

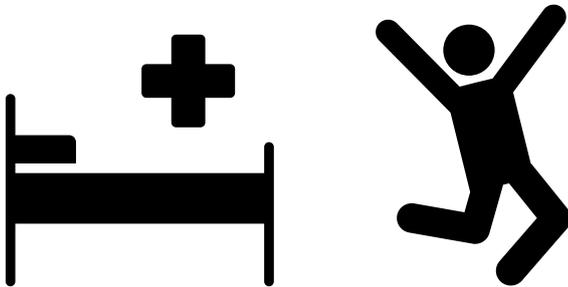
Enhanced Recovery After Colorectal Surgery (ERAS)

Information and advice for patients

Colorectal Surgery

What is ERAS?

Enhanced Recovery After Surgery (ERAS) is a programme designed to help you return to daily life as soon as possible after a major operation and reduce the time you spend in hospital. This leaflet also explains what to expect before, during and after surgery.



ERAS is a **standardised pathway** that includes:

- Taking high energy drinks pre-operatively
- Having effective pain relief post-operatively
- Resuming eating and drinking at an early stage post-operatively
- Doing regular breathing and walking exercises soon after surgery

ERAS is closely linked to PREHABILITATION

What is Prehabilitation

Prehabilitation is a way of conditioning your body before undergoing major surgery.

Having a major operation puts your body under a great deal of stress. It is comparable to running a marathon.

In the same way that running a marathon requires training, preparing for surgery requires Prehabilitation.

Why is Prehabilitation important?

As part of ERAS, Prehabilitation has major benefits:

- Faster recovery time
- Fewer complications related to the surgery and the anaesthetic
- Shorter hospital stay
- Better quality of life afterwards



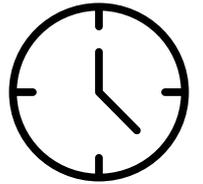
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What can you do to prepare for your operation Prehabilitation

There are a number of things you can do, to get yourself in the best possible condition before your operation...



Improve your fitness levels



Getting fitter won't happen overnight, but just walking for 30 minutes 3-5 times a week is a good place to start. Evidence has shown that improving your fitness levels before surgery is one of the best ways of enhancing your recovery.

Regular exercise will help your body to deal with the strain of a major operation. A separate leaflet offers further suggestions on exercising.



Reduce your alcohol intake

Reducing your alcohol intake and stopping alcohol altogether (even 3-4 weeks before surgery) will help to reduce your weight and improve the condition of your liver, heart and immune system.



Optimise your weight

Obesity is associated with a greater risk of peri-operative complications. These include chest infection and blood clots in the legs and lungs.

Losing even a small amount of weight can help to reduce your risk. This can be achieved with a combination of modifying your diet, along with regular exercise. Your GP may be able to direct you towards a dietician to help with this.

If you are **underweight** or have lost weight due to illness, you may benefit from re-gaining weight. This improves your strength, especially in the muscles used for breathing, and can help your body to heal faster.

Nutritional build-up drinks ('Fortisips,' 'Complan') can be bought over the counter from pharmacies.

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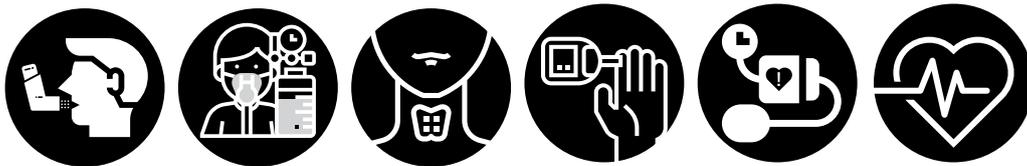
Stop smoking

If you smoke, there's never been a better reason to quit! Studies show that recovery is faster in people who don't smoke, with a lower risk of complications and a shorter stay in hospital.

Most GP surgeries will have information about local smoking cessation groups for advice and support, and your doctor may be able to prescribe nicotine replacement patches to help.

Address other health issues

If you have a pre-existing condition (e.g. asthma, COPD, thyroid or heart conditions, diabetes or high blood pressure), try to see your GP or hospital doctor to ensure you are on the right treatment before your surgery.



For diabetes in particular, high blood glucose levels in the months before surgery are linked to a greater risk of complications including poor wound healing and post-operative infections.

If you are a type 2 diabetic, losing weight and exercising can help to keep your blood sugars stable and within range.

What else can you expect before surgery?

Pre-operative Assessment

You will attend a pre-operative assessment clinic, where a nurse or a doctor (anaesthetist) will ask you about any medical conditions you have.

You will have blood tests and may have a tracing of your heart (ECG), along with further tests if required.

It is important to bring all your medications with you when you attend for pre-operative assessment.

You may be asked to change doses or stop taking some of your tablets for a few days before the surgery.



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Bowel Preparation

Before colorectal surgery, you will need to prepare your bowel with a specific diet and laxatives.

You will be given detailed instructions on how and when to take this.

Carbohydrate Drinks

You will be given carbohydrate-rich drinks called "Pre-op" to take before surgery.

You will be given specific instructions on when to take these. This gives your body the energy it needs at the right time, to enhance your recovery.



What can you expect on the day of surgery?

In the morning, you will be visited by your anaesthetist to finalise a plan for your anaesthetic and pain relief after the operation. This is important, as controlling your pain effectively will help with your breathing and allow you to move more comfortably after surgery.

Options may include a spinal, epidural, or a PCA (patient controlled analgesia) pump, or a combination of the above.

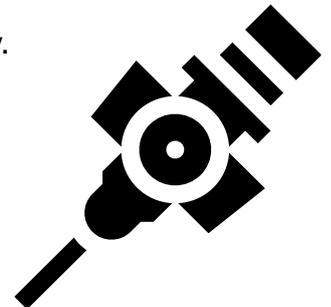
The anaesthetist will explain the benefits and risks of each one on the day.

You will be asked to wear graduated compression stockings (to help prevent blood clots) before going to theatre.

In theatre, you will have a drip put into your hand and standard monitoring will be attached to you while you are awake. This remains in place throughout the operation.

If you are having a spinal or epidural, this may be done whilst you are awake or after you go to sleep.

It is routine for a catheter to be placed into the bladder after you are asleep.



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After the operation

Pain control: The aim is to control pain, so that you feel able to take deep breaths comfortably. Crampy, colic-type discomfort is common. Peppermint water may help with this. Medication for pain relief will be prescribed to you as necessary

Mobilisation: Within a few hours of your operation, you will be encouraged to sit up in bed or in a chair to help with your breathing.

Breathing: Deep breathing reduces the risk of post-operative chest infections.

To do a deep breath:

- Breathe slowly in through your nose.
- Hold for 3 seconds (hold for less if it makes you feel dizzy).
- Blow out through your mouth
- Complete 4 deep breaths every 30 minutes.

Eating/Drinking: You will start drinking fluids as tolerated and eating small amounts of food almost immediately after surgery.

The **morning after** your surgery, we will aim to remove your bladder catheter and any drips, to help you move around more freely.

You will be encouraged to get out of bed and walking up and down the ward by the day after your surgery. This helps with your breathing, encourages the bowels to work, reduces the risk of blood clots, and speeds up recovery.

To reduce the risk of blood clots, a blood thinning injection will be administered once a day. This often continues once you go home. It is essential to complete the course of blood thinning injections.

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So what do I do now?

Even if you don't have a date scheduled yet, you can still start **Prehabilitation** and play an important role in enhancing your recovery.

You could:

- Improve your fitness through exercise (see separate leaflet for suggestions)
- Optimise your weight
- Reduce/stop alcohol intake
- Stop smoking
- Address chronic health conditions

You will be able to ask further questions about ERAS at your pre-operative assessment and on the morning before your operation.

Glossary

Pre-operatively: Time before operation

Peri-operatively: Time during and around the operation

Post-operatively: Time after the operation

For more information:

<https://www.nhs.uk/conditions/enhanced-recovery/>

<https://www.nhs.uk/live-well/eat-well/#need-to-lose-weight>

<https://www.nhs.uk/live-well/quit-smoking/nhs-stop-smoking-services-help-you-quit/>

Contact details

Colorectal Clinical Nurse Specialists office: 0121 507 3376.

Pre-operative Assessment Unit: 0121 507 2460.

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Incorporating City, Sandwell and Rowley Regis Hospitals
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ML5928

Issue Date: August 2023

Review Date: August 2026