

ENHANCED RECOVERY AFTER COLON SURGERY

ERAS



**PATIENT
EDUCATION**

Contact Information for Questions and Emergencies

GI Center: 716-845-4005

Hours: 8:00 a.m. – 5:00 p.m., Monday - Friday

- If you are having symptoms and need assistance, call the GI Center. After hours, the nurse triage or call center staff will answer your call. You can also reach Roswell Park 24/7 at **716-845-2300**.
- For urgent but non-life threatening symptoms, we may ask you to come to our Assessment & Treatment Center (ATC), open 24/7. You must be referred by your provider; it is not a walk-in clinic.
- **Emergencies:** If you have a life-threatening emergency, call 911 or go to your nearest hospital emergency room. Let your Roswell doctor know if you go to the ER or are admitted to the hospital.

Introduction

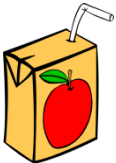



This booklet explains the *Enhanced Recovery After Surgery* (ERAS) program for people having colon surgery. Successful ERAS starts **before** the operation with medications and other therapies aimed at giving you a head-start on your recovery. The goal of this program is to shorten your recovery by:




- reducing the length of your hospital stay
- avoiding the use of medications (such as opioids) which may delay your recovery
- lowering your risk of complications after surgery




About ERAS

- **Preparation:** You are about to have a major operation. Good nutrition and physical fitness are important to a smooth and shortened recovery after surgery. Eating a healthy diet of fruits, vegetables, and proteins can help maintain a healthy weight. If you smoke, stop as soon as possible. Roswell Park has programs to help you quit. Daily exercise is a great way to improve your conditioning before an operation. Even a 30 minute walk every other day is valuable.
- **Night before surgery:** Depending on the type of colon surgery, you may need to prepare your bowel, which would include a laxative (Miralax®) and antibiotics. Please discuss this with your team. **Do not eat or drink after midnight except for the apple juice 2 hours before your surgery.**
- **Day of surgery:** Several long-acting pain pills are given before surgery to help control pain after surgery. These are not opioid (narcotic) medications. **You will need to drink 8 ounces of apple juice 2 hours before your surgery.**
- **After surgery**
 - Pain control: It is normal to be sore after surgery, and to have a pain score of 1-3. Our goal is to control your pain using as little opioid medication as possible. Other medications that are used include anti-inflammatory medications, neuropathic medications, and acetaminophen (Tylenol®). Pills you can take by mouth are preferred over intravenous (IV) medications. Spinal or epidural medications may be used in some cases.
 - Bowel medications: Constipation is a common problem after surgery. Your team may give you stool softeners and laxatives to prevent constipation and medication to help prevent nausea.
 - Early ambulation: Sitting up in a chair and walking are important to a quick recovery after surgery and help avoid complications such as pneumonia, blood clots, etc.

Colon Surgery - ERAS Care Plan

	Before Surgery	Immediately After Surgery	Day 1 After Surgery	Day 2 After Surgery	Day 3 After Surgery	Day 4 After Surgery
Food and Drink 	<ul style="list-style-type: none"> You will have an 8 ounce apple juice 2 hours before the start of surgery 	<ul style="list-style-type: none"> You will be started on a clear liquid diet (no carbonated beverages), limited to 1 liter 	<ul style="list-style-type: none"> Advance to BRATT diet (Bananas, Rice, Applesauce, Toast & Tea) - unless you have nausea 	<ul style="list-style-type: none"> IV fluids discontinued Advance to soft/low fiber diet if you do not have nausea A week after surgery, if you are doing well on the soft/low fiber diet, your diet will be advanced to include more fiber 		
Comfort  Your pain goal:	<ul style="list-style-type: none"> Oral pain medications given before surgery 	<ul style="list-style-type: none"> You will start on a schedule of Tylenol® & ibuprofen to prevent and reduce pain Additional medication can be given by mouth or IV 	<ul style="list-style-type: none"> Continue Tylenol® & ibuprofen Additional oral medications can be given, if needed 	<ul style="list-style-type: none"> Continue Tylenol®, ibuprofen, and additional oral medications if they are needed Before discharge, your pain should be well controlled without IV pain medications 		
		Tell your nurse if your pain is increasing or if the pain medicine is not working				
Breathing 	<ul style="list-style-type: none"> You will be given an incentive spirometer so you can practice your breathing exercises Stop smoking 	<ul style="list-style-type: none"> Take deep breaths and cough often - splinting may make more comfortable. To splint, hold a pillow over your incision Use your spirometer every hour when you are awake The night of your surgery, we may give you extra oxygen by placing a lightweight tube under your nose (nasal cannula) We will check the monitor and when the oxygen level in your blood is OK, we will remove the cannula 				

	Before Surgery	Immediately After Surgery	Day 1 After Surgery	Day 2 - 4 After Surgery
Activity 	<ul style="list-style-type: none"> Stay active by walking 30 minutes every other day, if you can 	<ul style="list-style-type: none"> Your nurse will help you stand up and sit in a chair The sooner you are up and moving, the faster your recovery 	<ul style="list-style-type: none"> Your nurse will help you to walk in the halls at least 3 times Walk 1 ___ Walk 2 ___ Walk 3 ___ Spend most of the day out of bed and moving 	<ul style="list-style-type: none"> Walking will increase each day. We will assist you, if needed Walk 1 ___ Walk 2 ___ Walk 3 ___ Walk 4 ___ Walk 5 ___ <li style="text-align: right;">27 laps = 1 mile! You may take a shower You may meet with a physical therapist to help regain your strength
Bladder/ Bowel 	<ul style="list-style-type: none"> While you are asleep in surgery, a catheter (a small flexible tube) is placed in your bladder to drain your urine 	<ul style="list-style-type: none"> The catheter will remain in overnight Your nurses will help you to the bathroom if you need to have a bowel movement 	<ul style="list-style-type: none"> We may remove the catheter from your bladder Let your nurse or doctor know if you are passing gas 	<ul style="list-style-type: none"> Some patients may go home with the catheter, temporarily. If you do, we will teach you how to care for it at home Let your nurse or doctor know if you are passing gas, feel constipated, or have loose stools We will give you stool softeners and laxatives to prevent constipation
Tests, Labs and Procedures 		<ul style="list-style-type: none"> While in bed, you will wear sequential compression devices (SCDs). These sleeves wrap around and gently squeeze your legs to help prevent blood clots We will give you an injection of a mild blood thinner to help prevent blood clots You may need blood tests to check on your status 		

	Before Surgery	Immediately After Surgery	Day 1 After Surgery	Days 2-4 After Surgery
Education 	<p>If your doctor has discussed an ostomy and stoma, you may be given a mark at the site of the stoma</p>		<ul style="list-style-type: none"> • Continue breathing and leg exercises • Safety and fall prevention • Good nutrition is important to recovery, a registered dietitian (RD) may meet with you • Stoma teaching if applicable, dedicated Stoma Nurses will assist you 	
Plans for Leaving the Hospital (Discharge) 	<p>Plan for a 2 to 4 day hospital stay</p>		<ul style="list-style-type: none"> • You and your nurse should start talking about discharge plans • Tell your nurse who will be your caregiver/support person when you get home • If there is no caregiver available, your nurse may call a case management nurse or a social worker on staff to help make arrangements after discharge 	<ul style="list-style-type: none"> • A dedicated discharge planner will discuss discharge plans – transportation, nursing or physical therapy services in the home, presence of a caregiver, etc. • Your nurse or pharmacist will discuss the medications you will take at home • Are you ready for discharge? <ul style="list-style-type: none"> ✓ Pain is under control with oral medication only ✓ You are eating soft foods ✓ You are walking (with or without help) ✓ You understand how to take care of yourself at home
At Home 	<ul style="list-style-type: none"> • Your bowel habits may be different when you first get home • If you have constipation, diarrhea, or urinary problems, contact your healthcare provider 			



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