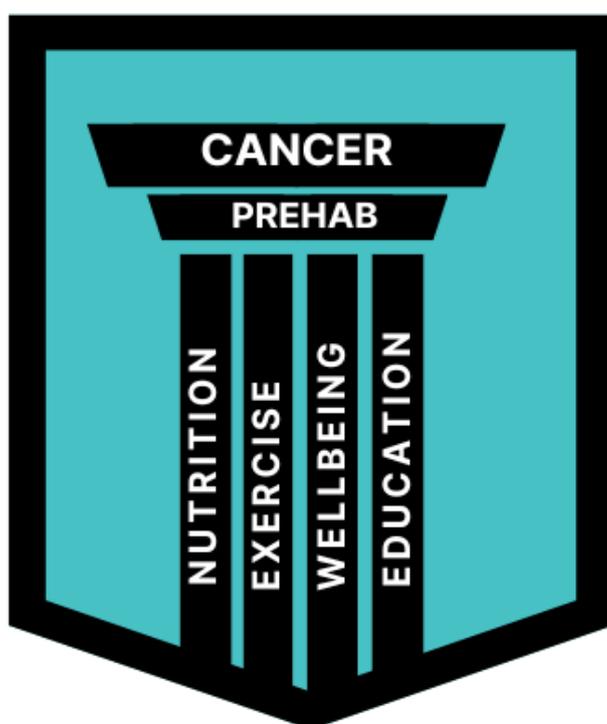




Royal Berkshire
NHS Foundation Trust

ROYAL BERKSHIRE



HOSPITAL

Education Booklet

Name: _____

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Chapter 1: What is prehabilitation (prehab) and its benefits?

What is prehabilitation?

Prehabilitation or 'prehab' is a process that occurs before the beginning of cancer treatment / surgery. It includes physical, psychological and nutritional assessments that establish a baseline functional level / identify impairments, and provide interventions that promote physical and psychological health to reduce the incidence of future complications after treatment.

The purpose is to provide appropriately targeted, individualised interventions (exercise, education and nutrition, psychological and behavioural change). A growing body of evidence suggests that they:

- Reduce post-operative complications
- Reduce length of stay in hospital
- Quick recovery
- Better response to treatment
- Reduce anxiety, depression and improved mood
- Lower chance of cancer recurrence
- Improved general fitness/ cardiovascular fitness
- Improve nutritional status
- Improves ability to fulfil normal activities of daily living
- Greater sense of control and continuity of care
- Teachable moment to enable smoking and alcohol cessation.
- Enhance quality of life

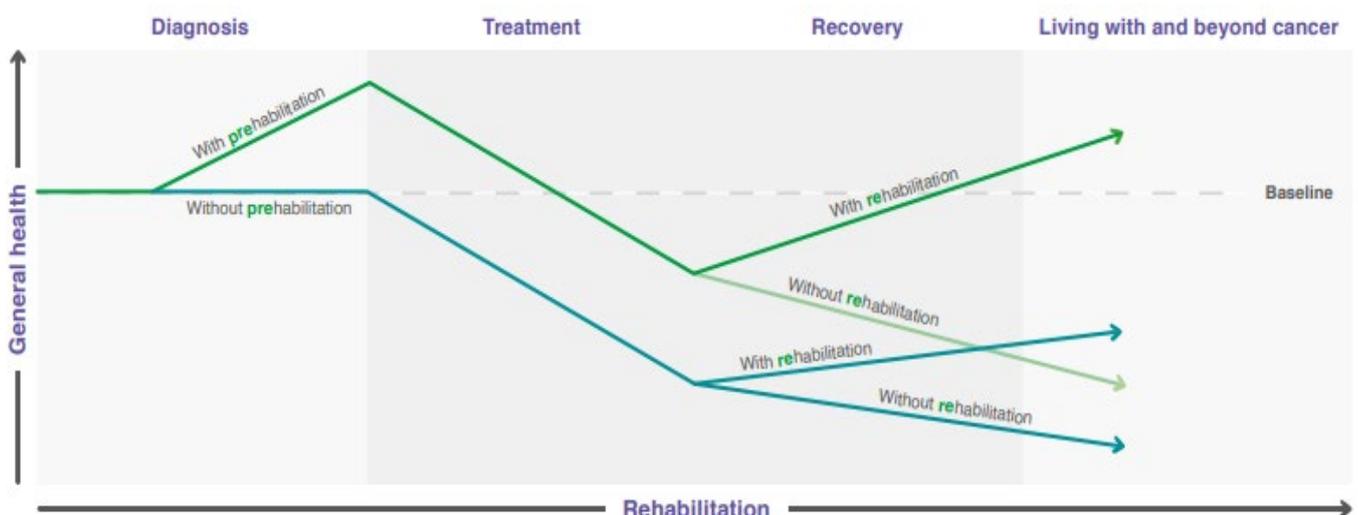


Image: www.macmillan.ork.uk: Principles and guidance for prehabilitation within the management and support of people with cancer

Cancer Rehab Team (post-operation)

Cancer rehabilitation supports people to live with and beyond cancer, using a range of tools and opportunities that can enhance your recovery and improve your ability to “tackle tomorrow”. It is available to people who have received cancer care at the Royal Berkshire NHS Foundation Trust.

How can it help you?

Being informed and understanding your condition and needs empowers you to manage yourself more effectively. They can signpost you to appropriate services, conduct “Take Control” workshops, and arrange health and wellbeing events and psychological support.

How do you get more information?

Please email cancer.rehabilitation@nhs.net or call 07392861323. You can refer yourself to the service.

Resources

[Prehabilitation videos for people living with cancer | Macmillan Cancer Support](#)

<https://www.macmillan.org.uk/cancer-information-and-support/stories-and-media/videos/prehabilitation-videos>

<https://www.smokefreelifeberkshire.com/>

<https://www.nhs.uk/live-well/alcohol-advice/alcohol-support/>

[Macmillan cancer support website and information booklets](#)

Chapter 2: Health coaching

Health coaching is a supported self-management intervention. Our health coach will help you make positive lifestyle changes. These changes can be related to diet, wellbeing and exercise. They will also help to lower your stress, anxiety and depression levels and also improve your confidence to manage your own health. Below we will discuss few aspects of health coaching.

Reflecting on barriers

While you are trying to improve your health and wellbeing, it is likely that you will face challenges along the way. Reflecting on these barriers can help you to understand what might be holding you back. This could be things like feeling too tired, not having enough time or lacking confidence. By taking the time to identify these barriers, you can start to address them. Barriers are part of every journey but the first step to overcoming them is recognising that they exist.

Problem solving

Once you have recognised what challenges you face, you can then start problem solving. Think of the ways that you can manage or reduce these barriers. For example, if you struggle with making time to do exercise, could you look at your schedule and find 10 minutes spare to do some extra movement? By breaking down big problems into smaller more manageable steps, we can start to make a difference.

Tools

- ✓ Start with a “Why?” – Why doing exercise/ diet and looking after your wellbeing is important for you? Imagine how your life would be like if your problems were solved? Find out your motivation and write it down.
- ✓ Choose activities you enjoy and vary them to stay motivated.
- ✓ Set goals to keep you on track and use strategies such as an exercise diary to monitor your progress and symptoms.
- ✓ If possible, get a friend or family member to join in with you. This can help you feel motivated and make it feel safer and more enjoyable.
- ✓ If you have been unwell, resume exercise promptly after being unwell so you don't lose fitness gains you have already made. Remember you may need to restart at a lower level of exertion initially.

There are many tools that you can use to support yourself. Using a notebook for example to track your progress, write your notes and jot down your thoughts could be very helpful. You could also use apps for guided relaxation and home workouts. If there is a tool that works for you and helps you to stay on track, be sure to use it. Now a days there are lots of apps to begin your fitness journey and monitor your fitness. Example, Couch to 5K.

Seek advice

Don't hesitate to seek advice. Talk to your healthcare team, a health coach, or others who are going through a similar experience. By asking questions you will be able to gain information that you can carry with you beyond prehab.

Goal setting

Set small, achievable goals to keep yourself motivated. These goals should be clear, realistic, and personal to you. Try using the SMART framework to plan your goals.

Smart – Your goals should be specific. Make your goals clear and specific.

Measurable – Make your goals measurable.

Achievable – Are your goals relevant to what you are trying to achieve.

Realistic – Confirm that your goals are realistic.

Time Bound – Set up a time-based plan. This could be one week, three months or a year.

- ✓ An example of a SMART goal is “I will engage in 30 minutes of aerobic physical activity 5 days a week for the next 4 weeks”, rather than “I will do more exercise”.
- ✓ **Short term goal:** I am going to walk 3 times a week for 20 minutes for the next 4 weeks
- ✓ **Long term goal:** I am going to complete 10,000 steps of walking, 3-5 times a week in 3 months' time.

Chapter 3: Emotional and mental wellbeing

Many people feel overwhelmed when they are told they have cancer. It is common to have many different emotions such as shock, denial, sadness, depression, avoidance, fear, anxiety, anger, guilt, blame yourself and feeling alone. It is the feeling of uncertainty. You might be worried about your treatment, work and family. This all can be frightening. They are more likely when you feel stressed or unwell but these are normal reactions and you can manage them.

Stress

During times of stress you may feel 'sudden onset of intense apprehension, fear or terror'. This can be accompanied by symptoms of shortness of breath, dizziness, palpitations, chest pain, 'butterflies', dry mouth, shaking, sweating and feelings of unreality. The whole episode can be very frightening. Thoughts such as "I am having a heart attack" or "I am going to stop breathing" can occur. This creates more anxiety and starts a spiralling vicious cycle of negative thoughts and physical symptoms.

During times of stress and/or excitement, our body activates a stress response that releases a hormone called *adrenaline* to stimulate parts of the body. This response is commonly called *fight or flight* and it enables us to face a dangerous situation or run away. This was extremely useful when we were cave dwellers, commonly facing life-threatening situations and we had to fend off wild animals. Many of the stresses we face today tend not be life threatening, such as money problems, work and ill health, but we still experience the same physical response.

The reaction itself consists of the brain sending a message to pump adrenaline into the bloodstream. Blood is diverted to the essential organs of the body like the brain to make you more alert and the muscles to help you fight or run. To do this, the blood is diverted away from the non-essential organs such as the stomach, bowels and bladder, resulting in feelings of nausea, 'butterflies' and wanting to pass urine or open your bowels. Extra oxygen is needed so you breathe faster and your heart beats faster. As the body is working harder, it needs to cool down, so you sweat and the blood capillaries come to the surface – you blush.

Hyperventilation (over breathing) can occur if you breathe more rapidly than the body needs and the fine balance between carbon dioxide and oxygen is upset. This can result in symptoms of dizziness, pins and needles and headaches.

It is important to remember that these physical symptoms are natural and not harmful.

Anxiety can begin due to a combination of causes:

1. *The amount of stress you are under.* You may have a single large worry, or more likely a number of smaller worries, which mount up. Being physically tired, run down and having many changes makes you more vulnerable to anxiety.
2. *The kind of person you are.* Some people have a more sensitive emotional nervous system and their body's arousal response might be triggered more quickly and take longer to calm down. Some people have learnt from experience how to get anxious and how to worry.

What can I do?

- **Talk:** You may find the idea of talking uncomfortable. But talking to someone about how you feel can help you cope with your emotions. It is often the first step in helping you feel better. You can talk to anyone in your family, friends or a healthcare professional. Talking can help you understand your feelings. When you keep everything inside, your thoughts often feel confusing. Talking can make your thoughts clearer. Talking puts things into perspective. It can be a big relief to say your feelings out loud.

There may be times when you do not feel like talking and that is fine.

- **Accept:** Accept the feelings. They are normal. Let them run through and do not think about what might happen.
- **Focus on your health:** Start being kind and gentle to yourself (self-compassion), getting enough sleep, eating well, being more physically active, getting outdoors and being with people you like. Getting back to routine will help.
- **Relaxation:** Practise the breathing control exercises discussed in Chapter 4. Practise mindfulness or meditation. There are apps such as [headspace.com](https://www.headspace.com) or [clam.com](https://www.clam.com). You can close your eyes and listen to your surroundings or music. Moving outdoors, even for a short walk, can help with anxiety. Carry on with your hobbies or interests.

- **Grounding techniques:** The following are distraction or diversion techniques.

1. Distraction:

- Choose your favourite colour or any colour. Look around your environment and find your colour. Notice various objects with that colour. You can repeat the process by picking a different colour.
- Another way of distracting yourself is counting backwards from 100 in sevens.

2. The 5-4-3-2-1 technique:

Again notice the place you are in. Now notice and observe:

- **Five** things you can **see**.
- **Four** things you can **touch** (it can be the floor, the chair you are sitting on, your clothes, bag and so on).
- **Three** things you can **hear** (radio, talking, sound made by objects or distant sounds / noises).
- **Two** things you can **smell** (perfume, food, coffee).
- **One** thing you can **taste** (or imagine the taste of your favourite food).

3. Concentrate:

Pick one item or an object such as keys, watch, purse, bracelet etc. You can also chose to carry one item with you all of the time. Once you have chosen the item, place it in your hand. Close your eyes and feel the texture, temperature, weight etc. of the object. You can look at the object or any other object in the room and notice its colour, features and any other qualities it has.

- **Positive wellbeing:** Positive thinking is a **type of thinking that focuses on the good in any given situation and expects beneficial results**. It is a positive psychology that can improve your physical and mental health, resilience, and self-esteem.

thinking does not mean ignoring reality or problems, but rather approaching them with optimism and finding solutions.

Some ways to think positive thoughts are:

- Focus on the good things
 - Practice gratitude
 - Keep a gratitude journal
 - Open yourself up to humour
 - Spend time with positive people
- **Talking therapies:** It involves talking to a trained therapist about your feelings and thoughts. They can help with anxiety and depression. A therapist is a counsellor or psychologist. They work with you to understand the difficulties you are facing and suggest different ways you might cope with them. The therapies include, counselling, cognitive behavioural therapy and psychotherapy. You can self-refer yourself or ask your healthcare professional to refer. You contact them on 0300 365 2000 or email on talkingtherapies@berkshire.nhs.uk
 - Macmillan Cancer charity: Macmillan Support line: 0300 1000 200, 0808 808 0000. They are located in Royal Berkshire hospital in Berkshire cancer centre. You can contact them on 0118 322 8700.
 - **Apps:** Calm, Sleepio, Headspace, Mind, Insight Timer.
 - www.nhs.uk/every-mind-matters/mental-wellbeing-tips/your-mind-plan-quiz/

Chapter 4: Prevent post-operation lung complications

What is a post-operation lung complication?

The term encompasses a range of conditions affecting the lungs, typically within the first week after surgery. Examples range from reduced lung volumes to a chest infection. They are common with prevalence from 1% (1 in 100) to 23% (575 in 2500) which also depends on individual patient and surgical factors.

What causes it?

Use of general anaesthesia, surgery itself and pain from the wound can reduce breathing drive, reduce lung volumes, collapse of the small air sacs within the lungs, and reduce mucous clearance as well as the inability to cough to clear lung secretions. Reduced mobility after surgery can make this worse. All these increase the risk of chest infection.

What can you do to prevent it?

Pain relief: Discuss pain relief with your doctors or nurses if pain is limiting your function.

Early mobilisation: Early mobilisation is a crucial component of enhanced recovery. Sit up or out in chair as soon as your team say it is safe to do so after your operation. When you are ready to start walking, walk to the toilet and back or around the ward several times a day. It will help you recover and reduce the risk of complications. Drains, tubes or other attachments will not limit your mobility. Your nurse or physiotherapist will assist you with this if you are struggling.

Breathing exercises: Your physiotherapist will demonstrate the exercises below to increase your deep breathing capacity and chest clearance. *The Active Cycle of Breathing Technique (ACBT)* is a technique taught by respiratory physiotherapists to help to clear mucus from the lungs more easily. The ACBT involves breathing control, deep breathing and huffing.

Breathing control: Breathing control is gentle breathing with minimal effort.

- Breathe in through your nose where possible, and then breathe out through your mouth.
- If you cannot breathe through your nose, then breathe in through your mouth and out through our mouth.
- Try to make your breath slow.

It is important to practise breathing control between the more active parts of ACBT to allow your airways to relax.

Deep breathing exercises

Take a long, slow deep breath in through your nose if you can.

- Breathe in through your nose.
- Hold this breath when your lungs are full for 2-3 seconds.
- Breathe out gently and relaxed.
- You should do 3-5 deep breaths in a cycle.

Huffing

- Huffing is an exhalation through an open mouth and throat instead of a cough. It helps to move mucus up your airways so that it can be cleared in a controlled way. To 'huff', you squeeze air quickly from your lungs, out through your open mouth and throat. The best comparison is as if you were trying to mist up or fog a mirror or your glasses. Use your tummy muscles to help you squeeze the air out, but do not force it so much that you cause wheezing or tightness in your chest. Huffing should always be followed by breathing control. There are two types of huff, which help to move mucus from different parts of the lungs.

The small-long huff

- This targets the mucus in the lower areas of your chest. Take a **small** breath in and then huff the air out until your lungs feel quite empty using the technique above.

The big-short huff

- This targets the mucus higher up in the chest, so use this when the mucus feels ready to be cleared to your throat and swallowed or spat out. Take a **big** breathe in then complete a **short** huff out quickly.

Your huff should move the mucus in your chest by making it 'rattle'. This will mean you are moving the mucus up the airways, it should then clear easily.

If you wheeze with each huff, you may be huffing too hard or for too long. Make sure you do not huff too hard and always practise some breathing control after huffing to relax the airways.

Ask your physiotherapists for further advice on this if you're not sure.

The Cycle

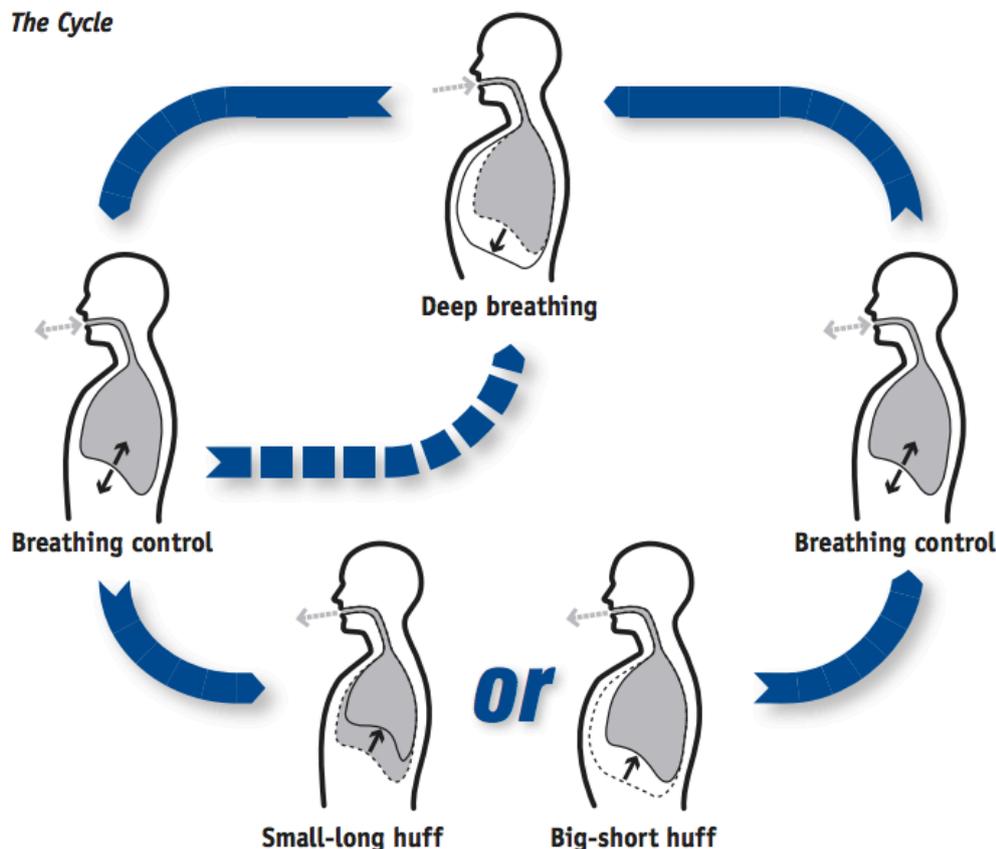


Image: ACPRC ACBT Leaflet

Should I cough?

Some people worry about coughing as it may cause pain but coughing is a good way to clearing your chest. However, as discussed, huffing is better and more effective than coughing. To help during coughing, gently support your abdomen with a rolled up towel or pillow to make it more comfortable.

You will not damage the site of surgery or your incision if you cough.

Chapter 5: Enhanced recovery journey

- **The week before surgery:** Please follow your pre-operative instructions. If you have misplaced or forgotten any of your instructions regarding your wash or medications, please call the pre-operative department who will be able to re-share this with you. The pre-operative department number is 0118 322 6546.
- **On the day of surgery:** We encourage all patients to drink clear fluids **up to two hours before the expected time of their surgery**. Clear fluids, pulp-free juice and black tea or coffee, and carbonated drinks are all safe. These liquids should not include alcohol. Milk-based drinks should not be allowed within six hours.
- **Sip Til Send:** In most cases, once your anaesthetist has seen you in the morning, you may be encouraged to continue to sip water until you go to theatre. This is limited to one small glass of water, containing no more than 170mls, per hour for adult patients. No other types of clear fluid are included in this pathway. The aim is to improve your comfort and reduce post-operative side effects such as nausea and headache. Your anaesthetist will let you know if you are suitable for this pathway.

Enhanced recovery is an evidence-based approach that helps people recover more quickly after having major surgery. Many hospitals – although not all – have enhanced recovery programmes in place, and it is now seen as standard practice following surgery for many procedures. Research has shown that the earlier a person gets out of bed and starts walking, eating and drinking after having an operation, the shorter their recovery time will be.

The ward teams at the Royal Berkshire Hospital will be promoting these practices in the care you receive post-operatively.

Activity and mobility

Depending on your surgery, you may be encouraged to start moving as soon as possible. This can be the same day of your surgery providing you are comfortable. This could involve simple activities like sitting up, standing, or walking a short distance around the bed space or to the toilet and shower rooms. Movement helps prevent complications such as blood clots, chest infections and aids in recovery.

Physiotherapy and rehabilitation

Depending on your surgery, you might have sessions with a physiotherapist to help you regain strength and mobility. They can assess you post-operatively to give you any support you require.

Pain management

Pain control is a priority. You'll be given pain medications throughout the day as needed, and nurses will ask about your pain levels to ensure you are comfortable. There is a specialist pain team who may be asked to see you if needed. Don't hesitate to communicate any discomfort you're experiencing.

It is expected that you will have pain after surgery. We call this acute pain, which is a

normal response to the tissue damage that occurs during an operation. The level of pain will be different for each person.

We understand that this can cause some anxiety; however, our surgical team of doctors, nurses and allied health professionals all understand the pain after surgery and will be able to offer you medication that can help control the pain.

If you have a chronic pain condition or are already taking pain medications, please inform your doctor at the pre-operative stage and on the day you are admitted for surgery.

If at any point during your hospital admission your pain is not controlled, then the inpatient pain team will be available to provide some additional advice.

Medication

- **Paracetamol:** Helps to relieve pain by blocking chemical messengers in the brain and spinal cord.
- **NSAIDs:** Medications such as ibuprofen and naproxen that help reduce inflammation. They are not suitable for everyone so your doctor will make the decision if you are able to take these or not.
- **Opioids:** This is a large group of medications that include codeine, tramadol, morphine, fentanyl and oxycodone. Opioids are very effective for acute post-surgical pain. They work in the brain and spinal cord to block transmission of pain signals. Opioids should only be taken for a short period of time and we will aim to stop these or have you on the lowest dose possible before you are discharged. If you are finding it difficult stopping opioids, please talk to the ward team, or to your GP if you have already been discharged. They can help you find ways to come off the medication.
- **Other alternatives:** In some cases it might be necessary to use additional pain relieving techniques such as spinal injections and local anaesthetic blocks or infusions. This is where we use a local anaesthetic medication that will cause a numbing sensation to the area affected by surgery. This may not be suitable for all surgeries but the anaesthetist will discuss this with you if it something that may be appropriate.

Balancing medication side effects

When taking any medication there is always a risk of side effects. We will do our best to manage these when you are taking pain relief. Common side effects can include;

- Nausea and vomiting
- Constipation
- Drowsiness
- Itching

We can provide additional medications to help with these, so please do let your nurse know at the time if you notice any of these side effects.

What can you do to help?

We suggest having a plan to help with your pain management when you are admitted to hospital and during your recovery. We will provide medication but there are other ways you can help yourself to reduce your pain. If you think any of the following would help then consider bringing in the appropriate things with you.

The two key factors, in addition to medication, for holistic pain management are relaxation and distraction.

- **Relaxation:** It can be difficult to be relaxed when you are in pain and in hospital but using different breathing techniques, mindfulness and medication can help. Apps such as Calm and Headspace can be downloaded to your phone and offer programmes you can follow along with other effective techniques, such as “box breathing”, “diaphragmatic breathing” or “4-7-8” breathing.
Other forms of relaxation can include colouring books or listening to music. Think about what helps you relax at home and if you might be able to do those things in hospital.
- **Distraction:** This can also include colouring and listening to music, but also reading a book, watching TV or films, completing crosswords, crocheting, knitting or spending time talking to relatives and friends.

Daily checks and assessments

You will be seen by a consultant or senior members of their team daily to review your progress. The nursing team will monitor your vital signs (blood pressure, heart rate, temperature) regularly. It is likely you will have daily blood tests. The team will also assess your surgical site for signs of infection or complications.

Wound care

Your surgical site will need to be kept clean and dry. The medical and nursing teams will be monitoring for surgical site infections. An infection at the site of surgery can develop anytime from two to three days after surgery until the wound has healed (up to 30 days after your operation). In order to reduce the risk of a surgical site infection, use the pre-op body wash as instructed at your pre-operative assessment.

While waiting to go to theatre, you may be given a warming blanket, which has been shown to reduce the risk of surgical site infections.

Caring for your wound

- After your surgery you are likely to return to the ward without a surgical dressing over the wound.
- Your wound is likely to be glued together and the incision will be visible.
- There will be some occasions when a dressing is applied. If this is the case, we will remove your dressing 48 hours after your surgery.
- You can shower after 48 hours with a surgical wound.
- Do not wash your wound directly, but if plain water runs down from the shower, do not worry.
- Do not put soap directly on the area of the wound.

Nutrition and diet

Your medical and nursing teams will advise you on your diet after surgery. You will be offered three meals a day, plus the option to order snacks between meals. Tea and coffee will be provided in between meal times. The teams are able to cater for specific allergies or dietary needs. They provide options such as vegetarian, diabetic, gluten free, Halal and Kosher meals. All meals can be prepared minced, soft and bite sized if requested. Please inform the ward teams of any of the requirements.

Hygiene and personal care

You'll be encouraged to complete any personal care tasks that you were able to previously, such as washing and brushing your teeth. The nursing team will be able to assist you with all personal hygiene needs if needed. The bed linen will be changed daily.

Visitors and rest

Rest is crucial for recovery. The inpatient wards may have open or set visiting hours, so please check with the ward first. Two visitors per bed space. Visitors may be asked to step out of the bays by clinical staff to retain other patients' privacy.

Feel free to ask questions and express any concerns you have about your recovery.

References:

- [Preparing for surgery – Fitter Better Sooner | The Royal College of Anaesthetists \(rcoa.ac.uk\)](https://www.rcoa.ac.uk/patients/patient-information-resources/preparing-surgery-fitter-better-sooner)
- <https://www.rcoa.ac.uk/patients/patient-information-resources/preparing-surgery-fitter-better-sooner>

Chapter 6: Diet and nutrition

Since your diagnosis, you may have had thoughts about what you should be eating, what foods can help with your treatment, and if there may be any foods you should avoid eating. The most important message is to eat as well as possible. Being as well-nourished as possible before you start your treatment can help you deal with problems that might arise along the way. Enjoying what you eat is important too.

Choosing a wide range of foods in the right proportions, can help you feel better and maximise your energy levels. This is called a varied diet and includes eating enough protein, calories and other nutrients.

Eating well is something you can do for yourself which can positively impact your treatment outcome. By choosing a varied diet this can help you:

1. Maintain a healthy body weight
2. Protect muscle and strength
3. Reduce the side effects of treatment
4. Promote physical resilience to complete planned treatment

A varied diet needs to include food from all the food groups to make sure your body works well. These include beans, pulses, fish, eggs, meat or alternative proteins, starchy foods, fruit and vegetables and dairy foods, such as milk, yoghurt and cheese or dairy alternatives.

Ideally you should eat enough calories (energy) and enough protein to keep your weight steady and keep as strong as possible. If you are underweight or have lost weight unintentionally, then you may be advised to try to gain a little weight.

Even if you are overweight, losing weight at this time may not be recommended but instead ensure you avoid gaining more excess weight.

A varied diet includes:

- Enough **calories** to give you the energy to perform your everyday activities.
- Enough **protein** to keep your muscles strong and your immune system working. This is important before and during treatment.
- Five portions of **fruit and vegetables** each day that provide fibre and vitamins and minerals. One portion is three tablespoons of vegetables or one medium piece of fruit or two smaller pieces of fruit or a handful of small fruits such as grapes or strawberries. A glass of fruit juice or smoothie can count as one of your five a day.
- **Starchy foods** such as potatoes, rice, noodles, pasta, bread, cereals – these provide energy but also fibre especially when wholegrain.
- Plenty of **fluids** to keep you hydrated – aim to drink between 1.5 and 2.5 litres of non-alcoholic fluids a day and enough to keep your urine pale straw colour.

Other dietary aspects to consider

- You may find it helpful to make daily meal plans so you can create a helpful shopping list with foods you would like to include to meet your needs.
- As you might have 'off days' when your appetite is poor or you are lacking energy, consider stocking up your freezer and store cupboard with easy to prepare or easy to eat foods and snacks.

- If you have diabetes, make sure that you check your blood sugar regularly and speak to your diabetes nurse or GP about how you might best manage your condition during your treatment.
- If you have been advised to follow a special diet such as a low fibre diet by your hospital team, you may find some of this information confusing. Please ask your hospital team to refer you to a dietitian.

If you are having difficulty in maintaining your weight, have a reduced appetite, swallowing issues or other dietary issues or concerns that are preventing you from eating well, contact a member of your healthcare team (e.g. nurse, doctor, pharmacist) as soon as possible.

You may be referred to a dietitian for individual advice or you can ask to be referred to a dietitian yourself if you are concerned.

Further information resources

Macmillan Cancer Support at RBH: 0118 322 8700

Age UK Reading: 01189502480, Email: info@ageukreading.org.uk

British Red Cross (Reading): 0344 871 8000

Contact information

Tel: 07909 749994 or Email: Prehab@royalberkshire.nhs.uk

Pre-operative Department tel: 0118 322 6546

We value your feedback and appreciate your insights. Please share your experience with our Prehabilitation Service to help us improve. Scan the QR code.



References:

- www.malnutritionpathway.co.uk
- British Dietetics Association Prehabilitation Sub-Group: Preparing for Treatment Short Guide, Feb 2024
- [What should I eat to prepare for cancer treatment? | Prehabilitation | Cancer Research UK](#)

Adapted from the Royal Berkshire Hospital Pulmonary rehabilitation education booklet.

For more information about the Trust, visit our website at www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

Amol Gaikwad, Macmillan Lead Cancer Prehabilitation Physiotherapist

RBFT Berkshire Cancer Centre, February 2025

Next review due: February 2027