery Programme and promotes a faster recovery from your surgery.
Following your surgery you will be encouraged to mobilise as soon as possible. The staff on the Unit will assist you sit out of bed a few hours following your surgery.

On return from surgery you may have *Flowtron boots* (intermittent compression boots) in place which are designed to reduce the incidence of clots in your legs.

Every day you will be encouraged to mobilise a little further, distances which should be achieved and exercises that are to be performed are outlined in your goal diary which will be provided on the unit. Early mobilisation also helps to prevent complications which are associated with prolonged bed rest and reduced mobility.

As well as using the goal diaries, it is important that you set yourself your own personal goals to achieve each day, as this will encourage and motivate you and aid your recovery.

Tubes and Drips

Your intravenous drip will remain in place until you are drinking enough fluids.

You will have a urinary catheter which is usually inserted in theatre. This allows us to monitor how much urine you pass and maintain your comfort immediately after surgery.

Diet and Fluids

Following your operation you will be encouraged to eat and drink as soon as possible following your surgery. The types of food that we suggest are outlined in your goal diary. You will also be given special build up drinks which will help to support your recovery following your surgery.

Sickness

Sometimes people experience feeling or being sick after an operation. If you do develop such symptoms please inform staff so that they can give you some medication (sometimes in injection form) to help relieve this.

Pain

You will be provided with regular medication to control the pain, which will be prescibed according to your requirements. It is important that you inform staff if your pain is not relieved by the medication provided, as adjustments can be made. Severe pain on very rare occassions could indicate a problem with the surgery and therefore should be reported to staff.

Doctors review

You will be seen by a doctor each day you are in hospital. They will be monitoring your progress and condition, ordering regular blood tests and any other nvestigations you may require.

Stoma input
If you have a stoma formed, you will be encouraged to look at it and become aware of how to manage it on the evening of your surgery. The day after your operation you will start to care for your stoma with the support of the Stoma Care Team and the nurses on the unit.

Wound
Depending on your surgery, you will either have several small wounds to your abdomen (following keyhole surgery) or one large wound (following open surgery). These wounds will be covered with dressings, which are usually changed 24 - 48 hours following your surgery. You may have clips or sutures, which your nurse will advise you when they will need to be removed and will refer to the district nurses if appropriate. If you are referred to the district nurses, the referral will be faxed prior to your discharge from hospital and a copy will be given to you to take home.

PHYSIOTHERAPY

Physiotherapy is an essential part of your recovery after surgery. Patient's often find that following surgery they are more chesty, this may be due to:

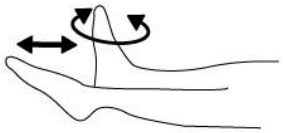
- The anaesthetic/ operation **may** make you less able to breathe deeply
- Your surgical wound **may** make it more difficult for you to breathe deeply and cough
- After your surgery you may be less active than normal

It is an essential part of your recovery to perform breathing exercises
The following techniques will help to reduce the above problems:

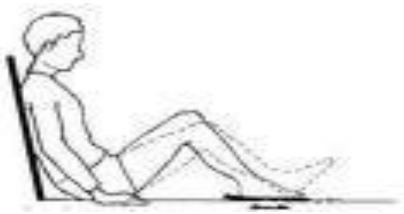
- **Positioning:** Whilst in bed, it is important not to slump down as it restricts your chest expansion and air cannot get to the bottom of your lungs. Try to sit up as much as possible.
- **Deep breathing exercises:** These exercises increase the amount of oxygen in your blood, promote healing of tissue and help to prevent chest infections. It is important to clear any phlegm or mucus you might have with deep breathing and coughing.
- **Bed/Chair exercises:** It is important after your operation to keep as active as possible. This is needed to help promote good circulation and prevent joint stiffness/muscle weakness. This can be achieved by bed exercises and walking on the ward.
- **Getting out of bed and walking:** The nursing staff on the ward will assist you out of bed the first day after your surgery and then help you to increase your mobility. Once you are home aim for a 10-15 minute walk every day gradually increasing this over the following weeks.
- **Posture:** Make a conscious effort to sit and walk up tall-try to avoid stooping and rounding of the shoulders. This prevents backache and poor posture.
- **Rest:** is as important as exercise. You may tire more easily at first, this will gradually improve.

BED EXERCISES

Following your operation it is important you keep moving and spend long periods out of bed, as time spent in bed increases the potential of muscle wastage and blood clots. Below are some exercises which we suggest are performed whilst you are in bed to reduce the risk of postoperative complications.



Circle your feet and ankles and move your feet up and down **15 times**



Gently bend your knees up and down one at a time **10 times each**

If you have any problems with these exercises or any severe pain in your legs or another area, then **STOP** and let the nurse looking after you know immediately.

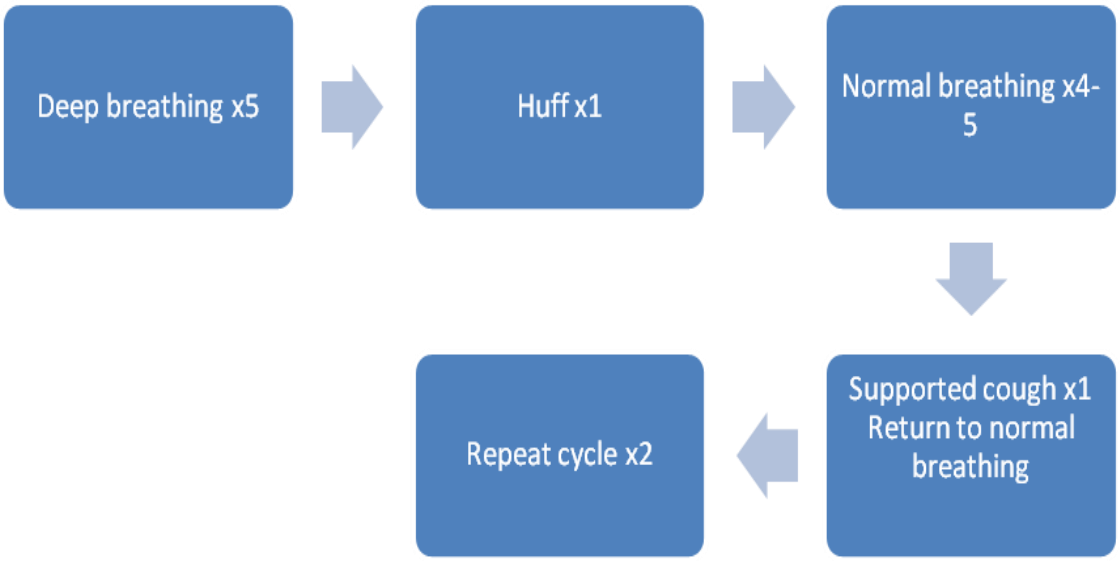
These exercises should be continued after discharge until you are doing your normal daily activities, unless advised otherwise by a healthcare professional.

Deep Breathing Exercises- repeat <u>EVERY HOUR</u>

Follow this sequence when doing your deep breathing exercises:

- Breathe in deeply
- Pause for a second or two, then sigh out gently
- Repeat 5 times, then
- Perform a fast breath out ‘HUFF’ as thought you are ‘steaming up a window’
- Rest for a few breaths, then
- Fully support your abdomen by placing both hands and a clean pillow there, apply firm pressure, draw up your knees and lean forward while performing a **<u>cough</u>**. This will ease the strain and discomfort you may experience

- Rest for a few breaths and then repeat the cycle once more.



DISCHARGE HOME

It is our aim for you to be in your own home recovering as soon as possible. It is important that adequate support from your family and friends is organised prior to your surgery, as adequate rest is also an important part of your recovery.

You will be discharged from hospital when:

- you are mobilising around the unit
- your pain is controlled on the prescribed analgesia
- you are eating and drinking
- You are passing flatus (wind)
- You are independent care for your stoma
- Your blood tests are ok
- The Surgical team are happy with your condition

Preparing to leave the hospital

You must arrange for a family member or friend to collect you from the Surgical Unit on your day of discharge. You will need to bring into hospital a set of outdoor clothes to go home in.

When you leave hospital

A discharge letter will be sent to your GP detailing the events of your hospital stay.

A 7 day supply of your medications including pain relief will be provided from the hospital pharmacy. It is important that you contact your GP before your supply runs out.

If required a District Nurses referral will be made, you will be given a copy of the referral form. This referral will be for wound check/dressing change and clip/suture removal, if required.

On discharge from hospital you should expect to receive a follow up phone call from a member of the Colorectal or Enhanced Recovery team around 48 hours following surgery. This is to check on your progress and to provide support and answer any concerns or questions you may have after surgery.

If you experience any problems within the first few weeks of discharge please contact the Surgical Unit or the Colorectal team for advice. (See useful contact numbers for details, page 19)

AT HOME

Following your operation we advise that you avoid housework such as hoovering, ironing, mopping etc for around 6-8 weeks, and that all tasks that involve heavy lifting are avoided.

Allow children to climb onto your lap whilst sitting rather than lifting them.

It is important that you rest reguarly when you return home, however gradually increase the amount of exercise you do.

Exercise

Walking is an excellent example of gentle exercise. We recommend you avoid high impact exercise such as the gym, jogging and aerobics for around 12 weeks.
You may begin swimming around 6-8 weeks following your surgery, as long as your wounds are healed and your consultant agrees.

Diet

A healthy balanced diet is recommended. Try to eat at least three meals a day. If you are finding it difficult to achieve this then perhaps increase your intake of milky drinks and snacks. Your GP can also refer you for a Dietician's assessment.
Some foods may cause your bowels to become loose, if this is the case you may wish to avoid such foods for the first few weeks and increase your fluid intake to prevent dehydration.

Bowels
Following surgery on your bowel, your bowel habits may change. You may become constipated or experience loose bowel motions for a period of time following your surgery. If you are experiencing any of the above we suggest that you speak with your Colorectal Specialist Nurse or GP for advice.

Sexuality
Sexual desire can alter after diagnosis and treatment as anxiety and depression can affect some people. Tiredness following a general anaesthetic and major surgery will also reduce sexual desire. However, once you are feeling well enough and your wounds have healed you should be able to return to your normal life style and a normal sex life, even if you are wearing a stoma bag. Some operations (for rectal cancer) can permenatly affect your sexual ability. This can happen if the nerves which are connected to your sexual organs are damaged during your operation. If you do experience problems we suggest you speak with your Consultant, GP or Colorectal specialist Nurse for advice.

Driving
It is acceptable for you to travel as a passenger as long as you take regular stops. To protect your abdominal wound, you may find it more comfortable to have a pilow under your seat belt.

From a surgical point of view, we recommend that you do not drive for around 6-8 weeks following your operation, however, this is at the discretion of your consultant. It is important that you consider your safety and the safety of others.
We advise that prior to recommencing driving you:

- Are fully able to concentrate
- Have stopped any medication that may affect your ability to drive
- Are able to comfortably perform an emergeny stop
- Have checked with your insurance company that you have insurance cover

Work
If your surgery has been performed as a keyhole procedure you may feel well enough to return to work within 4-6 weeks. If your job involves heavy lifting, manual labour you may need at least 6 weeks away from work. If you have had an open procedure we recommend that you take 6 to 8 weeks off from work, or until you feel well enough.

Complications are a very rare occurrence however it is important to know what to do if one occurs.

Overleaf are several useful contact numbers where you can seek advice:

USEFUL CONTACT NUMBERS

Surgical Unit	0161 922 6082	(24hrs)
Colorectal Specialist Nurses	0161 922 4419	(mon-fri 8am- 6pm)
Colorectal Stoma Nurses	0161 922 6722	(Mon-Fri 8.30-4pm
Enhanced Recovery Team:	0161 922 6759	(mon-fri 8am-3.30pm)
Go to Doc (GP service)	0161 785 0805	(out of hours)
NHS 111 (Non-Emergency)	111	
Emergency Services	999	

You can also contact your own GP or District Nurses for advice.

Useful Websites/information

Department of Health (www.dh.gov.uk)
NHS Choices (www.nhs.uk/conditions/enhanced-recovery)
NHS institute for innovation
and improvement (www.institute.nhs.uk/enhanced_recovery_programme)
NHS Improvement (www.improvement.nhs.uk/enhancedrecovery)
Patient Information Centre
Royal College of Anaesthetists

If you have any questions you want to ask, you can use this space below to remind you

If you have a visual impairment this leaflet can be made available in bigger print or on audiotape. If you require either of these options please contact the Patient Information Centre on 0161 922 5332

If you require an interpreter, please ask an appropriate person to contact our central booking office between Monday to Friday 8am to 5pm on 0161 922 6991 to arrange this for you.

語言 翻譯及病者支持服務 **(LIPS):**

如果閣下需要翻譯員在您的預約當日幫助您的話 請找一名合適的家庭成員 **0161 922 6991** 聯絡本中

央預約辦事處來您您安排 我們的辦公時間是星期一至星期五 上午 8 時至下 午5時

Językowo Tłumaczeniowa Usługa Pomocy dla Pacjenta (*Language, Interpretation and Patient Support Service* LIPS):

Jeśli potrzebujesz pomocy tłumacza w trakcie swojej wizyty, proszę poprosić odpowiedniego członka rodziny o skontaktowanie się z Centralnym Biurem Zamówień (*Central Booking Office)*, w celu zorganizowania tłumacza pomiędzy poniedziałkiem a piątkiem w godzinach od **08:00 - 17:00** pod numerem **0161 922 6991.**

لینگویج، انٹرپریٹیشن اینڈ پیشنٹ سپورٹ سروس (لپس Lips)

اگر آپ کو اپنی اپائنٹمنٹ کے لئے مترجم کی مدد کی ضرورت ہو تو براہ مہربانی اپنے خاندان کے کسی موزوں فرد سے کہیں کہ وہ ہمارے سنٹرل بکنگ آفس سے پیر سے جمعہ 8.00 بجے صبح سے 5.00 بجے شام کے دوران 0161 922 6991 پر فون کر کے اس کا بندوبست کریں۔

Document control information

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