



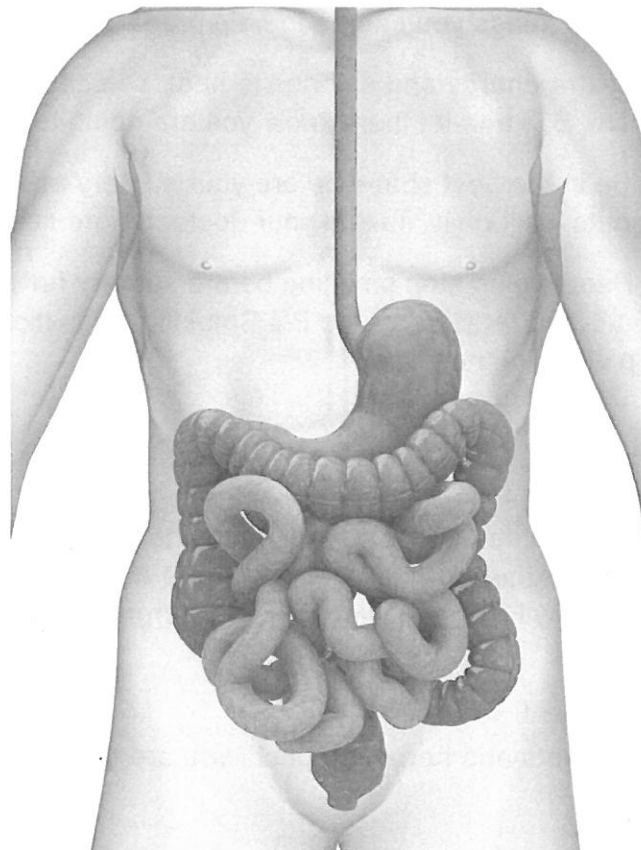
Interior Health

# Enhanced Recovery After Colorectal Surgery (ERACS)

## Patient and Family Information

**For more information on Enhanced Recovery please visit:**

[www.interiorhealth.ca/YourCare/HospitalCare/Surgery/PreparingforSurgery/Pages/ERAS.aspx](http://www.interiorhealth.ca/YourCare/HospitalCare/Surgery/PreparingforSurgery/Pages/ERAS.aspx)



## Purpose

Our doctors and health care team are focused on ensuring that you have the best possible care during your stay. This handout provides you and your family with an outline of what to expect during your stay.

## Enhanced Recovery after Colorectal Surgery (ERACS) Program

The program aims to speed up your recovery by using methods before, during and after your operation. Some of these methods include

- having a pre-operative drink before surgery
- early activity and early eating after surgery
- making sure your pain is controlled.

**You are an important member of your care team** and you will benefit by actively preparing for your surgery and recovery.

## Getting Yourself Ready

It is important for you to be at your best for your surgery. This will help you recover faster and lower the chance of problems. Below are things you can do to help prepare yourself for surgery.

**Nutrition:** Your body will need extra energy and calories to heal. You can contact a dietician for advice by dialing 8-1-1 (Healthlink BC) and let them know you are going for surgery.

**Exercise:** Exercise helps you be in the best shape before your surgery and helps with your recovery. Try to go for a 30 minute walk daily. Talk to your doctor before starting an exercise plan.

**Smoking and Tobacco use:** People who stop smoking before surgery have fewer issues after surgery. For assistance call 8-1-1 and register for the BC Smoking Cessation Program or visit the QuitNow website for more help [www.quitnow.ca](http://www.quitnow.ca).

## Preparing for Surgery

After your meeting with the colorectal surgeon, s/he will notify the Surgical Booking Office.

**Important: Please make sure you give your surgeon's office a correct contact number (home, work, cell phone).** A clerk will call you with your Pre-Surgical Screening (PSS) appointment date and time.

What to bring to the PSS appointment:

- All the medicines, supplements and herbal products you are taking in their original containers.
- Bring this booklet
- **We encourage you to bring a family member or friend**

At the PSS appointment:

- A nurse will meet with you to:
  - review your health history
  - answer your questions
  - give instructions for you to follow at home before surgery
  - discuss discharge plans (e.g. who will pick you up from the hospital and who will help you at home)
  - if you need an Ostomy, an ostomy nurse may talk with you about the type of surgery you are having. The ostomy nurse marks the best place for the ostomy on your belly and will see you again after surgery to help you learn to care for your new stoma.
- Any pre-operative tests (e.g. blood work) will be done.
- An anesthesiologist (doctor in charge of anesthetic and pain control) will discuss your past medical and surgical history, and develop a pain control plan for you.

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## Coming to the Hospital

Things to bring (please limit belongings to one small bag):

- housecoat
- nonslip slippers
- toothpaste, toothbrush
- sugar-free chewing gum
- Health CareCard or BC Services Card
- Extended benefits card

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 CareCard, 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.

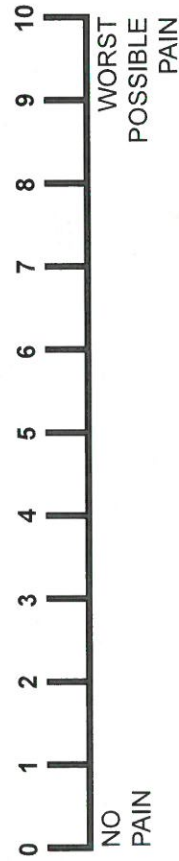
If your health changes (for example, flu, cold, diarrhea, etc) you must notify Pre-Surgical Screening immediately (Monday–Friday, 8 am–4 pm). Leave a message and your call will be returned.

The expected stay is 2 to 4 days. The following is what you and your family can expect in 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
<b>Patient Log Book</b>	<p>You will receive your log book when you arrive on the surgical floor.</p> <p>Fill out log book – it will assist you in reaching your daily goals.</p>				<p>Please give the log book to your nurse when you are discharged.</p>
<b>Pain medications</b>	<p>By epidural catheter (tube) that is inserted into your back by an anesthesiologist before your surgery.</p> <p>By intravenous (IV).</p> <p>By rectum.</p> <p>By mouth.</p>		<p>Epidural catheter removed when you are tolerating your diet.</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
<b>Pain medication given regardless of your pain rating</b>	<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>
<b>Additional pain medication given as needed</b>	<p>If your pain is 3 plus on the pain rating scale, tell your nurse that you need additional pain medication.</p>	<p>↑</p>	<p>↑</p>	<p>↑</p>	<p>↑</p>
<b>Other medication</b>	<p>Antibiotic through your intravenous (IV) just before and may continue after surgery to help prevent an infection.</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>

	Day 0 (Day of Surgery)	Day 1	Day 2	Day 3	Day 4
<b>What I can expect</b>					
<b>Other medication</b> (cont'd)	Medications that you were taking at home as ordered by your doctor.		Receive an oral laxative twice a day. Let your nurse or doctor know if you have diarrhea.		
<b>Oxygen</b>	In the recovery room, you will receive 1 hour of oxygen by mask. Oxygen as needed.				
<b>Vital signs</b>	Your vital signs will be taken often (blood pressure, pulse, temperature, breathing rate and pain rating).				
<b>Intravenous (IV)</b>	An intravenous line (IV) will be started in your arm just before surgery. It will keep you hydrated and allow medications to be given to you. It will be capped when you are drinking 4 or more glasses of fluid a day.				

What I can expect	Day 0 (Day of Surgery)	Day 1	Day 2	Day 3	Day 4
<b>Blood tests</b>		Blood tests in the morning.	Blood tests in the morning.		
<b>Eating and drinking</b>	<p>Chewing gum (sugar free) at least 30 minutes 3 times a day.</p> <p>Full fluid diet (soups, puddings, milk, oatmeal, yogurt).</p> <p>Drink (Boost® or Ensure®) 2 times a day.</p> <p>A dietitian will be available to see you if needed.</p>	<p>↑</p>	<p>↑</p> <p>Eat a normal diet.</p>	<p>↑</p>	<p>↑</p>
<b>Washing, personal hygiene and toileting</b>	<p>Brush your teeth (every 4 hours while awake).</p> <p>Use commode by your bed or walk (with help) to the toilet.</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>	<p>↑</p>	<p>↑</p>

	Day 0 (Day of Surgery)	Day 1	Day 2	Day 3	Day 4
<b>What I can expect</b>					
<b>Bladder catheter (tube)</b>	A bladder catheter will be inserted in the operating room after you are asleep. This will drain your urine into a bag.		The bladder catheter is removed. To increase your activity, no bedpan or urinal at the bedside (you will have to get up to use the bathroom).		
<b>Bandages and care of your incision</b>	Your bandages will be checked regularly to see if they are leaking.		Your bandages will be changed daily and as needed.		You will go home with your staples in. You will be given a reminder to see your family doctor to have them removed.
<b>Ostomy (ET) nurse (if you have one after surgery)</b>	Your doctor will refer you to the ostomy (ET) nurse if required.	ET nurse will help you learn to manage your ileostomy or colostomy.			Final visit from ET nurse to complete your discharge plan, review and answer any questions regarding your ostomy care.



What I can expect	Day 0 (Day of Surgery)	Day 1	Day 2	Day 3	Day 4
<b>Activity</b>	<p>Walk from stretcher to bed when you arrive to your room.</p> <p>Do deep breathing and coughing exercises 5 times each hour.</p> <p>Do leg exercises 5 times each hour in addition to walking.</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>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>Get in and out of bed on your own by log-rolling.</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>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>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
<b>Rest and sleep</b>	<p>Sleeping medication may 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 1:00 pm to 3:00 pm.</p> <p>Request <b>NO</b> 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>	
<b>Where you will stay</b>	<p>After surgery, you will be in the Recovery Room until you are fully awake and your pain is under control. You will then be taken to the surgical floor.</p>				
<b>Visitors</b>	<p>Brief visits from immediate family only.</p>				<p>Visitors, even if they are your loved ones, can make you tired, as can people visiting a roommate. There should be no more than 2 people at your bedside at a time. NO visitors during "Rest Period" between 1:00 to 3:00 pm. This rest period is highly recommended.</p>

What I can expect	Day 0 (Day of Surgery)	Day 1	Day 2	Day 3	Day 4
<b>Discharge planning and learning</b>		Go over your discharge plans with your nurse and team members as needed. Review discharge booklet.			↑
<b>Community care referral</b>					A community care referral will be made if needed (e.g. wound or stoma care). They will call you to arrange an appointment.

