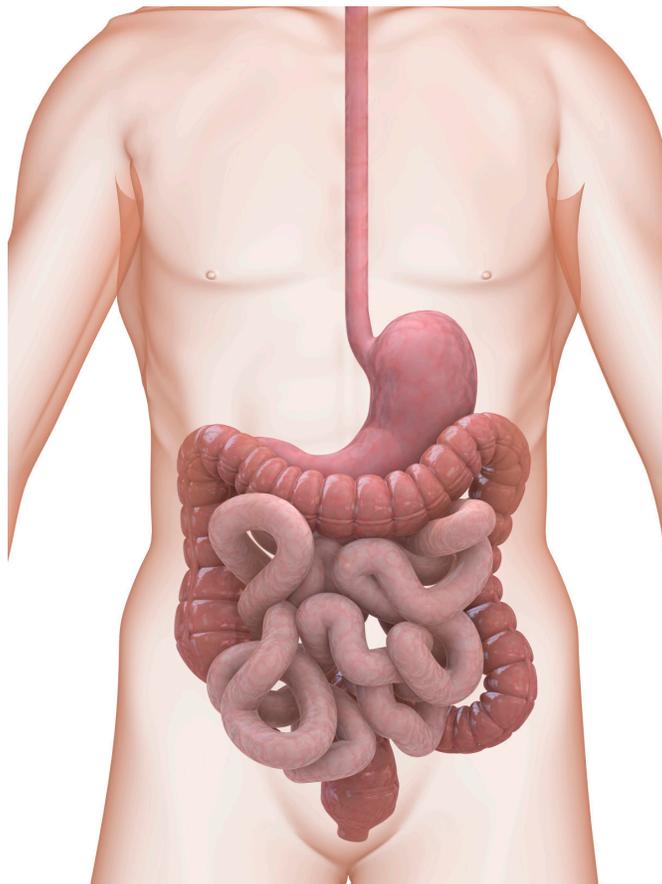




Interior Health

Enhanced Recovery After Colorectal Surgery (ERACS)

Patient and Family Information



Purpose

Our doctors and health care team are dedicated to ensuring that you have the best possible care during your stay with us. This handout provides you and your family with a general outline of what to expect during your stay. By providing you with this information, and by knowing what to expect, we hope you will be better prepared for your surgery and ready to participate in your recovery.

Enhanced Recovery after Colorectal Surgery (ERACS) Program

In the 1990s, Danish doctor Henrik Kehlet and his surgical team developed the Enhanced Recovery after Surgery pathway. This program has helped thousands of people quickly recover after bowel operations. It is being used by many countries and surgical teams and we are proud to bring it to patients here in Interior Health.

The program aims to speed up your recovery by using methods before, during and after your operation. Some of these methods include (1) having a carbohydrate drink before surgery, (2) early activity and early eating after surgery, and (3) making sure your pain is controlled.

These steps will help you onto a speedy recovery.

Preparing for Surgery

Being prepared will make make your recovery smoother and faster.

After your consultation with the colorectal surgeon, the doctor will notify the Surgical Booking Office of your upcoming surgery. Important: Please make sure you give your surgeon's office a correct contact number (home, work, cell phone). Next a surgical booking clerk will call you with your Pre-Surgical Screening (PSS) appointment date and time, plus your surgical date.

Then the Pre-Surgical Screening office will contact you. At this appointment:

- Any pre-operative tests (e.g. blood work) will be done.
- A pain doctor (anesthesiologist) will speak with you to discuss your past medical and surgical history, and develop a pain control plan for you. They will discuss the possible use of an epidural catheter to manage your post-operative pain needs.
- A nurse will meet with you to talk about:
 - your health history
 - answer questions you have
 - give you any instructions you have to do at home before surgery
 - discuss discharge plans (e.g. who will pick you up from the hospital)
 - who will help you at home

We **MUST** know what current medications you are taking. Bring all of your medications to this appointment.

- how much you take daily
- why you take a specific medication

This will help us to make sure you are on the right medications after your surgery.

Coming to the Hospital

Things to pack when you come in for your surgery:

- housecoat
- nonslip slippers
- toothpaste, toothbrush
- sugar-free chewing gum

The hospital does not have room to store big suitcases or large amounts of personal belongings. Do not bring any valuables or more than \$20 cash, and if you wish to rent a TV / telephone, you can do so with a credit card or cheque. **Interior Health will NOT assume responsibility for any items that are lost or stolen.**

You will need to bring your health care card, extended benefits card and plastic hospital ID card if you have one.

On the day of your surgery:

- arrive on time
- report and register at the admitting desk
- you will then be given more instructions on where to go

Surgeries can **sometimes** be postponed due to emergencies, bed availability and your current health.

If your health changes (for example, flu, cold, diarrhea, etc) you must notify us immediately by calling Pre-Surgical Screening (Monday – Friday, 8 am – 4 pm). Leave a message and your call will be returned.

What to Expect After Surgery

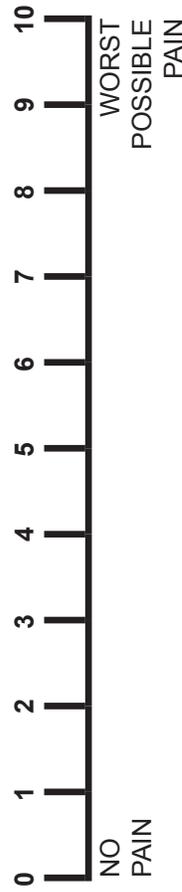
The following information is provided to describe the ERACS Surgical Pathway or roadmap that outlines the steps to recovery. We understand that each person recovers differently. Your progress will be assessed daily. This will help to determine your care plan and discharge date. If you or your family have any questions please feel free to ask your health care team.

The expected stay is 2 to 4 days. The tables below outline what you and your family can expect during the first 4 days after surgery.

The Pathway

What I can expect	Day 0 (Day of Surgery)	Day 1	Day 2	Day 3	Day 4
Pain medications	By epidural catheter (tube) that is inserted into your back by an anesthesiologist before your surgery. By intravenous (IV). By rectum. By mouth.		<p>↑ Epidural catheter removed when you are tolerating your diet.</p> <p>↑</p> <p>↑</p>		↑

Use a Pain Rating Scale



May be duplicated for clinical practice as appears in: Pasero and McCaffery. Pain Assessment and Pharmacologic Management. Mosby, 2011.

To help describe the pain you are experiencing you will be asked to pick a number between **0 = No Pain and 10 = Worst Possible Pain.**

What I can expect	Day 0 (Day of Surgery)	Day 1	Day 2	Day 3	Day 4
Pain medication given regardless of your pain rating	<p>Acetaminophen (Tylenol®), if no liver concerns or allergy.</p> <p>Anti-inflammatory drug, if no kidney concerns, stomach ulcers or allergy.</p>	<p>↑</p> <p>↑</p>	<p>↑</p> <p>↑</p>	<p>↑</p> <p>↑</p>	<p>↑</p> <p>↑</p>
Pain medication given as needed	<p>You may have extra pain medication if you have pain that is more than mild (3 plus on the pain rating scale). Tell your nurse if you require additional pain medication.</p>	<p>↑</p>	<p>↑</p>	<p>↑</p>	<p>↑</p>
Other medication	<p>Antibiotic through your intravenous (IV) just before surgery to help prevent an infection after surgery.</p> <p>An injection once or twice a day to prevent blood clots from forming in your legs or lungs.</p> <p>Regular medication to prevent and treat any nausea, vomiting, or heartburn.</p>	<p>↑</p> <p>↑</p> <p>↑</p>	<p>↑</p> <p>↑</p> <p>↑</p>	<p>↑</p> <p>Then as needed.</p>	<p>↑</p> <p>↑</p>

What I can expect	Day 0 (Day of Surgery)	Day 1	Day 2	Day 3	Day 4
Other medication (<i>cont'd</i>)	Medications that you were taking at home before your surgery when ordered by your doctor.		Receive an oral laxative twice a day. Let your nurse or doctor know if you are experiencing diarrhea.		
Oxygen	In the recovery room, you will receive 1 hour of oxygen by mask. Oxygen as needed.				
Vital signs	Your vital signs will be taken regularly (blood pressure, pulse, temperature breathing rate and pain rating).				

	Day 0 (Day of Surgery)	Day 1	Day 2	Day 3	Day 4
What I can expect					
Intravenous (IV)	<p>An intravenous line (IV) will be started in your arm just before surgery.</p> <p>It will keep you hydrated and allow medications to be given to you through your IV.</p> <p>It will be capped when you are drinking 4 or more glasses of fluid a day.</p>				
Blood tests		Blood tests in the morning.	Blood tests in the morning.		
Eating and drinking	<p>Chewing gum (sugar free).</p> <p>Full fluid diet (soups, puddings, milk, oatmeal, yogurt).</p> <p>Drink a nutritional supplement (like Boost® or Ensure®) 2 times a day.</p> <p>A dietitian will be available to see you if needed.</p>		Eat a normal diet.		

What I can expect	Day 0 (Day of Surgery)	Day 1	Day 2	Day 3	Day 4
Washing, personal hygiene and toileting	<p>Use commode by your bed or walk (with help) to the toilet if you need to have a bowel movement.</p> <p>Wash your hands frequently.</p>	<p>Wash (with help) in the bathroom.</p>	<p>Take a shower after the epidural catheter and any drains are removed.</p>		
Bladder catheter (tube)	<p>A bladder catheter will be inserted in the operating room after you are asleep. This will drain your urine into a bag.</p>		<p>The bladder catheter is removed. To increase your activity, no bedpan or urinal at the bedside (you will have to get up to the bathroom).</p>		
Bandages and care of your incision	<p>Your bandages will be checked regularly to see if they are leaking.</p>		<p>Your bandages will be changed daily and also when needed.</p>		<p>You will go home with your staples in. You will be given a follow-up reminder to see your family doctor to have them removed.</p>

What I can expect	Day 0 (Day of Surgery)	Day 1	Day 2	Day 3	Day 4
Ostomy (ET) nurse (if you have one after surgery)	Your doctor will place a referral to the ostomy nurse if she needs to be involved in your care.	ET nurse will help you learn to manage your ileostomy or colostomy.	↑	↑	Final visit from ET nurse to finalize your discharge plan, review and answer any questions regarding your ostomy care.
Activity	<p>Do deep breathing and coughing exercises.</p> <p>Do foot and ankle exercises every hour while you are awake.</p> <p>Get in and out of bed by log-rolling with instruction and help.</p> <p>Sit in the chair or at the side of the bed.</p> <p>Total activity time 10 to 15 minutes.</p>	<p>↑</p> <p>↑</p> <p>↑</p> <p>Sit in the chair for all meals if able.</p> <p>Walk around the ward with help (at least 1 lap) 2–3 times per day.</p> <p>Total activity time 1 to 3 hours out of bed.</p>	<p>↑</p> <p>↑</p> <p>↑</p> <p>Get in and out of bed on your own by log-rolling.</p> <p>↑</p> <p>Increase walking distance around the ward with help if you need it (at least 2–3 laps) 3 times per day plus.</p> <p>Total activity time 6 hours out of bed.</p>	<p>↑</p> <p>↑</p> <p>↑</p> <p>↑</p> <p>Walk around the ward on your own (at least 4 laps) 3 times per day plus.</p> <p>Total activity time 6 hours out of bed.</p>	<p>↑</p> <p>↑</p> <p>↑</p> <p>↑</p> <p>Walk around the ward on your own (at least 4+ laps) 3 times per day plus.</p> <p>Total activity time 6 hours plus out of bed.</p>

What I can expect	Day 0 (Day of Surgery)	Day 1	Day 2	Day 3	Day 4
Rest and sleep	<p>Any sleeping medication will be ordered by the anesthesiologist while the epidural is in.</p> <p>Use ear plugs to cut down the hospital noise. These will be provided.</p>	<p>Nap (or just relax and rest) for 2 hours a day, from 1:00PM to 3:00PM.</p> <p>Request NO visitors during this time in order for you to rest after your surgery.</p>	<p>After the epidural is out, you may resume your normal sleeping medication if approved by your surgeon.</p>		
Where you will stay	<p>After surgery, you will be in the Recovery Room until you are awake and your pain is under control. You will then be transferred to the general surgical floor.</p>				
Visitors	<p>Brief visits from immediate family only on the day of your surgery.</p>				

What I can expect	Day 0 (Day of Surgery)	Day 1	Day 2	Day 3	Day 4
Visitors (cont'd)		<p>Visitors, even if they are your loved ones, can make you tired, as can people visiting a room mate. There should be no more than 2 people at your bedside at a time.</p> <p>Visiting is also discouraged during your "Rest Period" between 1:00 to 3:00 PM. This rest period is not mandatory, but is highly recommended for your personal recovery and wellness.</p>			
Discharge planning and learning		<p>Go over your discharge plans with your nurse and other members of the team as needed (such as the discharge planning nurse) and have any questions answered.</p>			
Community care referral					<p>A community care referral will be made if needed (e.g. wound or stoma care). They will call you to arrange the appointments.</p>

