

# Bowel surgery with enhanced recovery

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**This leaflet will explain what will happen when you come to the hospital for your operation. It is important for your recovery that you understand what to expect and that you feel able to take an active role in your treatment. Your surgeon will have already discussed your treatment options with you, including the risks, benefits and any alternatives.**

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## **What to expect**

The usual length of stay in hospital for this type of surgery is four to five days. There will be many different health professionals involved in your care during your stay, and there will be a clear plan for any aftercare when you are discharged from hospital. This leaflet will answer some of the questions that you may have but, if there is anything that you or your family are not sure about, then please read the “Quick guide to coming into hospital for surgery” booklet for further information about your stay in hospital.

## **What do I need to prepare at home before I leave for the hospital?**

Make sure that you have some simple over-the-counter medicines, such as Paracetamol and anti-acids like *Gaviscon*® liquid, at home for when you return. Refer to the ‘Quick guide’ booklet for a list of items that you will need to bring into hospital with you.

## **What will happen before the operation?**

You will need to attend the Pre-Operative Assessment Unit. An assessment will take place to make sure that you are as fit as possible to have an anaesthetic. At this assessment, a nurse will record your blood pressure, pulse, weight, height and lung function (peak flow). Blood samples will also be taken. You may also require an ECG (heart tracing) or X-ray. Prior to your surgery, you will be given an appointment to attend the ‘Enhanced Recovery Information Group’. The nurse assessing you will explain this to you.

You will be admitted to Hopkins Ward on the morning of the operation. This will be confirmed in a letter from the waiting list office, even if you have already been given a date by the surgeon. If you are having surgery that may require a stoma, you should have seen the stoma nurse specialists separately.

## **What can I eat and drink before the operation?**

It is important that you do not fast for a long period before your operation and that you eat and drink as normal the evening before your operation. As well as your evening meal, you will be given four cartons of a lemon flavoured drink called *Nutricia Pre-op*®.

This drink is designed to give your body nourishment and help you recover.

**For instructions on when to stop eating and drinking before your admission, please follow the instructions in your letter and the 'Quick guide' booklet.**

On the morning of your surgery, you will be given two further cartons of this *Nutricia Pre-op*® drink and also be encouraged to drink clear fluids up until two hours before your surgery. The nursing staff on the unit will be able to tell you when this will be – please check with the nurse on your arrival. **Please note: patients with diabetes will not get these drinks as they can raise your blood sugar.**

### **Will I need to have any bowel preparation, laxatives or enemas?**

You will not need to take any laxatives or oral bowel preparation by mouth. Sometimes, you may need an enema (a laxative you insert into your back passage) the evening before surgery and a second enema on the morning of the operation. Not all patients will need an enema; this depends on the area of the bowel that will be removed. If you need an enema the evening before surgery, you will be given the option to do this yourself at home.

### **Will I need a stoma (sometimes called an ileostomy, colostomy or urostomy)?**

A stoma is an opening onto the surface of the body. In this case, formed when part of your bowel is brought to the surface of your abdomen in order for you to pass faeces (poo). A bag is then applied over the stoma to collect the faeces. If it is likely that you will need a stoma, this will be fully discussed with you before the operation. The stoma nurse specialist will see you beforehand and mark the location on the abdomen where the stoma will be placed. The stoma nurse specialist and ward nurses will also be able to show you how to look after your stoma and will check that you fully understand how to do this before you go home.

### **How long will the operation take?**

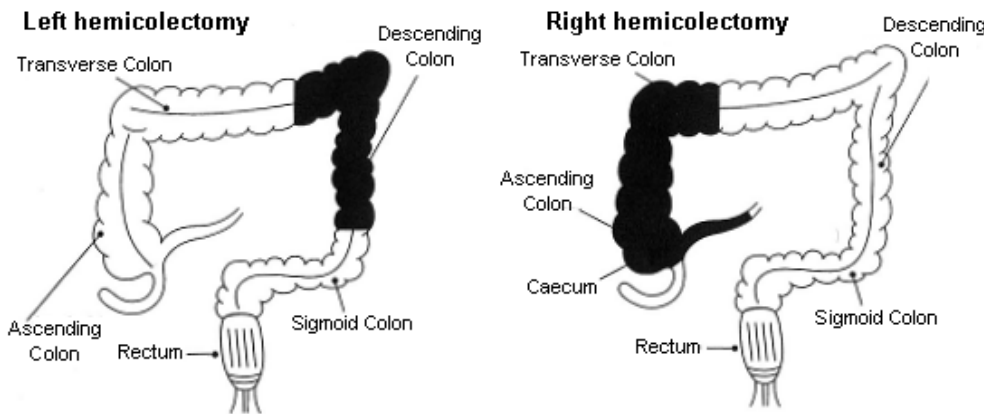
Although the operation will not usually take more than a couple of hours, you will be away from the ward longer than this. There will be time in the anaesthetic room, both awake and asleep when you will be connected up to the monitoring equipment and prepared for surgery. There will also be time in the recovery room afterwards, when you are waking up after your operation.

### **What pain relief will I have?**

Most of our patients will have a spinal anaesthetic for pain relief. This is an injection of local anaesthetic and a long acting painkiller into the fluid around the spinal cord. This will give some background pain relief for up to 24 hours and is a low risk procedure. Occasionally, some people are offered an epidural. This is similar to a spinal and involves placing a small tube into a space just next to your spinal cord. The tube is then connected to a pump, which delivers local anaesthetic for 1 to 2 days. A third possibility is the use of local anaesthetic injected into the skin and muscles of your tummy near the cuts made by the surgeon. This gives a few hours of pain relief to those areas. As soon as you are drinking, you will also be given tablets for pain relief. If you would like more information about any of these pain relief procedures, please ask your nurse at the pre-operative assessment.

## The operations

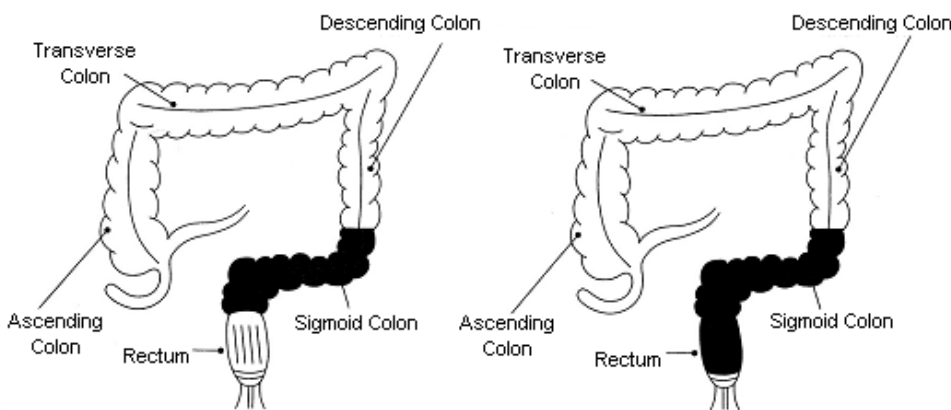
### Diagram of hemicolectomy (surgery to remove part of the large intestine)



The shaded area is the part of the bowel that will be removed.  
The bowel will be restored by joining the two ends together.

### Sigmoid colectomy

### Anterior resection



The shaded area is the part of bowel that will be removed.  
The bowel will be restored by joining the two ends together.

## What happens after the operation?

- A tube (called a catheter) may be placed in your bladder to collect urine at the time of the operation. This will remain in place between 24 – 72 hours after the operation.
- The cut (incision) required for your operation will be as small as possible and will usually be below the belly button. You will also get a dose of antibiotic medication to prevent infection.
- If you feel sick or have pain, it is important to tell the staff who can provide medication to relieve these symptoms.
- Depending on what time you return to the ward, you will be assisted by the staff to get out of bed for two hours.
- You may start to drink after your surgery. Depending on how you are feeling, you may start eating a light diet.

Compassionate

Aspirational

Resourceful

Excellent

- The fluid drip will be removed as soon as you are drinking. It is important to keep drinking plenty of fluid and to start eating, as your body will need the nutrition to help with the repair process.
- The day after your surgery, you will be assisted by the physiotherapist or nurse to walk and will remain out of bed for up to six hours. **It is important to get moving very soon after surgery.** In addition, you will be given tiny injections of a drug under the skin of the stomach to help prevent blood clots.
- The amount of time out of bed increases every day.
- You will be encouraged to do as much as possible for yourself in order to return to normal as soon as possible. However, if you need assistance with anything, please ask the nursing staff who will be happy to help.

### When will I be discharged?

We expect you to be in hospital for four to five days. Before you go home, your pain must be controlled by tablets. You must be eating and drinking and able to walk about on your own. It is not essential to have someone with you at home, as we make sure that you are able to manage before planning to discharge you from hospital.

You should not attempt to drive yourself home after this type of operation.

### What will happen after I am discharged?

- **Stoma care** – If you have a stoma, the specialist stoma care nurse will provide follow up care to patients that live in the South Oxfordshire area or will refer you to the community stoma care team if you live in West Berkshire. This follow up care will include help and advice on ordering of supplies to your home.
- **Wound care** – Your dressing will be removed prior to going home. The nurse will give you specific instructions on caring for your wound at home, on discharge.
- **Work** – If you require a fit note for work, please ask the nurse **before you are discharged.** Further certificates can be provided by your GP.
- **Driving** – You may begin driving when you feel comfortable and able to perform an emergency stop. It is important to check details with your individual insurance company.
- **Follow up appointment** – You will be given a follow up appointment to discuss any results from tests on the piece of bowel that we may have taken away, and to check that you are recovering well.
- **Activity** – While it is important to keep active, care must be taken not to put a strain on the stomach in the first 12 weeks – **no lifting, no carrying shopping bags, no vacuuming** etc.
- **Diet** – You will most likely need to make changes to your diet while you are recovering from surgery, as the stoma means you will not be able to process food in the same way as before. You may need a mild laxative, such as lactulose, and an anti-cramp medication, such as Buscopan. Please discuss this with your doctor or nurse prior to leaving hospital or with your GP or stoma nurse once you have gone home.

## Useful numbers

General Surgery Unit (Hunter/Lister Ward):	0118 322 7535 / 7539
Pre-operative Assessment:	0118 322 6546
Colorectal Nurse Specialists	0118 322 7182
Stoma Care Clinical Nurse Specialists	0118 322 7640

If you have any concerns during the 24 hours following your discharge from hospital, please phone the ward to which you were admitted. After 24 hours, please seek advice from your GP.

## Useful organisations

Beating Bowel Cancer	Tel: 0845 0719 300
<a href="http://www.beatingbowelcancer.org">www.beatingbowelcancer.org</a> email: <a href="mailto:info@beatingbowelcancer.org">info@beatingbowelcancer.org</a>	
Crohn's and Colitis UK	Tel: 0845 130 2233 (Information)
Tel: 01727 830 038 (General enquiries)	
<a href="http://www.crohnsandcolitis.org.uk">www.crohnsandcolitis.org.uk</a> email: <a href="mailto:enquiries@crohnsandcolitis.org.uk">enquiries@crohnsandcolitis.org.uk</a>	
Bowel Cancer UK	Tel: 020 7940 1760
<a href="http://www.bowelcanceruk.org.uk">www.bowelcanceruk.org.uk</a> email: <a href="mailto:admin@bowelcanceruk.org.uk">admin@bowelcanceruk.org.uk</a>	
Colostomy Association (Reading)	
Tel: 0800 328 4257 (Helpline) Tel: 0118 9391 537 (General enquiries)	
<a href="http://www.colostomyassociation.org.uk">www.colostomyassociation.org.uk</a> email: <a href="mailto:cass@colostomyassociation.org.uk">cass@colostomyassociation.org.uk</a>	

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

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

RBFT Department of General Surgery  
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