

Information booklet for patients undergoing a planned bowel resection, including Enhanced Recovery

This leaflet can be made available
in alternative languages / formats on request.

如有需要，本传单可提供其他语言/版式
此單張的其他語言/格式版本可按要求提供

Na żądanie ta ulotka może zostać udostępniona
w innych językach/formatach.

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Notes

Introduction

We have implemented elements of an “Enhanced Recovery Programme” for patients having planned bowel operations.

The aim of an Enhanced Recovery Programme is to promote health and a return to feeling well as quickly as possible after surgery.

There is a lot of evidence and research available on Enhanced Recovery after surgery. The evidence states that recovery after surgery is more comfortable, easier and happens more quickly if certain elements of care are introduced.

The elements are:

- Good pre-operative advice and information.
- Carbohydrate rich drinks before surgery.
- Early feeding after surgery.
- Early walking after surgery.

These elements speed recovery and reduce the possibility of complications e.g. chest infection and muscle wastage.

We ask patients to play an active part in their recovery and to work in partnership with all members of the Colorectal Team to achieve this aim.

Pre-Operative Assessment Clinic

Once you have been seen by a Consultant Surgeon and a date for your surgery has been arranged you will attend Pre-Operative Clinic. The nursing care relating to your particular operation will be explained here and any relevant information will be given to you. All of the investigations relevant to your operation will be carried out during this visit.

The nurses will give advice on:

- The importance of stopping or decreasing your alcohol intake.
- Stopping smoking.
- Exercising before your operation to build up muscle strength.
- Coughing and deep breathing.
- Diet – if you have any specific dietary requirements you should advise the nurse at pre op.

Please bring all your current medicines, inhalers, creams, eye drops, ointments and any non-prescription/herbal medications with you to clinic. Where possible the original packaging for your medications should be brought in.

The Nurse Clinician will go through your medication with you and identify any which should be stopped prior to admission for your operation. Ideally all herbal medications should be stopped at least two weeks prior to your operation, as these can sometimes cause complications during your operation.

A fully comprehensive discharge booklet will be given to you prior to leaving the ward.

If you have any questions during the period between being seen at pre-operative clinic and your admission date please telephone the ward and ask for one of the Enhanced Recovery Nurses.

The staff welcome suggestions as to how we, your Colorectal Team, can improve the care and service offered. Please do not hesitate to speak to a member of staff or, if you prefer to remain anonymous, a suggestion box is located near the entrance to the ward.

Contact Numbers

Ward 4C Direct – 0151 430 1441

Via Switchboard – 0151 426 1600

Matron – Karen Barker

Ward Manager – Alison Powell

Going home

Once you are ticking all the boxes you will be ready to go home!

- Comfortable walking with pain killing tablets
- Eating and drinking
- Passing flatus (wind)
- Independent with your stoma
- Bloods tests are normal
- Support available at home (if necessary)

Your GP will be fully informed of your surgery following your discharge from hospital. You will go home with a copy of your discharge letter.

A supply of any medications required will be provided prior to your discharge.

Any outpatient appointments and specialist nurse follow-up will be arranged. These appointments will either be given to you on the ward or issued through the post.

A District Nurse will be arranged to assess your wound or you will be advised to make an appointment to see your G.P. Practice Nurse.

You will be telephoned the day after your discharge by the ward nurse to check on your progress.

Please advise nursing staff if you require a sick note. These can only be given for the duration of your stay in hospital.

Discussions will take place between you and the assessing nurse to plan for your return home after your operation.

You will need to make arrangements for family and/or friends to support you on discharge from hospital.

If you are unable to get a friend or relative to stay with you when you go home please inform the nurse at Pre-operative Clinic as it may be necessary for us to arrange some support for when you go home.

On the day you go home, we expect that you will be ready to leave at approximately 10am. You will also be asked for the contact details of the person who will take you home after discharge. If there is nobody to take you home please inform the clinic nurse. We have a Discharge Lounge where you can wait for your lift home if necessary.

If the surgeon has discussed the possibility of having a stoma then the Stoma Specialist Nurses will make arrangements to see you at home. Or arrange to see you in the Stoma Department based in Whiston Hospital.

You will be given the opportunity to discuss any fears or anxieties and ask any questions whenever you see a member of the Colorectal Team.

Ward 4C – Colorectal Surgical Ward

You will be admitted to Ward 4C.

The Ward Manager is Alison Powell.

The Matron is Karen Barker.

Our ward accommodates patients scheduled for bowel surgery.

We have male and female patients nursed in single sex bays.

The ward has four nursing teams, Red, Blue, Purple and Green.

If you are to be admitted the day before your surgery, please ring the ward at 3pm to check if your bed is available.

If you are for admission on the day of surgery please arrive on Ward 4B at 0800hrs.

The nurse in charge will be working very hard to accommodate all of our patients for that day.

Please be assured that it is a very rare occurrence that we have to cancel patients on the day of planned surgery.

Please ask one nominated person to ring the ward with any enquiries as answering multiple phone calls can greatly impact the ward nurses valuable time spent with patients.

High Dependency Unit

Sometimes after surgery it is necessary for patients to go to a high dependency area for closer monitoring.

Your anaesthetist will discuss this with you.

This will usually be a planned admission however there are occasions when an unplanned transfer to High Dependency may be required.

Ward rounds

A senior doctor or your Consultant will see you most mornings.

After your operation

Your PCA will stay in until you are eating and drinking normally and able to walk comfortably. This will be on either Day 2 or Day 3 after your operation. Tablets will then be given for pain relief.

You will eat and drink normally. If you feel sick, please tell the nursing staff and we will offer you medication, sometimes an injection, if necessary.

- We will help you build up your walking until you are able walk normally. We will do this by taking you for walks on the ward a few times a day.
- You will have regular blood tests.
- You will start to care for your stoma if applicable the day after your operation with support from the Stoma Care team and the Ward Nurses.

We will check your understanding of your progress and answer any questions you have as we go along.

We will check your discharge arrangements are in place, as discussed at pre-operative clinic.

Day of Admission

Please bring in the following items:

- All medications – in their original packaging if possible
- A non-fizzy drink in a plastic bottle
- Day clothes and shoes that are comfortable to walk in
- Nightclothes, dressing gown and slippers (mule type slippers are not safe for walking around the ward after your operation)
- Toiletries and towels (please note that there are no facilities for washing patient's belongings in the hospital).

We would advise that expensive jewellery, personal belongings and large amounts of cash are **not** brought into hospital.

You may wish to purchase newspapers, magazines etc and/or pay for television viewing whilst an in-patient. We would suggest that patients keep no more than £10 with them at any one time.

On arrival on the ward you will be introduced to members of the nursing team and shown around the ward.

You will be able to eat normally up until six (6) hours before your operation unless you are to have medication to empty your bowel.

You will be given the carbohydrate rich drinks in bowel school prior to your operation unless you are diabetic. (If you are diabetic you may be started on an intravenous drip to keep your blood sugar stable.)

These drinks enhance your recovery and will be fully explained to you.

You will be able to continue to drink normally up until two (2) hours before your operation unless otherwise directed.

During the night time medicine round you will be given an injection in your stomach to reduce the risk of deep vein thrombosis (DVT) (a blood clot).

You will also be given anti-embolism stockings to wear.

An Anesthetist will discuss with you the options available for pain relief either on the day of admission or on the morning of your operation.

This is usually a patient-controlled analgesia (PCA).

Day of Operation

You will be escorted to theatre for your operation. It is your choice as to whether you would prefer to walk to theatre or be escorted on a trolley. Please let staff know your preference on admission.

When you wake up you will be in the Recovery Room with oxygen running through a facemask to help you wake up and start to help healing. Your PCA if you have one will be working. You will have a drip with some fluids running replacing what you would normally be drinking. You will have a urinary catheter so that we can measure how well your kidneys are working and know how much fluid you need. Some patients may also have a drain inserted into their stomach. You will have a wound, which will either be closed with clips, or stitches/ sutures and covered with a dressing.

It may necessary for you to remain in the Recovery Room for two (2) hours.

You will be escorted back to the ward where your blood pressure, pulse, temperature, oxygen levels and urine output will be regularly monitored. Please be aware that nursing staff will have to wake you during the night to continue these vital observations.

Once back on the ward you will be encouraged to eat and drink, as you feel able. You will be able to choose from a variety of snacks from our fridge.

You will walk with a member of the nursing team or Physiotherapist. If surgery takes place in the morning walking will commence that afternoon/evening and, if surgery takes place in the afternoon, you will walk the following morning.