



preoperative  
postoperative  
and  
discharge  
instructions



# ERAS

Enhanced Recovery After Surgery



**CHRISTUS<sup>®</sup> ST. MICHAEL**  
Health System



Enhanced Recovery After Surgery



## PREOPERATIVE INSTRUCTIONS

### GENERAL INSTRUCTIONS:

- Wear loose-fitting clothing to the hospital that is easy to put on.
- Don't bring valuables to the hospital.
- If you wear contacts, bring supplies, wear your glasses if possible.
- Do not drink alcohol for at least 2 weeks before surgery.
- If you wear a CPAP or BIPAP, bring it with you.
- Make sure a responsible person is able to drive you home.

Report Date: \_\_\_\_\_

Report Time: \_\_\_\_\_



### SMOKING CESSATION

We recommend that you stop smoking 4 weeks prior to surgery to improve your health and reduce the incidence of post-operative complications.

Let us discuss options to help you stop smoking. Visit [smokefree.gov](http://smokefree.gov) for more info.

### SKIN PREPARATION:

- Do not shave the surgical area as this can cause nicks and abrasions which could lead to infection.
- If you develop any wounds, rashes or abrasions in the surgical area prior to surgery, notify your surgeon.
- You will receive antibacterial soap. Shower with this soap in the morning and evening on the day prior to surgery and in the morning the day of surgery for a total of three showers.
- Do not use this soap on your face.
- Do not apply any other soaps, deodorants, lotions, powders or make-up to the surgical area.



**INCENTIVE SPIROMETER:** An incentive spirometer is a device that will help you expand your lungs. This will help prevent complications after surgery such as pneumonia. You will be asked to bring this with you to surgery.

### MEDICATIONS:

Bring all medications (including prescriptions, over the counter, and vitamins) in the original packaging when you visit the doctor as well as your day of surgery. Heart, blood pressure, and/or seizure medications can be taken the morning of surgery with a sip of water. Medications for diabetes should not be taken the morning of the procedure. Discuss all medications with your surgeon to determine which medications you will take the day of surgery.

### BOWEL PREP:

Your surgeon may provide you with information on your bowel prep.

### MOUTH CARE:

Toothpaste, toothbrush and mouthwash will be provided in Day Surgery to you before surgery to help clean your mouth. **This can also help to prevent pneumonia after surgery.**





## PREOPERATIVE INSTRUCTIONS



### CHLORHEXIDINE GLUCONATE (CHG) WASHCLOTHS:

These antibacterial washcloths will be provided to you in Day Surgery prior to surgery for a final skin cleansing. These washcloths help to significantly reduce the number of microorganisms on your skin.

### BLOOD SUGAR:

Your blood sugar (glucose) may be checked during your pre-admission visit and/or on the day of your procedure. High blood sugar (hyperglycemia) can increase the chance of surgical site infections and can slow down incision healing.



### WHAT IS A SURGICAL SITE INFECTION?

After surgery, an infection can develop in the part of the body where surgery took place – this is called a surgical site infection (SSI). Although rare, SSIs can be serious. We want all patients to be aware of the possibility of an SSI and take preventive actions. Hand washing is the best defense against infection.

#### Call your surgeon if the following signs and/or symptoms are present:

- Cloudy fluid that drains from your surgical incision
- Fever
- Pain, redness and warmth around the surgical area (some redness and swelling is expected)

### NUTRITION

You will not be able to eat anything for at least eight hours prior to surgery. However, you will be provided a carbohydrate drink that will help with appetite, hydration, and stress response to surgery. You will be instructed on the amount and times to consume your drink. **Your nurse in the Pre-Admission Center will give this to you.**

### ACTIVITY

Prior to surgery, set a goal to exercise 30 minutes, preferably walking or biking, 3 times a week and increase if able. After surgery, your safety is our number one priority. If you ever feel dizzy or light-headed, please do not get out of bed without assistance. **Remember: Call – Don't Fall!** Use your call bell to ask for assistance to the bathroom or out of bed when not feeling well, even if you have previously been up and walking on your own.

### PAIN CONTROL

Breathing deeply, eating, and walking will help you recover after surgery. This will help you to control pain. Talk with your health care team to set pain control goals. There are multiple ways to help control your pain, including the use of pain medicines, and we are here to assist you with this.



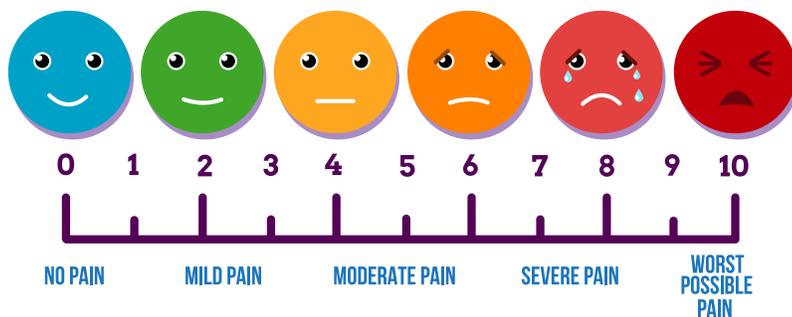
## POSTOPERATIVE INSTRUCTIONS

### PAIN CONTROL

- Take deep breaths
- Move more easily
- Eat better
- Sleep well
- Recover faster
- Do things faster that are important to you

Your nurse may ask you to describe your pain using a number between 0 and 10. 0 means no pain and 10 is the worst pain you can imagine.

**Please tell us if you have pain.  
We will help you.**



### MEDICATIONS TO TREAT PAIN:

- **Anti-inflammatories:** The underlying cause of pain is inflammation. Medications that treat inflammation become an important part of your pain management plan. These medications may include: Tylenol (acetaminophen), Celebrex (celecoxib), and Toradol (ketorolac).
- **Opioids:** Small amounts of pain medication called opioids may be included in your ERAS care pathway. These medications will be used for pain not controlled by anti-inflammatories.
- **Local Anesthetics:** These are medications injected into your abdomen during surgery. This makes the skin and tissues feel numb for several hours. These medications are safe and do not have any major side effects.
- **Patient-Controlled Analgesia (PCA):** Some patients have a medicine pump attached to their IV. When you push a hand-held button, the pump gives you a safe dose of pain medicine.
- **Epidural infusion:** Your anesthetist may place a small catheter (tube) in your back to give you continuous pain medicine. This is called an epidural infusion. It is usually started in the operating room before you go to sleep. It may be removed on Day 2 after surgery.



## POSTOPERATIVE INSTRUCTIONS

### EXERCISES:

It is important to move around as ordered by your surgeon to prevent pneumonia, blood clots, and muscle weakness. Start these exercises when you wake up and continue them while you are in the hospital.

Start the exercises now and continue after surgery. Do each of the following exercises for 15 repetitions.

#### QUAD SETS



#### GLUT SETS



#### ANKLE PUMPS



#### HEEL SLIDES



### BED MOBILITY/TRANSFERS:

- Bridging/Scotting
- Log Rolling
- Supine to sit – Use of pillow for support and use of rails
- Sit to stand – Use of rails and walker (if needed)

### GAIT TRAINING:

- Proper use of walker (if needed).
- Ambulation will typically start the day of surgery and nursing may ambulate patients up to 5 times a day.
- Physical Therapy may be asked to assist you with gait training and exercise.

### DEEP BREATHING AND COUGHING EXERCISES:

An incentive spirometer is a device that helps you breathe deeply to prevent pneumonia. The nurse will instruct you how to use this device.



### INCENTIVE SPIROMETRY (BREATHING EXERCISE) INSTRUCTIONS

- Put your lips around the mouthpiece and breathe in deeply. Keep blue indicator between arrows for as long as you can.
- Remove the mouthpiece, breathe out, and rest for a few seconds.
- Repeat this exercise 10 times every hour while you are awake.
- Take a deep breath and cough using a small blanket or pillow to support your incision.

# POSTOPERATIVE INSTRUCTIONS



## AFTER YOUR OPERATION (DAY 0)-IN YOUR ROOM

# GOALS FOR THE EVENING OF SURGERY

### BREATHING

Do your breathing exercises 10 times every hour while awake.

### ACTIVITIES

Get up and sit in a chair with your nurse's help

Walk in the hallway with help

Brush your teeth and gargle with mouthwash in the morning and evening

### PAIN CONTROL

Your nurse may ask you to describe your pain using a number between 0 and 10. 0 means no pain and 10 is the worst pain you can imagine. **Please tell us if you have pain. We will help you.**

Anti-inflammatories will be used to control your pain. If you have severe pain not relieved by anti-inflammatories, your surgeon may order small amounts of pain medication called opioids.

### EATING AND DRINKING

You may drink liquids, if ordered by your surgeon.

Chew sugar-free gum or sugar-free hard candy for 45 minutes, 3 times per day to stimulate your GI tract. Your glucose will be checked as ordered by your surgeon.

Our goal is to keep your glucose below 150 mg/dl.

If you are nauseated, notify your nurse.

Your surgeon may have ordered medications to help control nausea.



### TUBES AND LINES

You may have a urinary catheter to measure your urinary output. For some patients, you will keep your catheter until Day 1 or Day 2. Your IV fluids may be decreased or discontinued once you are drinking well.



You will have **Sequential Compression Devices (SCDs)** on your legs to prevent blood clots when you are in bed or immobile for greater than 2 hours.



### AFTER YOUR OPERATION

# GOALS FOR DAY 1

#### BREATHING

Do your breathing exercises 10 times every hour while awake.

#### ACTIVITIES

Sit in a chair for meals.

## Walk in the hallway three times, with help.

Brush your teeth and gargle with mouthwash in the morning and evening.

#### PAIN CONTROL

Your nurse may ask you to describe your pain using a number between 0 and 10. 0 means no pain and 10 is the worst pain you can imagine.

**Please tell us if you have pain. We will help you.**

Anti-inflammatories will be used to control your pain. If you have severe pain not relieved by anti-inflammatories, your surgeon may order small amounts of pain medication called opioids.

#### EATING AND DRINKING

Continue to drink liquids if your surgeon ordered it. Your diet may be advanced if you are doing well. Please let your nurse know if you are tolerating your diet.

Chew sugar free gum or sugar-free hard candy for 45 minutes, 3 times a day to stimulate your GI tract. Your glucose will be checked as ordered by your surgeon. Our goal is to keep your glucose below 150 mg/dl.

#### TUBES AND LINES

For most patients, your urinary catheter will be removed today. For some patients, you will keep your catheter until Day 2. Your IV fluids may be decreased or discontinued once you are drinking well.

You will have SCDs (Sequential Compression Devices) on your legs to prevent blood clots when you are in bed or immobile for greater than 2 hours.



## POSTOPERATIVE INSTRUCTIONS



### AFTER YOUR OPERATION

## GOALS FOR DAY 2

#### BREATHING

Do your breathing exercises 10 times every hour while awake.

#### ACTIVITIES

Sit in a chair for meals

### Walk in the hallway four times, with help

Brush your teeth and gargle with mouthwash in the morning and evening

#### PAIN CONTROL

Your nurse may ask you to describe your pain using a number between 0 and 10. 0 means no pain and 10 is the worst pain you can imagine.

**Please tell us if you have pain. We will help you.**

Anti-inflammatories will be used to control your pain. If you have severe pain not relieved by anti-inflammatories, your surgeon may order small amounts of pain medication called opioids.

#### EATING AND DRINKING

Continue to drink liquids, including protein drinks if ordered for nutrition. Your diet may be advanced to a low fiber/low residue diet if you are tolerating liquids well. Please let your nurse know if you are tolerating your diet.

Chew gum or sugar-free hard candy for 45 minutes, 3 times a day to stimulate your GI tract. If you are diabetic, your glucose will be checked as ordered by your surgeon.

#### TUBES AND LINES

Your IV fluids may be decreased or discontinued once you are drinking well.

If you have a PCA pump, it may be removed today, and you will take pills to control your pain.

If you have an epidural, your surgeon may try pills to see if your pain can be controlled.

You will have SCDs (Sequential Compression Devices) on your legs to prevent blood clots when you are in bed or immobile for greater than 2 hours.



### AFTER YOUR OPERATION

# GOALS FOR DAY 3

#### BREATHING

Do your breathing exercises 10 times every hour while awake.

#### ACTIVITIES

Sit in a chair for meals.

## Walk in the hallway five times, with help.

Brush your teeth and gargle with mouthwash in the morning and evening.

#### PAIN CONTROL

Your nurse may ask you to describe your pain using a number between 0 and 10. 0 means no pain and 10 is the worst pain you can imagine.

**Please tell us if you have pain. We will help you.**

Anti-inflammatories will be used to control your pain. If you have severe pain not relieved by anti-inflammatories, your surgeon may order small amounts of pain medication called opioids.

#### EATING AND DRINKING

Continue to drink liquids, including protein drinks if ordered for nutrition.  
Continue the low fiber/low residue diet if you are tolerating this well.

Chew gum or sugar-free hard candy for 45 minutes, 3 times a day to stimulate your GI tract.

## PREPARING FOR DISCHARGE:

BEFORE YOU LEAVE THE HOSPITAL  
YOU SHOULD:

- Be able to tolerate your diet
- Be moving around well
- Have your pain adequately controlled
- Have no temperature greater than 101.0



Enhanced Recovery After Surgery



## DISCHARGE INSTRUCTIONS

### BEFORE YOU LEAVE THE HOSPITAL, YOU SHOULD:



- Be able to tolerate your diet
- Be moving around well
- Have your pain adequately controlled
- Have no temperature greater than 101.0

### WHAT HAPPENS AFTER DISCHARGE?

It is worthwhile to plan in advance for your discharge. **You will need someone to drive you home.** You will require someone to help with heavy jobs for a few weeks. This includes food shopping and heavy household jobs such as vacuuming, laundry and yard work. If you live alone, perhaps a friend or family member could stay with you for a short period to assist you with these things. To enhance your recovery, you will be expected to return to a normal routine as quickly as possible. This means you need to actively participate in your recovery by walking, eating, and drinking plenty of fluids, including water.



Complications do not happen very often, but you do need to know what to look for during the first few weeks after surgery. If you are worried about any of the following items, please contact your surgeon.

#### YOUR ABDOMINAL PAIN:

Severe pain lasting more than one or two hours after taking medication or have a fever and feel generally unwell within the two weeks of your operation date.

### YOUR INCISION:

- It is not unusual for your incision to be slightly red and uncomfortable during the first one to two weeks.
- If your incision becomes inflamed, painful, swollen or starts to discharge purulent fluid (pus), notify your surgeon.
- **Wash your hands with liquid antibacterial soap, such as Dial and water before touching your incision.**
- Your incision may be left open to the air and cleaned with clean antibacterial soap and water. Please inform our nursing staff if you do not have this at home and we can provide a bottle for you.
- Your surgeon may give you specific instructions for your incisions. Please follow those above all else.
- JP drain care: Record the output daily as instructed. Clean the skin around the drain with antibacterial soap and water daily.
- **Shower daily with antibacterial soap but NO Baths until cleared by your surgeon at the follow up visit.**





## DISCHARGE INSTRUCTIONS

### YOUR DIET:

- A well balanced, varied diet is recommended. Try eating three or more times a day. Drink adequate amounts of fluids- at least 2 quarts (8 cups) daily. If you are on fluid restrictions, drink as directed by your physician. You may find that some foods upset your stomach and cause loose bowel movements. If that is the case, you should avoid those foods for the first few weeks following your surgery.

### YOUR PAIN:

- You should continue your regular medication regimen unless directed otherwise by your physician.
- Pain medication prescription may be given to you. Fill it with your pharmacist and follow the direction on the bottle.

### YOUR ACTIVITY:

- Walking is important from the day of your operation. **You should plan to regularly walk several times a day and gradually increase during the weeks following your operation until you are back to your normal level of activity.** The main restriction is that you do not do any heavy lifting or contact sports until cleared by your surgeon. You might find you have low energy levels in the first few weeks you are at home. It is important to mix activities with some rest as needed but do get out of bed each day and get dressed.
- **Take your Incentive Spirometry machine home with you.** Continue to use it for 1-2 weeks after you get home as instructed. Continue to deep breathe and cough every 2 hours while awake.



### YOUR BLOOD SUGAR:

- If you are diabetic, keeping your blood sugar under control is important for your healing. High blood sugar can increase the chance of surgical site infection and can slow down incision healing.

### FURTHER INFORMATION:



#### SMOKING CESSATION

If you have stopped smoking for this surgery and you are interested in quitting smoking all together, go to [smokefree.gov](http://smokefree.gov) for more tips on how to be successful.

### WORK:

- You should be able to return to work when specified by your surgeon.

### DRIVING:

- You should not drive until you are confident and no longer taking pain medication so that you can drive safely. Usually this will be within two to four weeks after surgery. It is important that any pain has resolved so that you can perform an emergency stop and turn the wheel quickly.

### HOBBIES/ACTIVITIES:

- You should consider taking up your hobbies and activities as soon as possible again after surgery. It helps you to improve your activity and will help your recovery. Do not do these if they cause pain or involve heavy lifting. You may wait to restart these six weeks after your operation if they do cause pain or involve heavy lifting.

