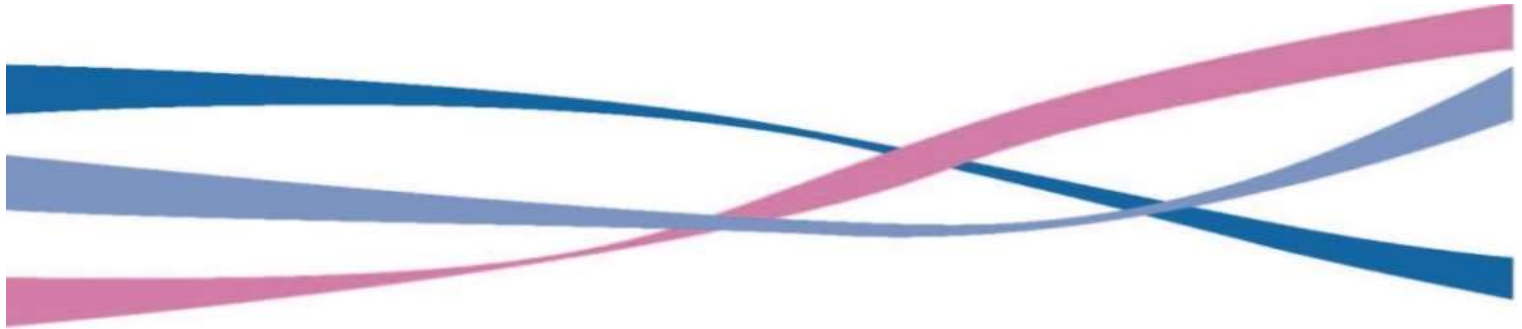


Colorectal Enhanced Recovery Patient Diary



Patient Name.....

Hospital Number.....



This information is available in other audio, Braille, large print and other languages. To request a copy, please ask a member of staff.

General Information

Enhanced Recovery Patient Diary

This diary takes you through the care pathway from admission to discharge and will give you reminders of the aims of the enhanced recovery programme. It will also give you the opportunity to comment on how you are feeling during your stay in hospital. We would be grateful if you would take some time to complete this diary every day. Your family or carers are welcome to contribute to the diary.

Confidentiality

All the information you provide will be treated in the strictest of confidence but if you would like any feedback on your comments, please discuss this with ward nursing staff or the colorectal nurses.

What will this involve me doing?

You can write down your thoughts and feelings as soon as you are given the diary. Please circle or tick the answers that best show how you are feeling, and whether you are able to achieve what we are aiming for whilst you are recovering from your operation.

Will the staff know I am keeping a diary?

All the staff will know that you are writing a daily diary and will fully support and respect your thoughts and feelings.

We will use this diary when we come to see you on the ward as this will allow us to track your progress against the goals we discussed during your consultation before your operation.

If you have any questions about this diary, please speak to the colorectal nurse or the ward nursing staff.

Remember although there are seven days of this diary, our aim is for you to be discharged when it is safe to do so. For most patients this can be less than seven days, but some patients may require longer.

Evening of Surgery

Patient: It will be late when you return to the ward. The ward staff will keep a close eye on you this evening and overnight and check your observations regularly. Family and friends are welcome to visit and bring in your belongings.

Relatives/Friends: As a relative/friend you can help by unpacking the belongings. This helps to ensure everything is on the table for the next day! As a relative/friend you may want to help to complete this section of the diary as the patient will be understandably sleepy.

Remember to put on the table: Incentive spirometer, ERAS Diary, pen, mouthwash and chewing gum.

- After you wake from your operation it is important you start with your deep breathing.
- We will monitor your temperature, pulse and blood pressure regularly.
- You may have an oxygen mask on and this may stay on overnight. The oxygen will be helpful while you may still be sleepy after your anaesthetic.
- We will attach fluids to keep you hydrated.
- We will assess your pain regularly and you may have Patient Controlled Analgesia (PCA) which we encourage you to use often as you need.
- We will check your wound site and your urinary catheter regularly.
- You may have a drain and this will also be checked regularly.
- We will put calf wraps on to you, these help to prevent blood clots from forming when you are not as active.
- The ward staff will give you low molecular weight heparin for four weeks in total. This helps to prevent blood clots.
- Check with the staff if you can eat and drink. This will be written in your notes as directed by your Consultant. We always encourage you to start with fluids.

Reminders:

Each day is now listed for you to update, starting with Day 1 (first day after your surgery). Each day is identical because the aim is for us to see your progress as we go through the diary.

Think about your goals each day as these will change.

Day 1

Moving around

Advice: Getting out of bed is good for your breathing and circulation after surgery. Even though you have a catheter, drips and drains it is OK to get out of bed, you just need to ask for help with your attachments. Once you have been out of bed and feel motivated to achieve the daily walks ensure the staff have changed your calf wraps to embolic stockings. This will give you more freedom to walk around your bed without help.

Actions: Have you got out of bed and sat in the chair?

Yes / No

How long for? _____

Today I have completed: 1 2 3 4 5 6 7 8 9 10 Walks

How far have you been?

End Bay	Distance	Tick	Second Bay (Near Nurses Station)	Distance	Tick
End of the bay (Sink)	7 metres		End of the bay (Sink)	7 metres	
Nurses' station	23 metres		Nurses' station	16 metres	
Entrance to the ward	42 metres		Entrance to the ward	35 metres	
Ward 15	176 metres		Ward 15	107 metres	
Treatment Centre Café	343 metres		Treatment Centre Café	336 metres	

Progress: Have you achieved your goals? Yes / No

If not, why? _____

Diet

Advice: It is normal after surgery for your appetite to be reduced, therefore it is important to eat little and often. We recommend a low fibre diet after bowel surgery. The Dietitian will see you on the ward to offer advice.

Actions: How much have you eaten? Please circle.

Breakfast	None	Quarter	Half	All
Lunch	None	Quarter	Half	All
Tea	None	Quarter	Half	All
Snacks (Please List): Biscuits/Yoghurts/Toast/Cereal/Soup				

Progress: Discuss with the team any concerns you may have related to your nutrition.

Bowels (No Stoma)

Advice: The first sign that your bowels are working will be passing wind. So remember to let us know!

Action: It may be too early to expect your bowels to work. Remembering to complete your Enhanced Recovery Diary and goals will help as the goals we have set all help promote bowel function.

Progress:

I have passed wind	Yes	No
I have opened my bowels	Yes	No

Goals: Think about what your aims are for today?

- ✓ Remember your chewing gum **(to help your bowel movement)**
- ✓ Use your mouthwash **(to help prevent chest infections)**
- ✓ Aim to sit out of bed for at least 6-8 hours
- ✓ Moving around– try to have four walks
- ✓ Eat and drink – little and often
- ✓ Remember your Ensure plus Milkshake; these are good for recovery

Stoma (If Applicable)

Advice: It is important you become familiar with your stoma with our support. The stoma nurses visit the ward every Monday, Wednesday and Friday. Between the visits from the Stoma Nursing Team please ask the ward staff for support and education. As today is your first day post-op you won't be expected to empty or change the bag but we do encourage you to check it regularly to become familiar with having a stoma.

Action:

I have looked at my stoma	Yes	No
I have helped to care for my stoma	Yes	No
I have emptied my stoma	Yes	No
I have changed my stoma bag	Yes	No

Progress: The ward staff will be using a traffic light magnet system to show how much help and education you require?

	Independent		Needs Assistance		Requires Full support
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Fluids

Advice: Try and drink as much as you feel able to, including your nutritional supplement (Ensure Plus Milkshake).

Action: Please document your progress.

Water / Juice _____ Cups

Tea / Coffee _____ Cups

Ensure Plus Milkshake _____ (aim for two a day)

Progress: Are you able to eat and drink as well as you would have expected? If not, please tick why?

I felt sick ☐ I have vomited ☐ (Remember to inform the staff so they can give you anti-sickness medications)

The surgeon advised me not to eat or drink ☐

Other _____

Deep Breathing

Advice: Deep breathing and coughing is essential to help keep your chest clear. Practice regularly with 10 deep breaths every hour.

Action: We should have given you an incentive spirometer at your Prehab Physiotherapy appointment. You should aim to complete 4-5 breaths, 3 times a day. If you are unsure of your technique, please discuss with the ward physiotherapist.

Incentive Spirometry	Result
Cycle 1 (4-5 Breaths)	
Cycle 2 (4-5 Breaths)	
Cycle 3 (4-5 Breaths)	

It is normal to see a low score the first week after you surgery, however this emphasise the importance of using this regularly. The aim is for the result to slowly increase over time!

Progress: Are you able to complete your breathing and spirometry as effectively as would like? Yes / No

If not why? _____

Pain

Advice: It is normal to be uncomfortable after surgery; however we aim to keep you as comfortable as possible. Utilising pain relief will support you to achieve your goals, such as moving around and deep breathing. We work closely with the Acute Pain Nurses who will help us with your pain control.

Action: Are you feeling comfortable? Yes / No

If not, how can we make you more comfortable? _____

Progress: We will aim to commence oral analgesia today alongside your PCA.

Day 2

Mobilising

Advice: Getting out of bed is good for your breathing and circulation after surgery. Even though you have a catheter, drips and drains it is OK to get out of bed, you just need to ask for help with your attachments. You should now be wearing anti-embolic stockings – these help prevent from blood clots when you are not as mobile as you would normally be.

Actions: Have you got out of bed and sat in the chair?

Yes / No

How long for? _____

Today I have completed 1 2 3 4 5 6 7 8 9 10 Walks

How far have you been?

Goals: Think about what your aims are for today?

- ✓ Aim to sit out of bed for at least 6-8 hours
- ✓ Moving around – try and increase the number of walks you have each day
- ✓ Eat and drink – little and often
- ✓ Remember your Ensure Plus Milkshake; these are good for recovery
- ✓ Remember your chewing gum **(to help bowel movements)**
- ✓ Use your mouth wash **(to help prevent chest infections)**

End Bay	Distance	Tick	Second Bay (Near Nurses Station)	Distance	Tick
End of the bay (Sink)	7 metres		End of the bay (Sink)	7 metres	
Nurses' station	23 metres		Nurses' station	16 metres	
Entrance to the ward	42 metres		Entrance to the ward	35 metres	
Ward 15	176 metres		Ward 15	107 metres	
Treatment Centre Café	343 metres		Treatment Centre Café	336 metres	

Progress: Have you achieved your goals? Yes / No

If not, why? _____

Diet

Advice: It is normal after surgery for your appetite to be reduced, therefore it is important to eat little and often. We recommend a low fibre diet after bowel surgery. The Dietitian will see you on the ward to offer advice.

Actions: How much have you eaten? Please circle.

Breakfast	None	Quarter	Half	All
Lunch	None	Quarter	Half	All
Tea	None	Quarter	Half	All
Snacks (Please List): Biscuits/Yoghurts/Toast/Cereal/Soup				

Progress: Discuss with the team any concerns you may have related to your nutrition.

Bowels (No Stoma)

Advice: The first sign that your bowels are working will be passing wind, so remember to let us know!

Action: It may be too early to expect your bowels to work. Remembering to complete your Enhanced Recovery Diary and goals will help as the goals we have set all help promote bowel function

Progress:

I have passed wind	Yes	No
I have opened my bowels	Yes	No

Stoma (If Applicable)

Advice: It is important you become familiar with your stoma with our support. The stoma nurses visit the ward every Monday, Wednesday and Friday. Between the visits from the stoma nursing team please ask the ward staff for support and education. We will encourage you to become familiar with your stoma with the help of the staff. Our aim is to help you empty and change your stoma bag independently.

Action:

I have looked at my stoma	Yes	No
I have helped to care for my stoma	Yes	No
I have emptied my stoma	Yes	No
I have changed my stoma bag	Yes	No

Progress: The ward staff will be using a traffic light magnet system to show how much help and education you require?

	Independent		Needs Assistance		Requires Full support
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Fluids

Advice: Try and drink as much as you feel able to, including your nutritional supplements.

Action: Please document your progress.

Water / Juice _____ Cups

Tea / Coffee _____ Cups

Ensure plus Milkshake _____ (Aim for two a day)

Progress: Are you able to eat and drink as well as you would have expected? If not, please tick why?

I felt sick ☐ I have vomited ☐ (Remember to inform the staff so they can give you anti-sickness medications)

The surgeon advised me not to eat or drink ☐

Other _____

Deep Breathing

Advice: Deep breathing and coughing is essential to help keep your chest clear. Practice regularly with 10 deep breaths every hour

Action: You would have been given your incentive spirometer at your Prehab Physiotherapy appointment. You should aim to complete 4-5 breaths, 3 times a day. If you are unsure of your technique, please discuss with the ward physiotherapist.

Incentive Spirometry	Result
Cycle 1 (4-5 Breaths)	
Cycle 2 (4-5 Breaths)	
Cycle 3 (4-5 Breaths)	

It is normal to see a low score the first week after you surgery, however this emphasise the importance of using this regularly. The aim is for the result to slowly increase over time!

Progress: Are you able to complete your breathing and spirometry as effectively as would like? Yes / No

If not, why? _____

Pain

Advice: It is normal to be uncomfortable after surgery; however we aim to keep you as comfortable as possible. Utilising pain relief will support you to achieve your goals such as moving around and deep breathing. We work closely with the Acute Pain Nurses who will help us with your pain control.

Action: Are you feeling comfortable? Yes / No

If not, how can we make you more comfortable? _____

Progress: We can now aim to take your PCA down and ensure you are taking regular oral analgesia.

Day 3

Goals: Think about what your aims are for today?

- ✓ Aim to sit out of bed for at least 6-8 hours
- ✓ Moving around – try and increase the number of walks you have each day
- ✓ Eat and drink – little and often
- ✓ Remember your Ensure Plus Milkshake; these are good for recovery
- ✓ Remember your chewing gum **(to help your bowel movement)**
- ✓ Use your mouth wash **(to help prevent chest infections)**
- ✓ Ask us about Tinzaparin education

Mobilising

Advice: Getting out of bed is good for your breathing and circulation after surgery. We may now be slowly removing your drips, drains and catheter over the next few days. This will be directed by the consultant. This will enable you to move around more easily. Ensure you are still wearing your anti-embolic stockings you will wear these now until you are discharged home.

Actions: Have you got out of bed and sat in the chair?

Yes / No

How long for? _____

Today I have completed 1 2 3 4 5 6 7 8 9 10
Walks

How far have you been?

End Bay	Distance	Tick	Second Bay (Near Nurses Station)	Distance	Tick
End of the bay (Sink)	7 metres		End of the bay (Sink)	7 metres	
Nurses' station	23 metres		Nurses' station	16 metres	
Entrance to the ward	42 metres		Entrance to the ward	35 metres	
Ward 15	176 metres		Ward 15	107 metres	
Treatment Centre Café	343 metres		Treatment Centre Café	336 metres	

Progress: Have you achieved your goals? Yes / No

If not, why? _____

Diet

Advice: It is normal after surgery for your appetite to be reduced, therefore it is important to eat little and often. We recommend a low fibre diet after bowel surgery. The Dietitian will see you on the ward to offer advice.

Actions: How much have you eaten? Please circle.

Breakfast	None	Quarter	Half	All
Lunch	None	Quarter	Half	All
Tea	None	Quarter	Half	All
Snacks (Please List): Biscuits/Yoghurts/Toast/Cereal/Soup				

Progress: Hopefully you will see that your appetite is improving but if you have any concerns related to your nutrition, discuss with the team.

Bowels (No Stoma)

Advice: The first sign that your bowels are working will be passing wind so remember to let us know!

Action: It may be too early to expect your bowels to work but remembering to complete your Enhanced Recovery Diary and goals will help. Remember we would have explained it can be common after your surgery to experience loose stools and frequency. **TIP** – Jelly babies and marshmallows can help bulk up your stools.

Progress:

I have passed wind	Yes	No
I have opened my bowels	Yes	No

Stoma (If Applicable)

Advice: It is important you become familiar with your stoma with our support. The stoma nurses visit the ward every Monday, Wednesday and Friday. Between the visits from the stoma nursing team please ask the ward staff for support and education. We will encourage you to become familiar with your stoma with the help of the staff. Our aim is to help you empty and change your stoma bag independently

Action:

I have looked at my stoma	Yes	No
I have helped to care for my stoma	Yes	No
I have emptied my stoma	Yes	No
I have changed my stoma bag	Yes	No

Progress: The ward staff will be using a traffic light magnet system to show how much help and education you require

	Independent		Needs Assistance		Requires Full support
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Fluids

Advice: Try and drink as much as you feel able to, including your nutritional supplement.

Action: Please document your progress.

Water / Juice _____ Cups

Tea / Coffee _____ Cups

Ensure Plus Milkshake _____ (Aim for two a day)

Progress: Are you able to eat and drink as well as you would have expected? If not, please tick why?

I felt sick ☐ I have vomited ☐ (Remember to inform the staff so they can give you anti-sickness medications)

The surgeon advised me not to eat or drink ☐

Other _____

Deep Breathing

Advice: Deep breathing and coughing is essential to help keep your chest clear. Practice regularly with 10 deep breaths every hour.

Action: You would have been given your incentive spirometer at your Prehab Physiotherapy appointment. You should aim to complete 4-5 breaths, 3 times a day. If you are unsure of your technique, please discuss with the ward physiotherapist.

Incentive Spirometry	Result
Cycle 1 (4-5 Breaths)	
Cycle 2 (4-5 Breaths)	
Cycle 3 (4-5 Breaths)	

It is normal to see a low score the first week after you surgery, however this emphasise the importance of using this regularly. The aim is for the result to slowly increase over time!

Progress: Are you able to complete your breathing and spirometry as effectively as would like? Yes / No

If not, why? _____

Pain

Advice: It is normal to be uncomfortable after surgery; however we aim to keep you as comfortable as possible. Utilising pain relief will support you to achieve your goals such as mobilising and deep breathing.

Action: Are you feeling comfortable? Yes / No

If not, how can we make you more comfortable? _____

Progress: We encourage you to take your painkillers regularly, x4 a day to keep yourself comfortable, particularly in the first few weeks after surgery.

Day 4

Mobilising

Advice: Getting out of bed is good for your breathing and circulation after surgery. We may now be slowly removing your drips, drains and catheter over the next few days. This will be directed by the consultant. This will enable you to move around more easily. Ensure you are still wearing your anti-embolic stockings you will wear these now until you are discharged home.

Actions: Have you got out of bed and sat in the chair?

Yes / No

How long for? _____

Today I have completed 1 2 3 4 5 6 7 8 9 10 Walks

How far have you been?

End Bay	Distance	Tick	Second Bay (Near Nurses Station)	Distance	Tick
End of the bay (Sink)	7 metres		End of the bay (Sink)	7 metres	
Nurses' station	23 metres		Nurses' station	16 metres	
Entrance to the ward	42 metres		Entrance to the ward	35 metres	
Ward 15	176 metres		Ward 15	107 metres	
Treatment Centre Café	343 metres		Treatment Centre Café	336 metres	

Progress: Have you achieved your goals? Yes / No

If not, why? _____

Diet

Advice: It is normal after surgery for your appetite to be reduced, therefore it is important to eat little and often. We recommend a low fibre diet after bowel surgery. The Dietitian will see you on the ward to offer advice.

Actions: How much have you eaten? Please circle.

Breakfast	None	Quarter	Half	All
Lunch	None	Quarter	Half	All
Tea	None	Quarter	Half	All
Snacks (Please List): Biscuits/Yoghurts/Toast/Cereal/Soup				

Progress: Hopefully you will see that your appetite is improving but if you have any concerns related to your nutrition, discuss with the team.

Bowels (No Stoma)

Advice: The first sign that your bowels are working will be passing wind so remember to let us know!

Action: You may now be getting signs and symptoms of an active bowel. Remember we would have explained it can be common post-operatively to experience loose stools and frequency. **TIP** – Jelly babies and Marshmallows can help bulk up your stools.

Progress:

I have passed wind	Yes	No
I have opened my bowels	Yes	No

Goals: Think about what your aims are for today?

- ✓ Moving around – try and increase the number of walks you have each day
- ✓ Stairs assessment – if applicable
- ✓ Eat and drink – little and often
- ✓ Remember your Ensure Plus Milkshake; these are good for recovery
- ✓ Remember your chewing gum (**to help your bowel movement**)
- ✓ Use your mouth wash (**to prevent chest infections**)
- ✓ Tinzaparin education

Stoma (If Applicable)

Advice: It is important you become familiar with your stoma with our support. The stoma nurses visit the ward every Monday, Wednesday and Friday. Between the visits from the stoma nursing team please ask the ward staff for support and education. We will encourage you to become familiar with your stoma with the help of the staff. Our aim is to help you empty and change your stoma bag independently

Action:

I have looked at my stoma	Yes	No
I have helped to care for my stoma	Yes	No
I have emptied my stoma	Yes	No
I have changed my stoma bag	Yes	No

Progress: The ward staff will be using a traffic light magnet system to show how much help and education you require.

	Independent		Needs Assistance		Requires Full support
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Fluids

Advice: Try and drink as much as you feel able to, including your nutritional supplement.

Action: Please document your progress.

Water / Juice _____ Cups

Tea / Coffee _____ Cups

Ensure Plus Milkshake _____ (Aim for two a day)

Progress: Are you able to eat and drink as well as you would have expected? If not, please tick why?

I felt sick ☐ I have vomited ☐ (Remember to inform the staff so they can give you anti-sickness medications)

The surgeon advised me not to eat or drink ☐

Other _____

Deep Breathing

Advice: Deep breathing and coughing is essential to help keep your chest clear. Practice regularly with 10 deep breaths every hour

Action: You would have been given your incentive spirometer at your Prehab Physiotherapy appointment. You should aim to complete 4-5 breaths, 3 times a day. If you are unsure of your technique, please discuss with the ward physiotherapist.

Incentive Spirometry	Result
Cycle 1 (4-5 Breaths)	
Cycle 2 (4-5 Breaths)	
Cycle 3 (4-5 Breaths)	

It is normal to see a low score the first week after you surgery, however this emphasise the importance of using this regularly. The aim is for the result to slowly increase over time!

Progress: Are you able to complete your breathing and spirometry as effectively as would like? Yes / No

If not, why? _____

Pain

Advice: It is normal to be uncomfortable after surgery; however we aim to keep you as comfortable as possible. Utilising pain relief will support you to achieve your goals such as mobilising and deep breathing.

Action: Are you feeling comfortable? Yes / No

If not, how can we make you more comfortable? _____

Progress: We encourage you to take your painkillers regularly, x4 a day to keep yourself comfortable, particularly in the first few weeks after surgery.

Day 5

Mobilising

Advice: Getting out of bed is good for your breathing and circulation after surgery. We may now be slowly removing your drips, drains and catheter over the next few days. This will be directed by the consultant. This will enable you to move around more easily. Ensure you are still wearing your anti-embolic stockings you will wear these now until you are discharged

Actions: Have you got out of bed and sat in the chair?

Yes / No

How long for? _____

Today I have completed 1 2 3 4 5 6 7 8 9 10 Walks

How far have you been?

Goals: Think about what your aims are for today?

- ✓ Moving around – try and increase the number of walks you have each day
- ✓ Stairs assessment – if applicable
- ✓ Eat and drink – little and often
- ✓ Remember your Ensure Milkshake; these are good for recovery
- ✓ Remember your chewing gum **(to help your bowel movement)**
- ✓ Use your mouth wash **(to prevent chest infections)**
- ✓ Tinzaparin education
- ✓ Discharge planning

End Bay	Distance	Tick	Second Bay (Near Nurses Station)	Distance	Tick
End of the bay (Sink)	7 metres		End of the bay (Sink)	7 metres	
Nurses' station	23 metres		Nurses' station	16 metres	
Entrance to the ward	42 metres		Entrance to the ward	35 metres	
Ward 15	176 metres		Ward 15	107 metres	
Treatment Centre Café	343 metres		Treatment Centre Café	336 metres	

Progress: Have you achieved your goals? Yes / No

If not, why? _____

Diet

Advice: It is normal after surgery for your appetite to be reduced, therefore it is important to eat little and often. We recommend a low fibre diet after bowel surgery. The Dietitian will see you on the ward to offer advice

Actions: How much have you eaten? Please circle.

Breakfast	None	Quarter	Half	All
Lunch	None	Quarter	Half	All
Tea	None	Quarter	Half	All
Snacks (Please List): Biscuits/Yoghurts/Toast/Cereal/Soup				

Progress: Hopefully you will see that your appetite is improving but if you have any concerns related to your nutrition, discuss with the team.

Bowels (No Stoma)

Advice: The first sign that your bowels are working will be passing wind so remember to let us know!

Action: You may now have started to open your bowels. Remember we would have explained it can be common post-operatively to experience loose stools and frequency. **TIP** – Jelly babies and Marshmallows can help bulk up your stools.

Progress:

I have passed wind	Yes	No
I have opened my bowels	Yes	No

Stoma (If Applicable)

Advice: It is important you become familiar with your stoma with our support. The stoma nurses visit the ward every Monday, Wednesday and Friday. Between the visits from the stoma nursing team please ask the ward staff for support and education. We will encourage you to become familiar with your stoma with the help of the staff. Our aim is to help you empty and change your stoma bag independently

Action:

I have looked at my stoma	Yes	No
I have helped to care for my stoma	Yes	No
I have emptied my stoma	Yes	No
I have changed my stoma bag	Yes	No

Progress: The ward staff will be using a traffic light magnet system to show how much help and education you require.

	Independent		Needs Assistance		Requires Full support
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Fluids

Advice: Try and drink as much as you feel able to, including your nutritional supplement.

Action: Please document your progress.

Water / Juice _____ Cups

Tea / Coffee _____ Cups

Ensure Plus Milkshake _____ (Aim for two a day)

Progress: Are you able to eat and drink as well as you would have expected? If not, please tick why?

I felt sick ☐ I have vomited ☐ (Remember to inform the staff so they can give you anti-sickness medications)

The surgeon advised me not to eat or drink ☐

Other _____

Deep Breathing

Advice: Deep breathing and coughing is essential to help keep your chest clear. Practice regularly with 10 deep breaths every hour

Action: You would have been given your incentive spirometer at your Prehab Physiotherapy appointment. You should aim to complete 4-5 breaths, 3 times a day. If you are unsure of your technique, please discuss with the ward physiotherapist.

Incentive Spirometry	Result
Cycle 1 (4-5 Breaths)	
Cycle 2 (4-5 Breaths)	
Cycle 3 (4-5 Breaths)	

It is normal to see a low score the first week after you surgery, however this emphasise the importance of using this regularly. The aim is for the result to slowly increase over time!

Progress: Are you able to complete your breathing and spirometry as effectively as you would like? Yes / No

If not, why? _____

Pain

Advice: It is normal to be uncomfortable after surgery; however we aim to keep you as comfortable as possible. Utilising pain relief will support you to achieve your goals such as mobilising and deep breathing.

Action: Are you feeling comfortable? Yes / No

If not, how can we make you more comfortable? _____

Progress: We encourage you to take your painkillers regularly, x4 a day to keep yourself comfortable, particularly in the first few weeks after surgery.

Day 6

Mobilising

Advice: Getting out of bed is good for your breathing and circulation after surgery. We may now be slowly removing your drips, drains and catheter over the next few days. This will be directed by the consultant. This will enable you to move around more easily. Ensure you are still wearing your anti-embolic stockings you will wear these now until you are discharged

Actions: Have you got out of bed and sat in the chair?

Yes / No

How long for? _____

Today I have completed 1 2 3 4 5 6 7 8 9 10 Walks

How far have you been?

Goals: Think about what your aims are for today?

- ✓ Moving around – try and increase the number of walks you have each day
- ✓ Stairs assessment – if applicable
- ✓ Eat and drink – little and often
- ✓ Remember your Ensure Plus Milkshake; these are good for recovery
- ✓ Remember your chewing gum **(to help your bowel movement)**
- ✓ Use to use your mouth wash **(to prevent chest infections)**
- ✓ Tinzaparin education
- ✓ Discharge planning

End Bay	Distance	Tick	Second Bay (Near Nurses Station)	Distance	Tick
End of the bay (Sink)	7 metres		End of the bay (Sink)	7 metres	
Nurses' station	23 metres		Nurses' station	16 metres	
Entrance to the ward	42 metres		Entrance to the ward	35 metres	
Ward 15	176 metres		Ward 15	107 metres	
Treatment Centre Café	343 metres		Treatment Centre Café	336 metres	

Progress: Have you achieved your goals? Yes / No

If not, why? _____

Diet

Advice: It is normal after surgery for your appetite to be reduced, therefore it is important to eat little and often. We recommend a low fibre diet after bowel surgery. The Dietitian will see you on the ward to offer advice.

Actions: How much have you eaten? Please circle.

Breakfast	None	Quarter	Half	All
Lunch	None	Quarter	Half	All
Tea	None	Quarter	Half	All
Snacks (Please List): Biscuits/Yoghurts/Toast/Cereal/Soup				

Progress: Hopefully you will see that your appetite is improving but if you have any concerns related to your nutrition, discuss with the team.

Bowels (No Stoma)

Advice: The first sign that your bowels are working will be passing wind so remember to let us know!

Action: You may now have started to open your bowels. Remember we would have explained it can be common post-operatively to experience loose stools and frequency. **TIP** – Jelly babies and Marshmallows can help bulk up your stools.

Progress:

I have passed wind	Yes	No
I have opened my bowels	Yes	No




Stoma (If Applicable)

Advice: It is important you become familiar with your stoma with our support. The stoma nurses visit the ward every Monday, Wednesday and Friday. Between the visits from the stoma nursing team please ask the ward staff for support and education. We will encourage you to become familiar with your stoma with the help of the staff. Our aim is to help you empty and change your stoma bag independently.

Action:

I have looked at my stoma	Yes	No
I have helped to care for my stoma	Yes	No
I have emptied my stoma	Yes	No
I have changed my stoma bag	Yes	No

Progress: The ward staff will be using a traffic light magnet system to show how much help and education you require.

	Independent		Needs Assistance		Requires Full support
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Fluids

Advice: Try and drink as much as you feel able to, including your nutritional supplement.

Action: Please document your progress.

Water/Juice _____ Cups

Tea/Coffee _____ Cups

Ensure Plus Milkshake _____ (Aim for two a day)

Progress: Are you able to eat and drink as well as you would have expected? If not, please tick why?

I felt sick ☐ I have vomited ☐ (Remember to inform the staff so they can give you anti-sickness medications)

The surgeon advised me not to eat or drink ☐

Other _____

Deep Breathing

Advice: Deep breathing and coughing is essential to help keep your chest clear. Practice regularly with 10 deep breaths every hour

Action: You would have been given your incentive spirometer at your Prehab Physiotherapy appointment. You should aim to complete 4-5 breaths, 3 times a day. If you are unsure of your technique, please discuss with the ward physiotherapist.

Incentive Spirometry	Result
Cycle 1 (4-5 Breaths)	
Cycle 2 (4-5 Breaths)	
Cycle 3 (4-5 Breaths)	

It is normal to see a low score the first week after you surgery, however this emphasise the importance of using this regularly. The aim is for the result to slowly increase over time!

Progress: Are you able to complete your breathing and spirometry as effectively as you would like? Yes / No

If not, why? _____

Pain

Advice: It is normal to be uncomfortable after surgery; however we aim to keep you as comfortable as possible. Utilising pain relief will support you to achieve your goals such as mobilising and deep breathing.

Action: Are you feeling comfortable? Yes / No

If not, how can we make you more comfortable? _____

Progress: We encourage you to take your painkillers regularly, x4 a day to keep yourself comfortable, particularly in the first few weeks after surgery.

Day 7

Mobilising

Advice: Getting out of bed is good for your breathing and circulation after surgery. We may now be slowly removing your drips, drains and catheter over the next few days. This will be directed by the consultant. This will enable you to move around more easily. Ensure you are still wearing your anti-embolic stockings you will wear these now until you are discharged

Actions: Have you got out of bed and sat in the chair?

Yes / No

How long for? _____

Today I have completed 1 2 3 4 5 6 7 8 9 10 Walks

How far have you been?

Goals: Think about what your aims are for today?

- ✓ Moving around – try and increase the number of walks you have each day
- ✓ Stairs assessment – if applicable
- ✓ Eat and drink – little and often
- ✓ Remember your Ensure Plus Milkshake; these are good for recovery)
- ✓ Remember your chewing gum **(to help bowel movement)**
- ✓ Use to use your mouth wash **(to prevent chest infections)**
- ✓ Tinzaparin education
- ✓ Discharge Planning

End Bay	Distance	Tick	Second Bay (Near Nurses Station)	Distance	Tick
End of the bay (Sink)	7 metres		End of the bay (Sink)	7 metres	
Nurses' station	23 metres		Nurses' station	16 metres	
Entrance to the ward	42 metres		Entrance to the ward	35 metres	
Ward 15	176 metres		Ward 15	107 metres	
Treatment Centre Café	343 metres		Treatment Centre Café	336 metres	

Progress: Have you achieved your goals? Yes / No

If not, why? _____

Diet

Advice: It is normal after surgery for your appetite to be reduced, therefore it is important to eat little and often. We recommend a low fibre diet after bowel surgery. The Dietitian will see you on the ward to offer advice..

Actions: How much have you eaten? Please circle.

Breakfast	None	Quarter	Half	All
Lunch	None	Quarter	Half	All
Tea	None	Quarter	Half	All
Snacks (Please List): Biscuits/Yoghurts/Toast/Cereal/Soup				

Progress: Hopefully you will see that your appetite is improving but if you have any concerns related to your nutrition, discuss with the team.

Bowels (No Stoma)

Advice: The first sign that your bowels are working will be passing wind so remember to let us know!

Action: You should now be getting into a better routine with your bowels. However don't worry if not, not everybody is the same. Remember we would have explained it can be common post-operatively to experience loose stools and frequency. **TIP** – Jelly babies and Marshmallows can help bulk up your stools.

Progress:

I have passed wind	Yes	No
I have opened my bowels	Yes	No




Stoma (If Applicable)

Advice: It is important you become familiar with your stoma with our support. The stoma nurses visit the ward every Monday, Wednesday and Friday. Between the visits from the stoma nursing team please ask the ward staff for support and education. We will encourage you to become familiar with your stoma with the help of the staff. Our aim is to help you empty and change your stoma bag independently.

Action:

I have looked at my stoma	Yes	No
I have helped to care for my stoma	Yes	No
I have emptied my stoma	Yes	No
I have changed my stoma bag	Yes	No

Progress: The ward staff will be using a traffic light magnet system to show how much help and education you require.

	Independent		Needs Assistance		Requires Full support
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Fluids

Advice: Try and drink as much as you feel able to, including your nutritional supplement.

Action: Please document your progress.

Water/Juice _____ Cups

Tea/Coffee _____ Cups

Ensure plus Milkshake _____ (Aim for two a day)

Progress: Are you able to eat and drink as well as you would have expected? If not, please tick why?

I felt sick ☐ I have vomited ☐ (Remember to inform the staff so they can give you anti-sickness medications)

The surgeon advised me not to eat or drink ☐

Other _____

Deep Breathing

Advice: Deep breathing and coughing is essential to help keep your chest clear. Practice regularly with 10 deep breaths every hour

Action: You would have been given your incentive spirometer at your Prehab Physiotherapy appointment. You should aim to complete 4-5 breaths, 3 times a day. If you are unsure of your technique, please discuss with the ward physiotherapist.

Incentive Spirometry	Result
Cycle 1 (4-5 Breaths)	
Cycle 2 (4-5 Breaths)	
Cycle 3 (4-5 Breaths)	

It is normal to see a low score the first week after you surgery, however this emphasise the importance of using this regularly. The aim is for the result to slowly increase over time!

Progress: Are you able to complete your breathing and spirometry as effectively as you would like? Yes / No

If not, why? _____

Pain

Advice: It is normal to be uncomfortable after surgery; however we aim to keep you as comfortable as possible. Utilising pain relief will support you to achieve your goals such as mobilising and deep breathing.

Action: Are you feeling comfortable Yes / No

If not, how can we make you more comfortable? _____

Progress: We encourage you to take your painkillers regularly, x4 a day to keep yourself comfortable, particularly in the first few weeks after surgery.

Discharge Home from Hospital

Being discharged home from hospital can be an anxious time and you may feel worried about what to do if you don't feel 'right'.

Many people worry about how they will cope at home and are unsure of what to expect. Everyone recovers differently depending on their age, type of operation and previous level of fitness.

It is normal to feel physically, and emotionally exhausted following surgery and it can take several weeks, or even months to fully cover.

Our main concern on discharge is the small chance of you developing a post-operative complication. **Therefore, we would always encourage you to get in touch for review.**

We plan to call your regularly after discharge to ensure your recovery is continuing to go well, this is also an opportunity for you and your family to ask us any questions.

However, if you experience any of the following symptoms, telephone the Colorectal Nursing Team on 01270 612047, Monday to Friday 8.30am – 4.30pm. Out of these times, contact the GP out of hours or go to your nearest Emergency Department (A&E).

- Increased abdominal pain not relieved by medication
- Your wounds look red, feel warm, leak or smell.
- Persistent vomiting and diarrhoea
- A high output from your stoma (greater than a litre in 24 hours) particularly if the output is liquid / watery.
- An elevated temperature (feeling cold, shivery or shaky)
- Unable to eat or drink
- Unable to pass urine or only passing small amount infrequently and/or burning and stinging.
- New shortness of breath or cough
- Spending more time in bed – not able to complete activities

Patient Recovery Checklist

Mobility

Are you moving and walking around? Building up to short walks? The aim is for you to slowly build up your activity over the next coming weeks. When you are first discharged home we encourage you to ensure you follow the same routine as you did in hospital. Remember 'sit and potter' Remember to refer to your post-op ERAS advice leaflet given to you from the ERAS Physiotherapist. Please contact your ERAS Physiotherapist for any concerns or queries relating to post-op exercise.

Low Molecular Weight Heparin

Are you coping with your injections? Remember to do these at the same time every evening. You will complete a total of 28 days in total. Low Molecular Weight Heparin helps reduce the risk of developing a post-operative blood clot. You no longer need to wear your anti-embolic stocking as the aim is that you will be more mobile at home.

Diet

Are you eating and drinking at regular intervals? Remember to refer to your 'Eating Well Information Booklet'. The "Modifying your dietary fibre" leaflet provided by the Dietitian will guide you through your low fibre diet and on how to reintroduce fibre as your bowels become more formed. It is normal to have a low appetite post-op but we find this improves when patients are at home. Eating little and often will help this. Please contact your ERAS Dietitian for any concerns or queries relating to your diet, or if you are experiencing unintentional weight loss.

Bowels

The main function of the large bowel is to re-absorb water. Regaining bowel control can be one of the biggest challenges after surgery. For some patients their bowels will return to normal but for others this can take a few weeks - to months. It is important to discuss your concerns with us, as most of the time these symptoms can be expected but we can offer advice and suggestions that can help.

Urine

It can be common after surgery for the bladder to be affected. Some patients may find that they need to pass urine more often. Along with burning, stinging this can be a sign of a urine infection. However, rarely this can mean urine retention and this would need urgent review. Retention means we are not completely emptying your bladder and cause pain and infection.

Patient Recovery Checklist

Wound

It is important to monitor your wound, ideally we would aim for your wound to be clean, dry and exposed. We will discuss with you and arrange for you to have any clips or sutures removed; you can attend your practice nurse for this. It is important you report any redness, swelling or leakage from your wound as this can be a sign of a wound infection. Wound infections are commonly cared for at home with support from your practice nurse / district nurse.

Pain

Pain relief is a major aspect of your recovery. We encourage taking regular pain relief so you are able to move freely and continue your deep breathing exercises. We can talk you through how to gradually reduce this as you feel better.

Stoma

You will be supported with your stoma with the stoma nursing team. It is important you can manage changing and emptying your stoma. Remember you can contact the stoma nursing team for support. They will also discuss and manage your product delivery.

Breathing

It is important to continue your deep breathing and incentive spirometry when at home to prevent a chest infection. It is important you tell us about any shortness of breath and / or a cough.

Contact Information

Remember to refer to you 'Going Home' Booklet.

The Colorectal Nursing Team will be in regular contact with you when you go home to discuss your progress. However, if you have any problems do not hesitate to contact the team.

Colorectal Nursing Team

Heather Baggeley, Nicola Thibeault and Sarah Taylor

Telephone: 01270 612047

Colorectal Support Workers

Esther Morgan and Kerry Wilson

Telephone: 01270 612047

Stoma Nursing Team

Julie Woodcock, Claire Banks, Charlotte Backhouse, Kyle Waring and Sylvia Hansen

Telephone: 01270 612443

Stoma Admin Support

Telephone: 01270 612443

You can also contact **Ward 13** on 01270 612057

The Pre and Rehabilitation Team

Liz Woodrow-Hirst, Physiotherapist

Telephone: 07786 816 821

Lisa Burns, Dietitian

Telephone: 01270 612047

If you have any questions for our team, please ask!