

What is Enhanced Recovery Programme?

The Enhanced Recovery Programme promotes early mobilisation and speeds up recovery following a planned operation.

What are the benefits of Enhanced Recovery?

- Early mobilisation and return to your normal daily life.
- Reduces the length of time you will stay in hospital following your operation.
- Reduction in postoperative complications.

What happens before I come into hospital for my operation?

By now you will have had your Pre-operative Assessment appointment ready for your forthcoming admission. The nurse in the Pre-operative Assessment Clinic will have explained to you about your operation, what you are likely to expect and discharge planning will also have been discussed. This leaflet will describe what will happen from the day of admission to hospital to the day you are discharged.

What happens on the day of admission?

On the day of admission you will come to the Surgical Admissions Lounge. Your admission times can be found on your letter, and will be either at 7.00am, 10.00am, 12.00noon or 2.00pm, depending on the time of your operation. During your pre-operative appointment you will have been given information about when to stop eating and drinking prior to the operation and instructions about any regular and pre-operative medication.

On arrival you will be greeted by a staff member from the Surgical Admissions Lounge who will show you into the waiting room and from there into the preparation room. Please bring a dressing gown and slippers at this time. Family or friends can bring your personal items at visiting times.

The nurse will go through a checklist to ensure you are ready to go to theatre. This will include attaching a wristband and ensuring you have removed any nail varnish and jewellery. Any jewellery or piercings that cannot be removed will be covered with tape. You will be given a gown to put on and asked for a urine sample, this is for routine checking along with a pregnancy test which is recommended for all women of child bearing age.

You will be escorted to the operating theatre by a member of staff for your operation.

What will happen after my operation?

Once you have had your operation you will be brought back to the ward by your allocated Nurse. They will assist you into a bed and carry out your observations (blood pressure, pulse, temperature, oxygen levels, urine output and pain assessment). These observations are likely to be carried out every hour for the first four hours, and then every four hours unless the Nurse feels they need to be done more frequently. The Nurse will also check your abdominal wound (if you have one) and your vaginal loss. This is done regularly to ensure that your blood loss is not excessive.

You will be offered a glass of water. However, in some circumstances you may need to remain nil by mouth until the following day. You will be given the call bell and advised to ring anytime if you have any problems.

You may have an intravenous infusion (drip), with either pain relief or fluids (or both) attached to your arm/foot. The fluids you will receive depend on the operation and your individual needs. You

may also have some oxygen in place, this is normal following a general anaesthetic and will be removed either that evening or the next day depending on your needs. The oxygen will either be in the form of a face mask or nasal prongs.

What will happen on day one following my surgery?

On the first day following your operation you may still feel a little dazed from the anaesthetic, this is normal and will vary from person to person. Your allocated Nurse will continue attending to your intravenous infusions and ensure that your pain is controlled by giving you regular pain relief.

You will then be seen by your Consultant, Registrar or Specialist Nurse who will explain the details of your operation. As you start to feel hungry you may eat and drink greater volumes. You may be prescribed an injection which will help to prevent blood clots and work alongside the Flotrons™ or calf wraps that you will have on your legs.

A Nurse or Health Care Assistant will then come and assist you with personal hygiene if you require help. The Nurse will disconnect/remove any intravenous infusions, catheters, packs and drains that you may have as instructed by the Consultant. You will then be expected to sit out of bed. This helps to prevent any chest infections and blood clots.

Once your catheter has been removed the Nurse will ask you to use liners when you use the toilet so your urine output can be measured; this is to make sure that you are passing good volumes of urine.

You may also have a blood test taken on this day. This will be to check your iron count. If this is low you may be prescribed some iron tablets. If your iron count has fallen significantly we may discuss the option of a blood transfusion with you.

Your regular medications will be prescribed and the Specialist Nurse/Medical Team will start to plan your discharge home with you.

Day two following your surgery

By day two the effects of the anaesthetic should have worn off. It is not uncommon to feel emotional following a gynaecological operation.

Your allocated Nurse or Health Care Assistant will assist you with any needs, continue to carry out your observations and remove or change any dressings that you may have.

Hopefully you will be mobilising independently by now and have most of the intravenous infusions, catheters and drains removed. You will be eating and drinking as you wish. Please do not worry if you have not had your bowels opened prior to discharge. Opening your bowels usually happens at home when your diet and routine lifestyle gets back to normal. If you find you are not having your bowels opened within a few days, then a simple laxative can be taken.

The Consultant/Registrar or Specialist Nurse will come and see you again to assess your progress and answer any questions that you may have. Discharge arrangements will be discussed and you will be informed whether you need to go home with any specific medications.

Day three/four following your surgery

If you are still in hospital on day three or four it does not mean that you are not doing as well as you should be. Your Nurse and Medical Team will keep you informed of your progress throughout your stay in hospital and please feel free to ask any questions at any time about your treatment and care.

On day three and four you will hopefully be at the stage where you are able to mobilise more freely. You should be eating and drinking and the Medical Team should be planning your discharge with you.

Discharge day

Your allocated nurse will check your wounds (if applicable) and dress them or spray them as required. If necessary the District Nurse will be contacted and asked to visit you at home to continue to dress your wound. Alternatively you may be given the telephone number for the District Nurse who is allocated to your GP surgery in case you need to contact them at a later date.

You will be given the relevant post-operative advice and leaflets (if you have not already had them at your pre-operative appointment) and you will be given the contact number for the Female Surgical Ward in case you need any advice once you have been discharged.

You will be given a copy of your discharge letter and any medications that you may require. Please be aware that if you need medication from the pharmacy this can take a while longer to dispense. On the day of discharge if you are able, the nurse may ask you to sit in the dayroom until your discharge letter and medications are ready. This is to help the ward run efficiently with admissions and discharges.

Once you are discharged you will then receive your follow up appointment in the post. You may also be given an appointment to return for a blood test or a wound check. This appointment will be given to you prior to leaving the ward.

If you have any further questions or concerns after you have been discharged, you can contact the Female Surgical Ward by telephoning the hospital Switchboard on 01270 255141 and ask to be put through to the ward (24 hour advice).

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

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