Calderdale and Huddersfield NHS Foundation Trust

Gynaecology Department

Enhanced Recovery Programme

The Enhanced Recovery Programme (ERP) is all about you being in the best possible condition to have trouble free surgery and recovery. This leaflet may help prepare you for your hospital stay and aid recovery. It may be particularly valuable for those who have not been able to attend the hospital based advice session.

The ERP encourages patients to become an active participant in their own recovery, by giving appropriate information to aid understanding of expectations regarding surgery and recovery. This information is best given before surgery so you can prepare physically and mentally for the hospital stay.

We aim, prior to and after surgery to keep you in the best physical state to allow you to get home as quickly as possible. Special drinks ('pre-load') are used for some patients to minimise the adverse effects of fasting. Patient specific anaesthetics are used to suit you and your surgery. We also encourage fluids and early commencement of diet after surgery (if appropriate) to minimise the chance of dehydration and its negative effects on the body. All this means you might expect to go home within one or two days after surgery rather than the five of years past.

Your Nurses are partners in your recovery, once you have been seen by a senior doctor after surgery they will discuss with you a realistic time scale for your discharge. They will encourage you to dress in comfortable clothing and gently mobilise on the ward. They know all the positive things you can do to aid recovery like eating whist sat upright or out of bed, drinking well to flush through the bladder and taking peppermint water or tea to relieve the trapped wind. Together we will get you home well and confident of your recovery.

Before your admission

All patients will attend a pre-assessment clinic. This is to check you are medically fit for surgery. There will be blood tests, blood pressure checks, MRSA screening and a full medical history. Some patients may need a further anaesthetic review when you will be seen by an anaesthetist. When you are cleared for surgery you will be given lots of advice for admission including fasting times, where to go on the day and some patients having abdominal surgery will be given the pre-load drink. If you are found to be MRSA positive you will be given the treatment and usually surgery can still go ahead. The ERP session is usually on a Monday afternoon, but if you have missed it this leaflet will fill that gap.

compassionate care

Admission to hospital

You will be asked to report to the Admissions unit on the day of surgery (3rd Floor). Please do not bring valuables, jewellery or much money with you. Bring comfortable clothing and a nightie and pyjamas for after your operation. Mobile phones are now allowed but we would ask you to text rather than call relatives to keep disruption on the ward to a minimum. Try to decide on a main contact that will monitor your recovery so the ward does not receive many calls. Please advise your family you might be in the theatre/recovery area for two to three hours, so they do not worry about you.

You will be admitted by a Nurse on the Admissions Unit who will prepare you for theatre. You will also be seen by your Consultant and an Anaesthetist. Various tests and checks will be made before you go and these checks are often repeated for your safety. You will wear a hospital gown and often walk to theatre so make sure you bring a dressing gown and slippers. If you have had a sedative you will be taken to theatre on a trolley.

Anaesthetics

Often patients worry more about the anaesthetic they will have than the surgery. We now use a variety and combination of anaesthetics to suit you and the surgery. All are as safe as possible and as a general rule we use the minimum necessary to keep you safe, pain free and relaxed. We use both General and Spinal anaesthetics, and a combination of both. For most Vaginal Surgery we use Spinal anaesthetic with varying degrees of sedation. For Abdominal Surgery we use General anaesthetic with or without a spinal/epidural as well. Feel free to discuss your thoughts or fears with your anaesthetist or Admission Unit Nurses who will pass on your questions etc.

After your surgery your anaesthetist will take you through to the theatre recovery area where you will be fully monitored until well enough to go to the main Ward (Ward 4C). Please tell the Recovery staff if you are in pain or feel sick, as they are able to give you medications to make you feel better. Don't wait until you are back on the Ward. Once you are well enough a Staff Nurse will come for you from the Ward.

Back on the Ward

For the first few hours post surgery you will be monitored very closely. The Nurses will be following a Care-plan which encompasses the Enhanced Recovery principles. They will be checking observations, pain, nausea, blood loss, wound, breathing, urine output etc. When they are happy with your progress fluids and diet will be introduced. Usually patients will have a catheter post surgery, this is to give your bladder a rest and allow us to monitor how your bladder and kidneys are working. It is also there to help you because it may be difficult to pass urine after an operation particularly if you have a vaginal pack in place or have had spinal anaesthesia. It is normally taken out before the next morning, as is the vaginal pack for vaginal surgery (not abdominal).

Pain Management

Pain relief starts with your anaesthetic. For both abdominal and vaginal surgery spinal/epidural anaesthetic is used to keep you pain free during and after your operation. Do not worry if you wake up with numb legs which you cannot move. It is the spinal working, the effect will wear off after a few hours so make sure you tell the Nurses when that happens so you can be given an alternative pain killer.

We can give you pain relief in several forms; pills and less commonly by injections, suppositories, liquids or by a drip. We usually work on the pain ladder principle, starting with mild painkillers and moving to stronger ones if required. The mild ones are usually given regularly without you asking and we then give the stronger ones as required. Always ask if pain is a problem because we can usually find something to give you, even if it's just peppermint water!

Wound Care

For abdominal wounds the surgeons will use either sutures (stitches) or staples. Some sutures are under the skin surface and do not require removal because they will dissolve in time. Sometimes they use a 'beaded suture', this is one long stitch with an anchoring bead at each end of the wound. These do need to be removed, normally after 7 days. Your Practice Nurse or District Nurse will be able to do that. Staples always need removal, it is normally between 5 and 7 days post operation. Sometimes if you have a vertical wound they may need to stay in a little longer (10 days).

For vaginal surgery most of the sutures are internal. Sometimes you may have a few on the edge of the vaginal opening. All are dissolvable with time, although it can take up to a month for them to break away. You may see them as you wipe yourself, do not worry this is normal. If you have external vaginal sutures take extra care with hygiene in that area, showering frequently if you can.

The dressing on your abdominal wound will come off on the second day after surgery and is generally left off after that. We want the wound uncovered so air can get to it and it is not left wet or humid. A dry pad can be popped in your panties if they are rubbing on the wound. Choose large panties to wear and preferably cotton. When at home keep it clean and dry at all times. Do not rush to get dressed after a bath or shower and therefore not dry it properly. There may be a little clear or pinky discharge in the days after surgery, which is normal. If the wound becomes hot, red, swollen and/or discharging pus then you should seek medical advice straight away.

For vaginal surgery you should expect a slight bloody discharge for up to a week. Occasionally as a stitch breaks away there may be a little more blood for a few hours, but this should settle back down again. If you experience prolonged bleeding with clots then please contact the Ward. Also seek help if you have an offensive discharge or difficulty/ pain when passing urine.

Post operative aims for home

Enhanced Recovery means we will be getting you ready for home whilst still on the ward. You are encouraged to self care where ever possible and get dressed into comfortable clothing. It is important to mobilise gently around the ward several times in the day and sit out of bed frequently, especially for meals. This activity is important to aid your recovery and to help prevent Deep Vein Thrombosis. Please always report any changes in your legs to a Nurse or Doctor, particularly any hot, red, sore areas. Also mention any new chest pain or shortness of breath postoperatively. This level of activity should be maintained once at home and gradually increased week by week.

Ward 4C has a Nurse led discharge policy

In order to go home you should have achieved the following:-

- ✓ able to eat diet and take fluids
- ✓ pass urine freely with little or no retention
- ✓ mobilise gently around the ward
- ✓ manage on mild painkillers
- ✓ achieve normal vital signs

If there are any problems we will either encourage you stay a little longer or arrange additional interventions to help you. For example if you are not passing urine normally we can still allow you home if you can self catheterise or manage with an indwelling catheter at home.

If you require significant help at home we can ask the social services to help, but this level of care is best arranged before you come into hospital. Make sure you have arranged family and friends to help you before you leave. We usually like to discharge patients before lunch to be ready for the day's surgery. We can assist you to get home if transport is going to be a problem.

At home and getting back to normal activity levels

Make sure you have at home the following:- painkillers, a mild laxative, peppermint water or tea. We would like you to have opened your bowels by day 3 post operatively, drink plenty of water and eat well. Use a laxative sooner rather than later, before it becomes a problem. Particularly for vaginal surgery patients passing urine may feel strange, take time to empty your bladder and monitor how it feels. There can be some general discomfort but if it stings or burns and you do not feel you are emptying your bladder fully then seek medical help.

Keep the Ward details close by in case you need our help day or night in the week following surgery. Use your GP if later than that. If they think you should be seen they can refer you to our Emergency Gynaecology Clinic.

At first we recommend you limit your daily routine. Gradually increase levels of activity for the next 6 weeks. If you have had more minor surgery increase as discomfort allows, ask your Nurse if that relates to you.

At first avoid excessive bending, carrying and heavy lifting. Read the Physiotherapy leaflet you are given and follow its advice. You may have been seen by the Physiotherapy staff on the ward, but if not then the leaflet is important for you and please ask for one. Try and do the exercises in the leaflet and pay particular attention to the Pelvic Floor Exercises, they are very important for the future.

Keep up with the balance of rest and gentle exercise. One should always follow the other and gradually over the next 6 weeks you should feel back to normal. Ladies who have strenuous jobs may be able to have longer time off work so ask your GP if you need a sick note longer than 6 weeks. Swimming and gentle exercise could be done from about 4 weeks from surgery, but high impact exercise should be left for 3 months. Sexual intercourse could be tried at approximately 6 weeks if there is no longer any vaginal bleeding. Have extra lubrication handy for those first attempts and relax or change position if it is a little uncomfortable.

With driving it is up to your insurance company to say when they will cover you post surgery. Generally, the first 48 hours is definitely not allowed because of the drugs you have had. From our point of view you need to be able to do an emergency stop safely with no detriment to your wound or muscles. As a guide we suggest 4 – 6 weeks without driving. Foreign travel after surgery also needs to be cleared with your insurance company but it is usually the same time scale.

If you have any other questions please ask any member of the Gynaecology Team.

Ward 4C – 01422 224415/4416 24 hrs a day

We all hope you have a full and trouble free recovery.

If you have any comments about this leaflet or the service you have received you can contact :

Gynaecology Ward Manager
Calderdale Royal Hospital
01422 224475

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

ਰ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਪ੍ਰਾਰੂਪ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ,
ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

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برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں.

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