Guidelines for patients undergoing surgery as part of an Enhanced Recovery Programme (ERP)

Summary

Helping you to get better sooner after surgery

June 2012
Foreword

These guidelines have been produced to provide general information for patients undergoing surgery as part of an Enhanced Recovery Programme (ERP). They have been written by medical and non-medical members of three medical Royal Colleges, all of which run patient groups that provide support to the clinical members in the differing specialties. The guidelines have been reviewed by medical and non-medical members of each participating College and other allied parties.

The Royal College of Anaesthetists Patient Liaison Group
www.rcoa.ac.uk

The Royal College of General Practitioners Patient Partnership Group
www.rcgp.org.uk

The Royal College of Surgeons (England) Patient Liaison Group
www.rcseng.ac.uk
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What is Enhanced Recovery?
Enhanced Recovery is a new approach to the way that care can be delivered to patients who have certain operations. However, not all patients will be suitable to take part in enhanced recovery programmes and not all hospitals offer it for all surgical procedures. If you have any questions about the enhanced recovery approach you should discuss it with your surgeon or specialist nurse.

There are two important ideas that lie behind the process which should be in place to make sure that you get the full benefits from enhanced recovery:

- A full range of information and explanation for you.
- A fully structured and well organised sequence of clinical care, meaning that all the healthcare staff looking after you work from a specific programme, called a care pathway, which allows the elements of care to follow more promptly.

What is different about Enhanced Recovery?
Providing good health care is a complicated business. Making sure that all the small elements of care happen promptly and efficiently is important. A hospital which delivers enhanced recovery will have highlighted aspects of care which benefit every patient, and will have in place the systems and staff required to deliver it.

When enhanced recovery was first developed, it was started as a way of treating some of the healthier patients, and it was quickly shown that recovery was faster in this group. As a result health care teams realised that there were many parts of the process which would speed up the recovery of all patients. Therefore, the more parts of the process you can achieve the faster you will get better.

In summary, enhanced recovery improves the way in which health care is organised to help you get better more quickly.
How does it work?
Your surgeon will be able to advise you if your condition would benefit from surgery. He or she will be able to explain to you how you might feel after surgery and how long it is likely to be before you are fully recovered.

The surgeon will also be able to explain to you what is different about the operation as part of the enhanced recovery process. Depending on which operation you are having, some significant changes may be made to the way that the operation is done to make sure that your body does not feel unnecessary stress during the procedure and that you will not have so much difficulty moving about after the operation. Tubes and drains that might have traditionally been used may no longer be in place. The surgeon will also be working closely with the anaesthetist to make sure that you have good pain relief after the operation, and with the nurses on the ward, to make sure that the whole team is helping you to get better sooner.

The Enhanced Recovery process: a sequence of care
A document was published by the Department of Health in March 2010 which describes for the medical teams and the hospitals in which they work, the six important sections of the enhanced recovery process.

- Referral from your GP.
- Pre-operative care by the hospital team (care before your operation).
- Care on the day of admission.
- Care by the surgeon and anaesthetist during the operation.
- Care in the hospital by the medical teams, nurses, physiotherapists.
- Going home and follow up support.
Referral from your GP

There is evidence of a faster and safer recovery from surgery associated with the adoption of healthy living goals before going into hospital. Stopping smoking, weight loss (if overweight), and trying to increase your general level of physical activity, even by a little, will all help you.

If your GP has noticed that you are suffering from a lack of iron in your blood (anaemia), then they may prescribe an iron supplement to help with this. Patients with diabetes will be carefully monitored to try to get their blood sugar levels as well controlled as possible.

Following the advice of your GP will ensure that you are as fit as possible for surgery by the time the hospital is ready for you.

Pre-operative care by the hospital team

All patients who are part of the enhanced recovery process will visit a clinic in the hospital which specialises in preparing patients who are going to have an operation. This is commonly called the pre-assessment clinic. The clinics are usually staffed by nurses, with access to an anaesthetist if needed. They will:

- make a general assessment of your health, and provide information about the operation you are going to have,
- provide information about the type of anaesthetic which is most likely to be given to you, and
- provide a chance for you to ask any questions you have about the surgery, pain relief and your recovery.

It is important to let the medical staff know at this time, if you have had any problems with previous anaesthetics.

If you are worried about going home after your operation this is a good time to notify the staff at the clinic who can offer advice on how long you are likely to be in hospital and how well you are likely to be feeling once you go home. If you have any detailed questions about the surgery, then you might like to ask to speak to a member of the surgical team who will be looking after you.
The Royal College of Surgeons of England, The Royal College of Anaesthetists and The Royal College of Obstetricians and Gynaecologists all produce information for patients who are undergoing surgery. This information can be found online at:

www.rcseng.ac.uk/patient_information/get-well-soon
www.rcoa.ac.uk/patientinfo
www.rcog.org.uk/recovering-well

You may also be able to obtain advice from your GP.

The nursing staff at the pre-assessment clinic will be able to explain to you why you will be offered a carbohydrate drink before you come into hospital on the day of surgery. They will also explain why it is important, as part of the enhanced recovery programme, to continue to drink water (only water) up to two hours before your operation.

Depending on the type of surgery you are having there will be some specialist advice available. If you are having hip or knee surgery you will be taught how to use crutches, and how to move about following your operation. Surgery on the bladder or bowel will require more detailed information and this will be provided for you by the relevant healthcare professionals.

**Care on the day of admission**

It is normal practice to come into hospital on the day of your surgery, unless you need specific treatment overnight before your operation. You will have been given information about when to take your carbohydrate drinks and when you will need to stop drinking water.
In enhanced recovery programmes, and for all patients having surgery, you will be seen in the admission area by doctors from the surgical and anaesthetic teams who will be looking after you during the operation. You will have a chance to ask any further questions you may have. The anaesthetist will be able to explain the type of anaesthetic you will be having and also the way in which any pain will be controlled after the operation. This is particularly important as being pain free means that you will be able to get up and about more quickly after your operation which will speed up your recovery.

**Care by the surgeon and anaesthetist during the operation**

As part of the enhanced recovery pathway, the surgeon will take care to use new surgical techniques that allow operations to be done with less damage to the body. Laparoscopic (key hole) surgery can be used for a number of major operations, for example removal of parts of the bowel, the kidney, the uterus (womb). Other operations can be undertaken through a very small incision which will be less painful after the operation. There have been changes in the way that orthopaedic operations (such as surgery for hips and knees) can be done, which causes less damage to the ligaments which help support the joints.

Changes in surgical care mean that a number of tubes and drains are no longer used. This makes it much easier for you to get up and about more quickly following your operation.

In enhanced recovery, and in all anaesthesia for surgery, the anaesthetist will be working with the surgeon to minimise the stress on your body throughout the operation. This can be achieved by:

- the use of modern anaesthetic drugs
- the use of local anaesthetics which can cause numbness when placed near the relevant nerves
- precise monitoring of the fluid levels in your body
- the use of different anaesthetic techniques (for example spinal, epidural injections, nerve blocks) as well as methods of sedation.
Care in the hospital by the medical team, nurses, and physiotherapists

The nursing staff on the ward will be working closely with the surgical and anaesthetic teams to make sure that you are able to get up and about as soon as you can after your operation. Getting up and about is an important part of the enhanced recovery process, as it reduces the risk of you developing any problems with your circulation, and also the risk of getting an infection. Being in pain can make this more difficult, so you should let a nurse know if you need more pain relief.

You will be given advice, probably from a physiotherapist, about how to move about and gain your strength. Some patients need particular advice about the way to move with a new hip or knee joint and how to manage sitting, getting up and down stairs and general activities of daily living.

As part of the enhanced recovery process you will be encouraged to start eating and drinking normally again as soon as possible. If you can manage to eat and drink then you will be able to take pain killers which are less likely to cause side effects which will speed up your recovery.

Going home

After talking to the healthcare professionals at the pre-assessment clinic, arrangements will have been made for all the equipment or help you might need when you get home. Being on the Enhanced Recovery Programme means that the hospital staff will have a much clearer idea of when you will be ready to go home. You will therefore be able to let family or home carers plus any additional social services, know when you will need their support.

Before you leave hospital, you should find out whether there is a telephone helpline that you can contact if you have difficulties at home. Some enhanced recovery programmes offer 24-hour telephone assistance, some offer daytime only assistance and others require you to go to your GP, or to a GP out-of-hours service, or to the emergency services. If you are not given this information, then you or a family member should ask for it before you leave the ward – so that you know what help is available for you.
The health care team looking after you should always consider your needs, and they will aim to keep you in hospital until you are ready to move onto the next step of your recovery. Within the enhanced recovery process there is room for flexibility in your care, and if for any reason your recovery did not proceed entirely as planned, your care plan would be reviewed by the medical team and adjusted according to your needs.

Reference


Further reading

- A more detailed version of this guidance can be viewed on The Royal College of Anaesthetists website at: [www.rcoa.ac.uk/erp](http://www.rcoa.ac.uk/erp).
Acknowledgements

- Guidelines for patients undergoing surgery as part of an Enhanced Recovery Programme (ERP) – Summary
  Authors: Dr L White, Mrs K Rivett
  Acknowledgements: Dr P Venn, Mr C McLaughlan, Ms S Payne, Mr A Chuter, Dr M Selby, Ms K Williams, Mr S Edwards

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