

Enhanced Recovery After Surgery (ERAS): Bowel Surgery



**A GUIDE FOR PATIENTS AND THEIR FAMILIES THROUGH
BOWEL SURGERY AND RECOVERY**

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Introduction to ERAS

Horizon Health Network's physicians and health care providers are pleased to implement the Enhanced Recovery After Surgery approach for your surgery plan. By using this program and following its specific guidelines, we are providing the same care to each patient.

ERAS is a patient-centered approach used world-wide which includes guidelines for before, during and after your surgery. The goal is to improve your outcome and satisfaction, and to get you healthy and home sooner!

You will be an active participant in this plan.

To reinforce the information in this booklet please visit horizonnb.ca and search for ERAS Colorectal Surgery. Also, [watch this Precare video](http://precare.ca/colorectal) (precare.ca/colorectal) that will help you understand your surgical journey.

What is bowel surgery?

If part of your bowel is sick, or diseased, your surgeon will talk to you about how they will remove the unhealthy part. There are a couple of ways that this can be done.

You might have an incision (cut) down the middle of your abdomen (belly) so that the surgeon is able to remove the sick part of your bowel. This is **OPEN SURGERY**.

The second option is when the surgeon makes 4 to 6 small cuts on your abdomen. They will insert a small camera, which will allow them to look at the unhealthy piece of your bowel. They will use special instruments to remove the unhealthy part. This is **LAPAROSCOPIC SURGERY**.



Open Procedure



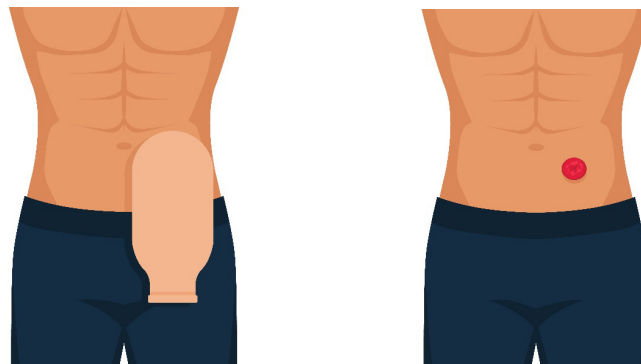
Laparoscopic Procedure

Ostomy

Your surgeon may have told you that you will need an ostomy. An **ostomy** is made during surgery by bringing the end of your bowel to the surface of your abdomen to reroute your stool.

The end of the bowel will come to the surface of your skin and is called a **stoma**. You will be taught how to apply an appliance (bag) over your stoma to collect stool and gas. This is how your bowels will move. Sometimes this is permanent, and sometimes your Surgeon will reverse it. This depends on each individual case.

Having an ostomy is a big change and can leave you feeling overwhelmed. If your surgeon plans on making an ostomy, you will meet with a specialized nurse (NSWOC- Nurse Specialized in Wound, Ostomy, and Continence) before your surgery and they will begin teaching you what to expect and how you will care for your stoma. You will be supported by Nursing staff and Dietitians throughout your recovery.



Fuelling your body before surgery

To prepare for surgery, it is important to fill your body's "**nutrient bank**." You want to make sure your body has the energy and nutrient stores it needs to help go through and recover from surgery.

Protein is one of the most important nutrients to eat before surgery. Protein is the body's building block and will help your body heal and recover after surgery.

Vitamins and minerals will also help your body deal with the stress of surgery and help you to recover after. Eating a well-balanced diet with lots of protein, vitamins, and minerals in the weeks before surgery can help you recover faster.

If you have not been eating well, it is important to improve your nutritional status (fill your nutrient bank) before you go for surgery.

Quick, easy nutritious (healthy) snacks

- Toast with peanut butter and banana
- Trail mix with nuts and fruit
- Hummus with crackers
- Protein bar with canned fruit
- Cheese and veggies



Tips to improving your nutritional status before surgery

- Aim to eat 3 meals, and 1 to 2 snacks every day
- Include protein rich foods with every meal, such as fish, beans, nuts, nut butters, Greek yogurt, and tofu.
- Include whole grains, such as whole grain bread, pasta or crackers, brown rice, barley, oatmeal or quinoa in your meals and snacks.
- Include fresh, frozen, or canned fruits and vegetables in your meals and snacks.



*It may be helpful to speak to a registered dietitian if you have unexplained weight loss, decreased appetite or other issues preventing you from eating well before your surgery.

Preparing for your surgery

So, you have met with your surgeon and were told you need to have surgery. We understand this can be stressful. There are a few things we ask you to do so you will be at your strongest before your surgery.

- If you already exercise, keep up the great work!
- If you do not exercise and are able to, we encourage you to start walking.
- A 5-to-10-minute walk three times a day is a great start!
- You will be expected to be out of bed on the evening of your surgery. If you start warming up in the days and weeks before your operation, you will be better prepared to get up and at it afterward!



- If you smoke, we ask you to stop in the days (or even better, weeks) before your surgery. This is important to help you recover faster and avoid complications with your lungs.
- If you drink alcohol, we ask you to limit your intake and avoid alcohol completely 24 hours before your surgery. Alcohol can alter how some medications work for you after your operation.
- If you need help with either of these please ask your health care provider or visit: ccsa.ca, nbatc.ca, or call 1-866-366-3667.





Your pre-operative visit

The pre-operative Clinic is a place to share information. The nurse will ask questions and learn more about you and your health. You will also learn more about your surgery.

Please share with the staff that you are part of the ERAS program and let them know what you've been doing to get strong for surgery!

- When you go to the pre-operative Clinic you might have some blood work completed and an ECG (electrocardiogram) to check the electrical activity of your heart.
- The nurse will ask questions about your health history and about any medications you are taking including over-the-counter medications, supplements, and any recreational drug use. If there are certain medications that you will need to stop before your surgery the pre-operative clinic nurse will reinforce this with you.
- They will discuss with you how to get ready for your surgery and share information about what to expect while in the hospital.
- The nurse might ask you questions about any weight loss or change in appetite. If you haven't been able to eat as well as you should, they might refer you to one of our Registered Dietitians.
- If you have any other medical problems, you might be referred to another physician (specialist) before your surgery.
- The nurse will explain how to take your bowel prep, if required by your surgeon.



The day before your surgery

Diet

If your surgeon has asked you to do a bowel prep (a special drink which will help you empty out your bowels) please follow their guidelines.

Otherwise, you can eat and drink regular food up until midnight.

After midnight, we encourage you to drink clear liquids (not just water) up until three hours before your surgery.

Your physician may have given you a packaged drink called **Precovery**. If so, follow the directions given to you by the Pre-Assessment Nurse.

***Examples of clear liquids include: cranberry juice, apple juice and sports drinks.**

FACT: Drinking carbohydrate rich juices before your surgery gets your body prepared for the stress of your operation. We do not want you to fast for a long period of time.

Shower

We ask that you take a shower and use regular soap the evening before, and the morning of your surgery. Do not shave any hair from your abdomen. That could lead to a risk for an infection where your incision will be.



Making a plan for your return home

It is important to be prepared for your discharge home before you have your surgery.

Make sure you arrange a drive to bring you to and from your doctor appointments, your visit with the Pre-Assessment Clinic, and the Day Surgery Department on the morning of your operation.

Your surgeon will discharge you home when appropriate. You should also arrange for someone to pick you up by 11am the day of discharge. Typically, you should plan to stay in the hospital for 3 days after your surgery.



In the days leading up to your surgery, stock your kitchen with foods that will be easy to prepare when you get back home.

You will be eating solid food but be sure to choose things that are easy to digest and things that you enjoy.

If you have family or friends close by, let them know that you might need some help after you return home from your surgery.



What to bring to the hospital?

- Two packages of chewing gum (if unable to chew gum, bring hard candy)
- Personal hygiene items (toothbrush, comb, soap etc.)
- A complete list of all the medications you currently take
- PJs, comfortable lounge pants, t-shirt, slippers with grips on the bottom or good fitting shoes.
- A book, magazine, tablet, or anything that you might enjoy while sitting up in your chair.



FACT: Chewing gum is part of the ERAS protocol and we will ask you to chew gum starting the day after surgery three times a day for about 15 minutes each time. This stimulates your digestive system and helps get things ready to start eating again!

The day of your surgery: What to expect

You will arrive at the hospital at the specified time. A nurse will check you in and do the final preparations for your surgery. They will place an intravenous line (**IV**) in your arm to give you fluids and medications during your operation.

You will be seen by an Anesthesiologist who will discuss your specific plan for pain control after the surgery. Our goal is to make sure you are comfortable and alert so that you can participate in your recovery.

After your surgery, you will wake up in the recovery room, which is located right next to the operating room. Once you are awake and comfortable, you will be taken to your room on the general surgery unit.

The nurses will get you settled into your bed, monitor your vital signs, and check the bandage on your abdomen. You will have a call bell at your bedside if you need assistance. Your belongings will be brought to your room after your arrival.

Pain management

Our goal is to make sure you are comfortable after your surgery. You may still have some discomfort, but our plan for you will include various ways to reduce your pain, so you can have a better recovery.

There are several ways we will treat your pain. This is **very important** to us. It means you will move better, do your deep breathing exercises, walk in the corridor, and sleep better. **This will help you recover and return home sooner.**

You might be given pain medications through a small tube placed in your back by the Anesthesiologist. This is called an **epidural**. Epidurals deliver a constant slow rate of medication which blocks the pain around the area of your operation.

You might also get pain medication by a needle in your arm or as a pill that you will swallow.

Your nurse will also give you Acetaminophen (unless you have an allergy) in scheduled doses. This medication helps the stronger opioids work better, meaning you will probably have to take less of them.



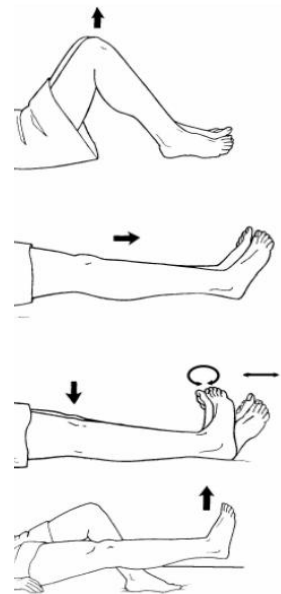
Exercise while in hospital

It is very important to move around after your surgery.

Exercise can help prevent complications such as pneumonia and blood clots. Your health care team will help you to get out of bed and go for walks until you are able to do this on your own or with a family member or friend.

Here are a few things we want you to do while you lay in bed or sit in your chair:

- Wiggle your toes
- Bend and straighten your legs several times each hour
- Flex and relax your feet
- Move your feet in circles
- Stretch your legs and point your toes
- Reach your arms up and stretch
- Stand and walk on the spot
- Take deep slow breaths in through your nose and blow out through your mouth
- Move frequently in bed to prevent any skin breakdown. You are probably not used to laying for long periods of time — your skin needs you to move!



Our expectations

Once you are settled and comfortable in your room, your health care team will be available to assist you with achieving following goals:

- Dangle your feet over the side of the bed and sit in a chair on the evening of your surgery
- Perform your deep breathing exercises every hour you're awake. 5 to 10 deep breaths are better than 10 to 20 shallow breaths. Splint your belly with a pillow to protect your incision as this might make you cough.
- Take sips of water and clear liquids if you are not feeling sick or vomiting.
- On the morning after surgery we will expect you to walk to your chair and sit up for all your meals. It is more natural to eat while sitting up rather than laying down.
- You will be expected to walk in the hallway (with help when needed) several times a day.
- Chew gum three times a day for about 15 minutes each time (or have hard candy if you're unable to chew gum).
- You will be allowed more liquid options, and if you are not sick or bloated you will be able to eat solid food with the direction of your surgeon or nurse.
- Your nurse will teach you how to inject a medication that is used to prevent blood clots. You will likely go home and continue to take this medication for a total of 30 days after your surgery. **YOU CAN DO IT!**

*Bed rest and prolonged fasting are no longer recommended as they will slow down your healing and delay your recovery.

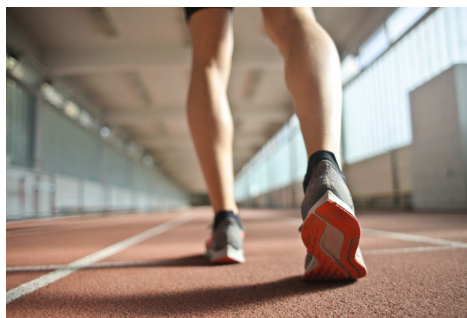
At home

Your body will continue to heal over the next few weeks. You may need to rest more frequently than before your operation.

Your surgeon may give you a prescription for pain medication if required. You should take Acetaminophen for discomfort (if you are not allergic to it). If your pain is still very strong you should take the pain medication you were prescribed.

Here are some other helpful tips while recovering at home:

- Take short walks, gradually increasing how far you go and how long you walk.
- Pain (opioid) medication can cause constipation. This can be avoided by staying well hydrated and following the instructions provided by the dietitian for healthy food choices after your bowel surgery.
- Continue to do light exercises and soon you will feel able to go about your regular exercise routine. Make sure that you avoid heavy lifting as instructed by your surgeon (no more than 10 pounds in the first four weeks after surgery, and no more than 20 pounds for the two weeks after that).
- Follow the **discharge instructions** that are included in this package, or review on the Horizon website.



Discharge instructions

These are general guidelines for when you return home after having bowel surgery. If you have further questions or concerns, please ask your nurse or surgeon or contact your health care provider.

- A prescription for pain relief may be sent to your Pharmacy if required.
- Do not drive a vehicle if you are still taking prescribed pain medications
- Do not lift more than 10 pounds (approximately 5kg) or strain for six weeks, or until your follow-up appointment with your surgeon. Avoid heavy pushing or pulling.
- You may have a child or a pet sit on your lap.
- Do not soak in a tub or swim until one week after your staples are removed. If staples were not used, wait one week until after the glue falls off.
- You may shower and pat dry your incision (you do not need to cover it with a bandage).
- You might have a small amount of bloody discharge from your rectum for a few days after your surgery.
- You may start light activity and should go for frequent short walks, gradually increasing the distance.
- You may resume sexual activity unless told otherwise by your physician.
- Gradually you will need less pain medication. Use Acetaminophen (Tylenol, unless allergic) as prescribed on the bottle for discomfort.
- You may find that you are constipated, partly due to taking pain medication. Drink lots of water and ask your Physician if you can take a mild laxative.

You may feel easily tired out for a few weeks after your surgery, but with short rests, you should be able to go about your daily activities. Your appetite may take days, or even weeks, to get back to normal. Follow the diet instructions that were given to you by the Registered Dietitians at the hospital. Also, it is very important to stay well hydrated; eight glasses of water a day is recommended.

Reasons to contact your physician or outpatient department

- If you develop:
 - a fever greater than 38.5 degrees Celsius (if you don't have a thermometer, shivering or profuse sweating may be signs of a fever)
 - new onset of diarrhea that lasts for more than 3 days once home
 - nausea and vomiting that won't go away
 - worsening pain in your abdomen that isn't resolved when you take your discharge pain medication
- If your incision gets more tender, red, warm or starts to drain fluid.
- If you become constipated and it isn't resolved by increasing your fluid intake, or with a mild laxative (if approved by your surgeon).
- If your incision opens. *Remember: to help prevent this, protect your incision by splinting your abdomen when you cough or sneeze. Avoid heavy lifting and pushing or pulling activities.

Hospital information

- There are phones at every bedside, which you can activate through your home phone plan for your personal use.
- There are TVs at every bedside, which you can activate for a fee during your hospital stay.
- There is free patient and family Wi-Fi in the hospital.
- There is a kitchenette with juice, tea, coffee, and popsicles. If you have small quantities of food or drinks from home, they can be labeled and left in this fridge for your use.
- Discharge time is 11 a.m. Please have a drive arranged and ready for you on your day of discharge.
- There is a paid parking lot available for patients and visitors.
- There are private, semi-private, and four-bed wards on the surgery unit. These are assigned based on both personal insurance and availability.
- Please note: the hospital is not responsible for any lost or stolen items.