



**Enhanced Recovery After Surgery (ERAS)
Colorectal Surgery**

Patient information booklet

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Introduction

The recovery after major colorectal surgery has been greatly improved by the introduction of a series of evidence-based treatments covering the entire period around your operation and this has been formulated into a standardised package of care.

Compared with traditional management, Enhanced Recovery After Surgery (ERAS) represents a fundamental shift in the care around your operation. The ERAS care pathways reduce the surgical stress to the body, maintain relatively normal physiological function after the operation, and improve mobilisation after surgery. This has resulted in reduced rates of complications, faster recovery and shorter length of stay in hospital.

The aim of this booklet is to provide you some information about our enhanced recovery programme, which will be adopted during your bowel surgery. It is important that you are aware of what to expect before and after your colorectal surgery in terms of how you prepare for your operation and your recovery.

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 questions or concerns at pre-assessment, during your stay in hospital or at home.

Please bring this booklet into hospital with you.

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

Patients and health 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 should expect to be in hospital for approximately 2-7 days but sometimes the stay could be longer depending upon your recovery.

Initial appointment:

You will be seeing your Surgeon and the Colorectal Nurse Specialist at an Outpatient clinic or at the Colorectal Unit. They will explain to you about your diagnosis, operation, recovery process, benefits and risks of the operation.

The surgeon will also decide if you could be treated along the enhanced recovery pathway (Hence, this booklet)

You will also be given contact number for the Colorectal Nurse Specialist and the Enhanced Recovery Nurse Specialist.

Arrangements will be made for you to attend to the Pre-assessment clinic. You will also be told about (1) when you will be admitted- the day of surgery or the previous day, (2) whether you need to take medications to clear the bowel prior to your operation as every patient does not require this.

Pre-assessment Clinic Visit:

Who will I see at the pre-assessment clinic?

- Pre-assessment nurse
- Member of the Anaesthetist team (if necessary)

What will happen there?

The pre-assessment nurse will:

- Ask you questions about your symptoms, general health and carry out an examination.
- She will take into account:
 - Your medical conditions,
 - Medications (please bring your prescription, if you are taking any regular medications),
 - Previous operations.
 - Any specific allergies you have
- You will have your blood pressure, pulse, weight and height recorded
- You will also have:
 - Blood tests
 - ECG (heart tracing)
 - You might have a MRSA swab taken to see if you are carrying this bug. If this is the case, you will be given medications to clear this prior to your operation.
 - You might be asked to provide a urine sample.
 - Other tests may be required depending on your medical history and the pre-assessment nurse will inform you if these are needed.
- You may also see a member of the Anaesthetist who will explain to you about the anaesthesia and the pain control after surgery.
- The ERAS nurse.
- Some of your regular medication may need to be stopped prior to surgery and the pre-assessment nurses will advise you about this.
- A key aspect of your enhanced recovery programme is that you will be given some sachets of neutral flavoured carbohydrate powder, which is mixed with water (called 'preload') to take before your operation. These will be supplied at your pre-assessment clinic visit only if you are going to be admitted on the day of your surgery, otherwise this will be given to you in the hospital.
- Bowel preparation:

You may require bowel preparation (like the one you had for your colonoscopy). It is a laxative drink to clear the bowel of stools.

Your surgeon will mention at your initial visit if you require bowel preparation before your surgery, as this is not required for all types of operations.

If, you are to be admitted to hospital on the day of surgery, you will be given bowel preparation at pre-assessment which you should administer yourself at home. Instructions on when to have them and how to take them will also be given.

If you are to be admitted to hospital the day before surgery then, if required, bowel preparation will be administered to you by nursing staff.

What we expect from you

Your pre-assessment clinic appointment is an opportunity for you to tell us about your individual needs and circumstances.

It is important that you tell us as early as possible if you have any concerns about whether you will be able to manage your daily activities when you are discharged after your surgery.

You should also let us know if any of your social circumstances change during your admission. We have a multidisciplinary team of professionals who can help to organise any social support you may need. These include, discharge coordinators, social workers, occupational therapists and physiotherapists.

The aim of the enhanced recovery programme is to get you back to full health as quickly as possible after your operation. Research indicates that after surgery, the earlier you get out of bed and start drinking and then eating, the quicker will be your recovery. This will also lessen the chance of some complications developing. To achieve this we need you to be a partner with us so that we can work together to speed up your recovery.

The pre-assessment clinic allows us to provide the information, support and education you need to take an active role in your treatment. At this visit you may also raise any concerns you have.

Lifestyle changes

If you smoke then stopping smoking several weeks or more before an operation may reduce your chances of getting complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher chance of developing complications if you are overweight.

Regular exercise should help prepare you for the operation, help with your recovery and improve your long-term health. Before you start exercising, ask a member of the healthcare team or your GP for advice.

Preparing for you operation

If bowel preparation is required (only for some operations):

You may need to take this drink the day before the operation at 10am and 2pm.

You also need to have a low fibre diet on the day **before** the bowel preparation.

Additionally high fibre and highly coloured foods (e.g. red jelly, beetroot, coffee, tea and red fruit juices) are NOT recommended.

The bowel preparation gives you loose, watery stools. **It is important that you drink plenty of clear fluids but not fizzy drinks to replace the fluid you are losing.** This should stop you from feeling dizzy, sick or getting a headache. You should aim for around 2 litres of clear fluids per day (8-10 glasses).

Some people may require a drip (intravenous fluids) and if so you will be admitted to the hospital the day before your surgery.

If necessary, some patients will be given an enema before the operation to clear out the lower bowel.

Pre-operative Carbohydrate Drinks:

At your pre-assessment clinic appointment you will be given some drinks to take home. These are called preload. This is a clear carbohydrate neutral-flavoured powder that you mix with water. It will help to maintain hydration and provide some energy during the time you are fasting.

Please note: these drinks are not suitable for diabetic patients (ON INSULIN) due to their high carbohydrate content. Diabetics (On insulin) should increase their clear oral fluids to replace the fluids they would have received if they had taken preload

Please mix each sachet with 400mls of water.

You should have a total of 2 sachets the evening prior to your surgery and the final sachet before 0630 the morning of your surgery.

Summary:

- 2 sachets of preload the evening before surgery
- 1sachet by 6.30am on the day of surgery

Fasting before your operation:

You will be required to fast (stop eating) for a period of time prior to your surgery (approximately 6 hours). This will allow sufficient time for your stomach to empty prior to surgery.

However, you will be encouraged to drink water until you arrive at the hospital. This will help you to stay well hydrated and will make you less likely to be thirsty or suffer from headaches after surgery.

Specific guidance is outlined below:

Allowed food until:	Allowed water until:
12 midnight the night before surgery If bowel prep – clear soups/jelly.	Arrival at hospital

Other preparations for your surgery

If you are not taking bowel preparation the day before surgery it is a very good idea to have a light meal the evening before the operation.

If you are in hospital the day before your surgery you will be given a small injection into the skin the evening before surgery. This helps reduce the risk of blood clots (thrombosis) by thinning your blood. This will be given to you each evening while you are in hospital.

You will be asked to wear elastic stockings, which you must wear whilst in hospital and for 4 weeks after discharge, these also help to prevent clots.

Preparing for your hospital stay

Please be aware there may be a lot of waiting around if you are admitted the day before your operation, therefore, bring a book to read. You may need to sit in the day room until your bed is ready. We will try our best to avoid this delay

What to bring into hospital

- **Day and night clothing**

Please bring in comfortable loose fitting clothing for during the day as you will be encouraged to dress in day clothes after your operation.

You will need to bring in suitable nightwear and a dressing gown for the duration of your stay (approx 2 – 7 days).

Comfortable, flat supportive shoes (not backless shoes e.g. mules) also socks and stockings rather than tights are best.

- **Toiletries**

Please bring in all the toiletries that you feel you will need for the duration of your stay. A towel will be provided by the hospital.

- **Medicines**

You should bring all your usual medication into hospital with you and these will be locked away in a medicine locker beside your bed. You must store and bring them in their original containers rather than decant them or bring in single strips.

This is so that we can check your dosage instructions and positively identify them as belonging to you.

If there have been any changes to your medications since pre-assessment please mention to the nursing staff or the doctor.

- **Walking Aids/Splints or Prosthetic Limbs**

Please bring in any walking aids you use on a regular basis ie sticks or 3 wheeled walkers. Alternatively if you use a splint or prosthetic limb to walk then bring these in too.

- **Entertainment**

It is advisable to bring in reading material, personal music player with headphones, money for newspapers, magazines, and confectionary.

- **Do not bring valuables**

Please avoid bringing valuables with you. Ward 44 does not have a Ward Safe and if you bring in valuables it will be at your own risk.

Admission to hospital

You will receive a letter giving you the date and time of your admission. Please follow the instructions carefully.

If admission is on the day of surgery:

Please wash with an antibacterial wash (can be purchased from your local chemist or stores like Boots) in the morning.

You will be asked to report to the SEAL Unit (day intervention unit 1st floor in the New Block, Victoria Hospital 01592 643355 ext 29876).

Please present yourself there at the time instructed on your letter.

If admission is on the day before surgery:

Please present yourself to Ward as instructed in your letter.

What happens when you arrive at the hospital?

On the ward

The **nurse** will check your details and discuss your care with you. He or she will ensure you are ready for your surgery and keep you informed every step of the way.

Your **consultant (surgeon)** or the doctor working for your consultant will see you before your operation. He/she will discuss the surgery with you and once you have all the information required to make a decision about your surgery he/she will ask you to sign a consent form. This form gives the surgeon your consent to carry out your operation.

Your **Anaesthetist** will discuss aspects of anaesthesia and address any concerns you have regarding this and pain control after surgery.

Your surgery

If you are admitted the day before surgery, you will be asked to take a shower on the day of surgery using an antibacterial wash. You will be given a theatre gown to wear and will be measured for TED stockings.

The doctor may also visit you again to have a brief chat and answer any questions you may still have.

The staff on the ward will accompany you to the theatre, either walking with you, taking you in a wheel chair or on your hospital bed. The nurses in the reception who will be taking care of you before your operation will meet you. From here you will be taken to the anaesthetic room and then into theatre.

Anaesthesia During surgery

What does my Anaesthetist do?

Your Anaesthetist is responsible for your comfort and well being before, during and immediately after your surgical procedure. In the operating room, the Anaesthetist looks after your body's vital functions, including heart rate and rhythm, blood pressure, temperature and breathing. The Anaesthetist is also responsible for fluid and blood replacement when necessary.

What types of anaesthesia are available?

For colorectal operations, you will be given a general anaesthetic.

This may be combined with a spinal or epidural, which is usually inserted before you are given the general anaesthetic.

General Anaesthesia

What is a general anaesthetic?

A general anaesthetic is a combination of drugs, which causes a deep sleep and is used for operations or medical procedures. This causes a loss of sensation and makes you unaware of what is happening to you or going on around you. Afterwards you will not remember anything that has happened.

Why do I need a general anaesthetic?

You and your surgeon have agreed that you need to have a particular operation. In order for your surgeon to perform the operation safely, you will need to be in a state where you do not move and your muscles are relaxed hence the need for a general anaesthetic.

How is the anaesthetic given?

Most people are sent to sleep by injecting the drugs through a drip (small tube) into a vein. This takes about 30 seconds to take effect.

For some people, it may be more appropriate to go to sleep by breathing in an anaesthetic gas through a face mask. This also takes about 30 seconds to take effect.

You will be kept asleep for as long as is needed either by giving you more of the same drug into the vein or by breathing anaesthetic gases. Your Anaesthetist may also give you drugs to reduce pain and sickness after the procedure. Throughout your operation the Anaesthetist will monitor you closely. Following the operation the anaesthetic will wear off thus allowing you to wake up again.

What you should expect following your surgery: Immediately after your operation

After your operation you will spend time in the recovery room where you will be looked after by a team of specialist nurses, you will then be transferred back to the SHDU (Surgical High Dependency Unit ([01592 729156](tel:01592729156))) or occasionally back to Ward 44.

Once your condition improves and you no longer need close observation you will be transferred to a general ward.

What you may have after your operation?

- A mask which gives you extra oxygen to breath
- A drip in your arm giving you fluid.
- You will have been fitted with stockings. These encourage the blood circulation in your legs and reduce the chance of a clot. You will need to wear these throughout your stay in hospital and for 4 weeks after discharge.

- A tube (catheter) in your bladder. This is so that we can monitor how well your kidneys are working and how much urine you are making. We will aim to remove this 1-3 days following surgery.
- A tube through your back passage (Rectal tube), **ONLY FOR SOME OPERATIONS**. This will be left in for 2-3 days and will be removed when there is sufficient gas and/or stool in the bag.
- A tube through your tummy wall (drain), for letting out any fluids, which may collect after your operation. Will be removed 1-3 days after surgery
- A button for you to press (PCA- Patient Controlled Analgesia), which delivers pain killers into the body. You will be given for 1-2 days after surgery, depending upon your pain requirements
- A small tube (catheter) in your back for a few days to provide you with continuous pain relieving medicine (epidural) **ONLY SELECTED PATIENTS**.

Pain control following surgery

Effective pain control is achieved by taking painkillers regularly

Good pain relief is necessary, as you will require to do some gentle exercises under the instructions of the physiotherapist and nursing staff. Taking your prescribed pain medication regularly will give you good pain relief. Stronger painkillers are not given routinely but are always available for you to ask for if you need them. This regime will help you to recover quickly from your surgery.

What type of pain relief is available?

Paracetamol

After your operation you should use simple painkillers regularly such as paracetamol. This may not completely treat your pain but if taken regularly they can reduce the amount of other stronger painkillers you might need.

Morphine

For more severe pain you may be prescribed morphine or similar drugs.

Intravenous delivery (using a drip)

The most common intravenous delivery is a technique known as patient-controlled analgesia or PCA. This involves connecting a special pump, containing the drugs, to a drip (small tube) in one of your veins. The pump has a button which you will be given to hold and when you press the button a small dose of the medication will be released into the blood stream.

The pump has several features, which do not allow you to overdose by accident. These drugs tend to make you sleepy, so if you do have more than you need, you are likely to fall asleep and not press the button for a while.

If you think you may not be able to press the button (for example, if you have arthritis), let the nurses know as they may be able to provide a button, which is easier to use.

Using a PCA is simple. If you are in pain, or you think you might be in pain soon, press the button. If you are comfortable, do not press the button.

Other painkillers:

Sometimes you may be given painkillers through a spinal anaesthetic; a local anaesthetic drug is injected through a needle into the middle of your lower back to numb the nerves from the waist down. Other drugs are injected at the same time that prolongs pain relief for many hours.

In conjunction with spinal anaesthesia you might also be given an intravenous infusion of Lidocaine. Lidocaine has been shown to improve post-op pain and decrease the need for strong opioid medications.

You may instead have a catheter (small tube) attached to the wound and this will be attached to a ball, which will deliver a small amount of local anaesthetic medication to the wound constantly. This will decrease the need for you to require stronger painkillers.

The type of painkillers you will be given would depend upon the kind of operation you undergo and the length of the wound which is made at the time of the operation.

Fluid intake following surgery:

You will be allowed to have some fluids to drink a few hours after you recover from your surgery.

Take small amounts of fluids at a time.

You will also be given some nutritional supplemental drinks either from the day of surgery or the following day. This is important, as your body needs nourishment to help heal wounds, minimise the risk of infection and generally help your recovery

If you are tolerating the fluids, then the oral intake will progress to a light diet and there will be a gradual build up to normal diet.

On return from theatre you may have the following

Water

High calorie high protein drinks (ensure plus)

Boiled sweets or a small jelly sweet

Chewing gum

The next day

Breakfast : cereal

Lunch and supper: Soup and pudding

Ensure drinks, water, tea, coffee, non fizzy drinks

The following day

Breakfast: Cereal or a roll or toast

Lunch and supper: Soup and pudding or a sandwich and pudding

Ensure drinks, water, tea, coffee non fizzy drinks.

Gradually increase your diet once you have passed wind from your tail end. Coffee is encouraged as this stimulates the bowel to work. You may find that your appetite has reduced following your surgery and so it is important to drink the ensure drinks when they are offered to you.

The days following your surgery

The doctors and nurses will continue to monitor your progress. Part of this monitoring will involve blood tests being taken. The nurses will continue to record your temperature, pulse and blood pressure and assist you to move in bed at regular intervals.

If you are eating and drinking painkillers will be given in tablet or liquid form.

The various tubes you have will be removed over the next few days, depending upon your recovery.

Physiotherapy and mobilisation after surgery

You will be provided with a physiotherapy advice leaflet prior to your surgery. You should read this carefully. Following your operation you will be expected to perform these exercises and build up your walking as described in this leaflet.

The physiotherapist will speak to your nurse and review you if you are struggling with your exercises or walking.

If required the physiotherapist will continue to see you on the ward until you are independent.

If the physiotherapist is seeing you then please note that visits, particularly in the afternoon, can be interrupted for treatment purposes.

You will be mobilised by the nurses and/or physiotherapists quickly after your surgery. Furthermore on the day of surgery, if you are feeling well, you will be allowed to sit in a chair. The sooner you are on your feet, the quicker your recovery will be and this will largely depend upon your pain control. See the attached Enhanced Recovery After Surgery physiotherapy leaflet.

You will be given a patient diary to complete while in hospital. This reiterates the goals that you should aim to achieve.

Day zero:

If surgery is in the morning you will be encouraged to sit up out of bed for 1-2 hours that evening.

Day One:

You will be encouraged to sit up out of bed for at least 4 hours

You should perform your breathing and circulation exercises, hourly throughout the day.

You will be encouraged to walk with the assistance of the nurses or physiotherapist. However, if possible you should request to walk more on your own or with some help for your attachments.

These things will help with the following:

Decrease the risk of chest infections

Decrease the risk of blood clots.

Improve oxygen delivery to tissues to aid the healing process.

Help the bowel get back to normal by getting rid of wind and the pain caused by this.

Help decrease muscle weakness.

Day 2 onwards:

Continue to practice breathing and circulation exercises.

Gradually increase the distance walked.

Sit out of bed for at least 6 – 8 hours daily.

Aim to have 3-4 walks per day.

On discharge:

Continue to practice breathing exercises 3 – 4 times a day until wound pain has gone and aim for 3 – 4 walks per day.

Gradually build up the distance walked daily and slowly return to your normal activities.

Remember that early in the recovery, short daytime rests are needed, listen to your body and rest if required.

No heavy lifting for 6-8 weeks after surgery.

Do not drive for 4 - 6 weeks after abdominal surgery or until your surgeon says that you are safe to drive.

The DVLA advises that insurance companies are informed when driving is restarted.

Occupational Therapy

If you or your family have any concerns about how you will manage any aspects of your daily living activities when you return home from hospital, you can be referred to the OT who will discuss these with you. He/she will discuss activities such as the physical layout of your home environment, washing, dressing, meal preparation, shopping, domestic tasks and driving. An assessment can be carried out on the ward and in the OT Department prior to discharge home (this can include washing, dressing, getting on or off a chair or the toilet, in or out of bed and basic kitchen tasks) depending on what problem areas have been identified. The OT can refer you on to other agencies as necessary.

Washing – You may find it helpful to have a chair or stool in the bathroom to sit on to wash to conserve energy.

Dressing – It is a good idea to sit on a chair or on the side of the bed to get dressed. Loose, comfortable clothes that are easy to fasten and flat, supportive shoes which allow for the fact that your foot may swell after the operation (but not backless shoes, e.g. mules) are best. Getting on or off a chair or bed – If you have difficulty with this the OT can practice with you the best technique which suits you.

Meal Preparation – If you were able to prepare your own meals before your operation, you should be able to manage when you return home. You may become tired more easily when working in the kitchen so think about how you can conserve energy, e.g.

- Prepare easy meals, which require limited preparation, or use ready- prepared meals.
- Pace yourself if you are preparing a longer meal
- Position items used a lot within easy reach.
- Keep a seat or stool handy on which to rest if necessary.
- Do not over stretch to high or very low cupboards – if possible ask someone to move items to worktop level.
- Slide items along the work surface rather than carrying.

Housework – Avoid **heavy** housework such as vacuuming or moving furniture for 4 – 6 weeks after your operation

Private agencies can assist with housework and laundry – Social Services or your OT can provide you with a list of approved local agencies if required.

Shopping – Consider having shopping delivered initially when you return home, or ask friends or family to assist. Most major supermarkets offer an on-line store which will deliver to your home for a small delivery charge. If you do not have internet access, it may be possible for your family to do this for you.

If you do your own shopping, do not attempt to lift/carry heavy bags – use a trolley or light back pack.

Your OT can give advice about help with shopping and other household tasks if you have any concerns.

Energy Conservation – If you find you are tired out by basic day to day tasks, your OT can discuss ways of helping you to conserve your energy and discuss ways to be as independent as possible during your recovery.

Going home: being discharged from hospital

You should be able to leave hospital about 2 –7 days following your operation or it could be sometimes earlier or later, depending upon your recovery.

We will not discharge you from the hospital until we are sure you are ready. This means we will make sure your pain is well controlled, you are able to eat and drink, your bowels are functioning (either passing wind and/or opening your bowels) and there is someone at home to help you. If further Physiotherapy or Occupational therapy is required on discharge your ward therapist will have passed this on to the community teams.

Before you go home you will be given a copy of your discharge letter and a supply of any medication you may require. If you should require further painkillers you should contact your GP before your supply finishes. **You will also be given a supply of TED stockings as these should be worn for 4 weeks following your surgery.**

Your district nurse, or practice nurse at your GP's surgery will remove your clips 10 days after your operation. Some patients have stitches under the skin, which do not need to be removed.

When you are discharged you will receive a call either from one of the team member to ensure that you are recovering well and if there are any problems please mention to the person calling you. We will send you a questionnaire to obtain feedback about this booklet and your care. We would be very grateful if you would complete this and return it at your next hospital appointment.

Your point of contact are as follows:

1. If you feel unwell in the first few days after you go home, please **contact ERAS Nurse Jayne Ritchie on 01592 643355 ext 20169 or Wendy Cunningham ext 21047** during normal working hours.
2. If it is out of hours- please contact **Jayne Ritchie 01592 643355 ext 20169** and you can leave a message on the colorectal nursing team answering service.
3. If the problems are relatively minor, you can contact your GP or NHS 24.

Your out-patients appointment:

Your Colorectal Nurse Specialist will contact you around 1 week- 10 days after your surgery. They will discuss the results from the lab and explain to you if you require any additional treatment and about subsequent follow-up.

This is an ideal opportunity for you to ask any questions you may have.

Questions and problems?

This provides information about your discharge from our Enhanced recovery after surgery programme following your colorectal surgery. If you have any further questions please ask a member of staff.

What if I feel unwell?

Complications do not happen very often, but it is important for you to know what to look out for should you feel unwell. If you are concerned about anything in this booklet, contact details are available at the end.

Bowel function

After your operation your bowel function may take a few weeks to settle down and may be slightly unpredictable at first. Your motions may become loose or you may be constipated. Make sure you eat regular meals, drink plenty of fluids and take regular walks during the first two weeks after you operation. If constipation lasts for more than two days then taking a laxative such as Laxido or Fybogel is advised.

If you are passing loose stools more than three times per day for longer than four days please contact the Colorectal Nurse Specialist and ask for advice.

Abdominal pain

It is not unusual to suffer gripping pains (colic) during the first week following removal of a portion of your bowel. This pain usually lasts for a few minutes but goes away between spasms.

If you have severe pain lasting more than 1 – 2 hours or have a fever and feel generally unwell, you should contact us on the given numbers.

Urinary function

After bowel surgery you may get a feeling that your bladder is not emptying fully, this usually resolves with time. If you have excessive stinging or burning sensation when passing urine please contact your GP as you may have an infection and you may be prescribed a course of antibiotics.

Wound care

For the first 1-2 weeks following your surgery your wound may be slightly red and uncomfortable. **If your wound is inflamed, painful, swollen or discharging fluid, please contact your GP.**

Diet

You may find that for a few weeks following your operation you may have to make some slight adjustments to your diet depending on your bowel pattern. You should try to eat a balanced diet which includes:

- Fruit and vegetables (lower-fibre varieties may be tolerated better initially)
- Some milk and dairy foods which are a good source of protein to aid wound healing
- Some meat, fish, eggs, beans which are also very good protein sources
- Plenty of bread, rice, pasta, potatoes and other starchy foods (lower-fibre varieties may be tolerated better initially)
-

Plenty of fluids-aim for at least 8-10 cups per day-this includes water, fruit juice, squash, teas/coffee and milk (regular milk is encouraged as a good source of nutrients to aid your recovery). Drinking plenty is especially important if you have loose stools (diarrhoea).

You may find some foods can cause loose stools. If this happens you should avoid these foods in the first few weeks after surgery then try them again, one at a time.

If you are struggling with your diet/appetite try to eat little and often, choose higher calorie versions and try to make the most of times when you feel hungry. If you have any concerns that your appetite is not improving or you are unintentionally losing weight, ask your GP or nurse if you would benefit from a consultation with the dietician.

Hobbies/activities

Walking is encouraged from the day following your surgery. You should plan to undertake regular exercise several times a day and gradually increase this during the four weeks following your operation until you are back to your normal level of activity. The main restrictions we would place on exercise are that you do not undertake heavy lifting and contact sports until six weeks following your surgery.

You can return to hobbies and activities soon after your surgery. This will help you recover. If you are unsure contact your Colorectal Nurse Specialist for advice.

Gradually increase your exercise during the four weeks following your surgery until you are back to your normal level of activity.

Once your wound is pain free you can return to your usual activities.

Work

You should be able to return to work within 4-6 weeks following your operation. If your job is a heavy manual job then it is advised heavy work should not be undertaken until 6-8 weeks after your operation. However, you should check with your employer regarding rules, which may be relevant to your return to work.

You will need to provide your employer with a fit note from your GP after 7 days of absence.

Resuming sexual relationships

You should be able to resume a normal loving relationship once the discomfort of the operation has subsided and you have recovered from your operation. It is important you talk to your partner about how you are feeling.

Some people undergoing operations to the pelvis may have specific bladder/sexual problems. Some men may experience problems with erection and ejaculation. This is the result of damage to some of the nerves in the pelvis by radiotherapy or by surgery. It is usually possible to keep well clear of these nerves during your operation, but occasionally they may be damaged. Women may experience pain during intercourse.

It is important to remember that emotions and worries can also have a direct effect on not only how you feel about yourself but also in having an intimate relationship. Talking about your feelings with your partner will help lessen your anxieties.

It is important to talk to your doctor, if you are having problems as he or she can help you find the best way to deal with them. They may choose to refer you to a specialist nurse who may be able to help you.

Annex 1:
Patient's Journeys from Care Opinion.

1) I was picked up on the bowel screening programme. The results came back within a week to have a colonoscopy. The meeting with the nurse was about two weeks later. I had booked a trip just after not expecting it to be done immediately but I was offered the colonoscopy within a week. We put it back to the 14th December.

The colonoscopy found 2 polyps. One small, the other larger with a suspicious small mass behind it.

The team arranged to have a CT scan in case the biopsy came back positive and the Doctor who did the colonoscopy gave further explanation of what he had found and the likely pathway.

The biopsy came back positive on the 20th December and I was informed the CT scan to check for spread was on the 4th January. They team meets every Friday to discuss and agree action plans for patients.

I was away from the 20th to the 28th and came back to letters informing me the scan would be on the 3rd and the meeting with the surgeon on the 4th.

The scan was very quick and easy. I met with the surgeon on the 4th along with one of the lead nurses. He informed me there was no spread and the operation. It was scheduled for the 8th. The surgeon was terrific. I asked him how many of these operations he had done and his confidence. He told me about 60 and very confident. The procedure is big. Normally 3 to 4 hours but keyhole which helps recovery. I was introduced to the enhanced recovery nurse and given a booklet to read about preparing for the operation and enhanced recovery after.

On the way home the surgeon called to let me know I would need to take the preparation to evacuate the bowels. The tumour was very small and normally you don't need to but it would be more difficult for him to locate it. Very considerate and professional.

The pre surgery checks were made on the 7th. Again the team were very professional and friendly. I was given the preparation mix and went home to take it.

The 8th I had my operation. I met with the anaesthetist who was very calm and confident and the surgeon again. I walked to surgery, lay on the table and was anaesthetised. I woke up in the recovery room a little woozy but fairly alert chatting with the team. I was taken to high dependency for the night.

The staff there explained what I was hooked up to and the pain relief if I needed it. They told me my wife had been informed. She came to visit me that evening and could see that I was okay. The staff had a difficult patient next to me and dealt with the issues admirably throughout the night. I dozed throughout the night due to the discomfort and the disturbance of the difficult patients the staff had to handle.

The next day I washed with a basin. Had a little cereal for breakfast and had a little walk. A bit of a bambi one with a nurse by my side but soon found my feet. I got disconnected from the various attachments and then took small walks around the bed. The quicker and longer you are moving the quicker you recover. The surgeon and the team dropped by to see how I was doing. I thanked them.

At about midday I was transferred to ward 53. My wife was visiting, I had some soup and jelly and in between a high calorie drink. I was seated or walking about. Moving

may be a little painful but it also eases everything off so once you start it becomes less painful and you recover quicker.

My sister in law who works there came to visit and the enhanced recovery nurse dropped by. Both pretty surprised at how well I looked. The surgeon obviously did a great job and I was really following their programme. They look for the first bodily functions to start, breaking wind and urine flow after the catheter. There is some discomfort until this happens. The more you are able to move the quicker it happens. Early afternoon I had passed both steps. The staff on ward 53 were also very good. They had a medical student getting work experience and were very good with her as well.

The night was quite disturbed again because the other guys on the ward had emergency surgery and then the nurse had to check on them throughout the night. The mattresses move regularly to stop you getting bed sores. Occasionally that can wake you.

The next morning I got up and had breakfast. I asked the nurse about showering and he told me it was fine with the dressings. So I had a shower and got dressed. I had a walk up and down the corridor. Trying to keep moving and had a chat with the other guys in the room. The team came round and seemed pretty surprised and happy I was showered and dressed. It was in the handbook that it is better to do this but maybe day 2 is early. They had a discussion about discharging me. The lead nurse suggested I go down to the cafe and have a coffee and they would see how I was doing in the afternoon.

I went down, had a coffee, came back and they told me I was discharged. They went over the steps I should take at home and gave me a list of contact numbers. My wife collected me and took me home. Much to the amazement of my family and friends. The operation had actually taken 5 hours out after 2 days.

On getting home I was trying to balance between keep moving and catching up on sleep. I had a nap in the afternoon and a couple of naps the next day. The enhanced recovery nurse called to see how I was. I got up every day, showered and dressed and kept up until bedtime. Although I was obviously tired. Every day a little stronger.

The next milestone is the pathology which they give you again on a Friday after their meeting. Unfortunately it wasn't ready on the 18th but they were professional enough to call and let me know. They remove also the blood supply to the part of the colon and check the lymph nodes for cancer cells. If they are there they follow up with chemo to kill off any stray cells in your body.

On the 25th I got the call to let me know everything had been contained in the bowel wall. It was stage 1, caught early. No need for further action other than regular checks.

I cannot praise the staff enough, the surgeon, anaesthetist, the colorectal staff, the enhanced recovery nurse, the ward staff. The professionalism, speed and friendliness was above and beyond. Anyone facing this journey should have confidence and faith in the team. Listen to them and ask if you are not sure about something.

2) Two weeks ago I was admitted into the Royal Victoria Hospital to have an operation to remove a section of my Bowel (Right Hemi Colectomy)

From the beginning when I was originally diagnosed following the colonoscopy and being informed of the findings my wife and I were dealt with, with compassion and understanding.

The follow up briefing with the consultant (Mr Manimaran) and ms Cunningham prior to surgery was concise and gave me a good idea what was going to happen and put our minds at ease.

On the day of the surgery again I was kept informed before surgery and everyone was helpful and informative and I received a briefing from the anaesthesia team on what to expect and what was going to happen and also a visit from the consultant. Again I have nothing but praise for the team that carried out the surgery from beginning to end.

Recovering from the surgery that night and the following day in the SHDU again I must single out Victoria (Day Nurse) and Fiona (Night Nurse) for my care under their ministrations and thank them for putting up with my warped sense of humour whilst I was there. I hope I wasn't too much bother.

Also many thanks to Jayne (ERAS Nurse) and Wendy (Lead Colorectal Nurse Specialist) and Wendy who also introduced herself for keeping in touch and checking on my progress when I was in and also out of hospital.

I was discharged from the SHDU the day after my operation to ward 53 and again I couldn't have asked for better staff although I didn't get to know them as well as I was discharged the following day.

Again I can only praise all those involved with my treatment at the Victoria Hospital and it does not seem to me that it was only two weeks since my operation, so I can only put my speedy recovery down to all those involved.

3) I have just had an operation for bowel cancer at Victoria Hospital Kirkcaldy. My treatment was first class in that I was diagnosed and operated on very quickly. I have only the highest praise for the medical staff from my consultant, registrar and nurses for the care and kindness I received. I would like to reassure anyone awaiting treatment to put your faith in the staff at the Victoria as you will be well cared for as I was.

Almost immediately after returning bowel screening test, I received a letter advising further investigation together with an appointment for the following week. I was very impressed by the speed things were done from colonoscopy to ct scan, mri and pre op preparation. I was treated very well by all staff members and reassured along the way. Phone call follow ups were very welcome and I was confident that I could phone the staff at anytime.

