

## Bowel Surgery Enhanced Recovery Information for Patients

### What is Enhanced Recovery?

Bowel surgery has traditionally involved the use of strong laxatives before the operation and restricted food and fluids by mouth afterwards. There is now good evidence for taking high energy drinks and restricting laxative use, unless it is specifically requested by your surgeon.

Good pain control after surgery aids recovery and allows you to regain your usual level of activity more quickly. An early return to eating and drinking stimulates the return of bowel function and taking high protein drinks encourages wound healing.

We encourage you and those close to you to play an active part in this structured programme of care but please ask if you are unsure about any of the following information.

### Open or keyhole (Laparoscopic) Surgery

Traditional bowel surgery required a long incision (cut) in your abdomen. It is now possible to perform this surgery through minimally invasive keyhole surgery, which enables a swifter recovery in the majority of patients. Several smaller incisions are made in the abdomen and a slightly larger one to enable the segment of bowel to be removed.

**Not** all patients will be suitable for laparoscopic surgery and your surgeon will advise you if this is the case.

If your surgeon plans for you to undergo laparoscopic surgery there is still a chance that you may require a more traditional open approach during the operation. As such, your recovery time may take longer than is explained in this leaflet.

### What happens before I come into hospital?

You will generally come into hospital on the day of your operation unless instructed otherwise. Try to empty your bowels then have a bath or shower before you come into hospital. Bring some loose daytime clothing with you as you may get dressed within a day or so of your operation.

Continue to eat and drink normally **unless otherwise instructed** at your pre-operative clinic appointment as good nutrition is very important to your recovery. If you usually take **Warfarin**, **Clopidogrel** or **Aspirin tablets** please tell the nurse at your Pre-operative appointment for advice about taking these.

### Do I need any Bowel Preparation?

If you need bowel preparation medicine you will receive this at your pre-operative appointment with instructions on how to take it at home. We will advise if you just need to have an enema to clear the lowest part of the bowel.

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You will be given some high energy drinks called Pre-Op to take at home. These are very important for your preparation for the operation and recovery. You may chill these drinks as they are quite sweet to taste.

### When do I take the Pre-Op drinks?

- **At 10pm** the night before the operation drink **two** cartons of Pre-op.
- **From 12 midnight** do not eat anything else including sweets, mints or chewing gum.

You may continue to **drink clear fluids until 6.30am** on the day of surgery (do not drink fruit/smoothies or any drinks containing milk)

- **At 6.30 am** on the day of the operation drink **one** carton of Pre-op then have nothing else by mouth

**Note:** Patients with Insulin treated Diabetes will not be given the pre-operative high carbohydrate drinks

### How will my pain be controlled?

Before your operation your anaesthetist will discuss the options for pain relief with you. An injection (epidural) that is put into your back may be offered to you before the operation to provide continuous pain relief after the operation. If it is inappropriate or impossible for you to have an epidural then you will have an alternative method of pain relief.

It is important that you are able to move about, breathe deeply and rest comfortably. If you have an epidural, this will deliver continuous pain relieving medication to you. After a few days this will be removed and alternative pain relief will be given as necessary. If you do not have an epidural then you will continue to receive alternative pain relief as required.

### Will I have any tubes or drips?

During your operation a tube (catheter) may be put into your bladder to make sure your kidneys are working properly. This catheter will usually be removed approximately 48 hours after your surgery. A drip will be put in your arm to make sure you are getting enough fluids. This will usually be stopped a day or so after your surgery.

### What if I feel sick?

People sometimes feel sick or are sick after surgery. You will be given medication during surgery to reduce this. Please tell a member of staff if you feel sick after the surgery, so anti-sickness medication can be given. This is important as we want you to be able to eat and drink normally after your surgery.

### What should I expect after the operation?

If you are well enough you will spend 2 hours out of bed on the day of surgery then 8 hours out of bed each day after that. Point your feet up and down and circle your ankles regularly to help reduce the risk of blood clots in your legs. Take 2 deep breaths each hour to reduce the risk of a chest infection. Start these exercises as soon as you wake up.

We will help you to walk 60 metres (roughly the length of the ward) four times a day starting the day after surgery. We encourage you to use this walking time to go to the fridge and help

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yourself to high protein drinks. High protein supplement drinks are provided and help with healing, reduce infections and aid your overall recovery. You will be able to have fluids straightaway and food within a few hours of your operation if desired.

### **What will my bowel function be like after surgery?**

Your bowels will be quite erratic after surgery and we will naturally assist you to a toilet as needed. You will be encouraged to eat regularly to help re-establish your bowel pattern.

Some lower bowel surgery will result in a permanent change in bowel function or may take much longer to settle down. You will have additional information, support and training from a Specialist Nurse if your surgery involves diverting your bowel to an opening onto your abdomen (stoma).

### **Going home**

As you go home after major bowel surgery we want you to continue making a safe recovery. Although complications are uncommon you need to be aware of what to look out for – especially within the first 2 weeks. If you have any concerns please contact us on the numbers provided at the end of this leaflet.

### **Who should I contact for advice after discharge home?**

**Contact the colorectal nurses Monday to Friday or the ward at the hospital where your operation was performed.**

### **Abdominal pain**

Gripping pains are quite common during the first week or two after surgery. This may last for up to a few minutes then passes. Severe pain which lasts for several hours may indicate leakage of fluid from the internal join in your bowel. This is serious but rare. You may have a temperature or feel generally unwell but some people can have a leak from where the bowel has been joined without any pain.

**You should contact us as soon as possible if you have severe pain lasting one or two hours or have a temperature and feel generally unwell within two weeks of your operation**

### **Your wound**

This can be slightly red and uncomfortable for a week or two. Call us if your wound is becoming progressively inflamed, painful, swollen, is starting to discharge fluid or is beginning to open.

### **Your bowels**

Your bowel function may continue to be erratic after discharge. Contact the Specialist Nurses for advice if you have constipation or are loose for more than 4 days, if you have a stoma related problem or have any concerns about your bowels.

### **Passing urine**

After bowel surgery you may feel like your bladder is not emptying fully but this usually improves within a week. Contact your GP for advice if you are concerned or have excessive stinging when passing urine.

### **Food**

Smaller more frequent meals may be easier to manage at first but try to eat a varied, balanced diet. Avoid any foods which make your bowels loose before trying them again. You can

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supplement your meals with high protein drinks if your appetite is poor but contact your GP if you are losing weight without trying or are worried about your appetite.

### Physical Activities

Keep active to help reduce the risk of a clot developing in your legs. Wear your compression stockings for **4 weeks**. Wash stockings according to instructions and remove stockings daily for a maximum of 30 minutes to wash your legs.

You will be discharged home with blood thinning injections, to complete a course of 28 days after the date of surgery. This is given to stop blood clots forming in your leg veins following your operation. Occasionally there is a reason for patients not to receive these; you will be advised on this if it applies to you. The ward staff will show how to administer the injection, or arrange for the district nurse or practice nurse to support you.

Gradually build up your activity levels over the first 4 weeks after your surgery until you are back to normal. Wait 2 weeks after your operation before exercise such as swimming or jogging and take it easy if your wound is still uncomfortable. Don't do any heavy lifting for the first 6-8 weeks. You may resume sexual relationships when you feel comfortable.

### Work

You should be well enough to return to work within 4-6 weeks after surgery. If your job involves heavy lifting then seek advice from your surgical team or GP first.

### Driving

You must be able to perform an emergency stop and turn the wheel quickly in an emergency. Recovery from major surgery is likely to take 4-6 weeks on average. Check with your insurance company or doctor if in doubt.

### Heartlands Hospital Ward 12

Tel: 0121 424 2212 Ask to speak to the nurse in charge

**Colorectal Nurse Specialists** Monday to Friday 8am to 4pm 0121 424 2730

### Good Hope Hospital Ward 7

Tel: 0121 424 7207 Ask to speak to the nurse in charge

Colorectal Nurse Specialists  
Monday to Friday 8am to 4pm

Birmingham Heartlands Hospital/Solihull T: 0121 4242730

Good Hope Hospital T: 0121 4247429

Queen Elizabeth Hospital Telephone: 0121 371 4501 Email: [colorectalnursingcns@uhb.nhs.uk](mailto:colorectalnursingcns@uhb.nhs.uk)

Website: <https://hgs.uhb.nhs.uk/bowel-cancer-screening/meet-the-colorectal-team/>

Twitter @uhbcolorectal

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