

Colorectal Surgery Enhanced Recovery After Surgery (ERAS)

Surgeon: _____

Surgery: _____

Please use this check list as a guide after surgery. Remember, everyone heals differently and it is important to ask questions and voice concerns to your team. We are here for you!

After Surgery _____/_____/_____

- Sit in the chair within 6 hours of surgery
Try and sit in the chair for at least an hour
- Try some sips of clear liquids
For example: water, broth, ginger ale, juices and jellos
- Incentive spirometer (lung machine) and deep breathing exercises
(5-10 x per hour)
- Chew gum
- Ask your nurse for a cough pillow
- Let your nurse know if your pain is not controlled or you are feeling nauseated.



Day 1 After Surgery _____/_____/_____

- Sit in the chair for breakfast, lunch and dinner (a total of 6 hours today)
- Walk at least 3x today
Be sure to let your nurse know and check the boxes on your white board in your room!
- Continue drinking liquids and try a regular diet with small portions
(Stop eating and call your nurse if you develop nausea, bloating or vomit)
- Talk with your team about ways to avoid dehydration and how to approach eating after surgery
- Incentive spirometer (lung machine) and deep breathing exercises
(5-10 x per hour)
- Chew gum
- Let your nurse know if your pain is not controlled
- If appropriate, start learning how to inject lovenox (*Not Sure? Ask your nurse*)

We would be happy to have our Discharge Coordinator, Social Worker, Physical Therapist, Ostomy Nurse and Dietitian meet with you while you are in the hospital. Please ask if you think you would benefit from any of these services.

Turn to the last page for more information!

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Day 2 After Surgery ____/____/____

- Sit in the chair for breakfast, lunch and dinner (a total of 8 hours today)
- Walk at least 4x today
Be sure to let your nurse know and check the boxes on your white board in your room!
- Continue drinking liquids and a regular diet with small portions
(Stop eating and call your nurse if you develop nausea, bloating or vomit)
- Talk with your team about ways to avoid dehydration and how to approach eating after surgery
- Incentive spirometer (lung machine) and deep breathing exercises (5-10 x per hour)
- Chew gum
- Let your nurse know if your pain is not controlled
- If appropriate, continue to practice the lovenox injection on yourself

Day 3 After Surgery ____/____/____

- Sit in the chair for breakfast, lunch and dinner (a total of 8 hours today)
- Walk at least 4x today
Be sure to let your nurse know and check the boxes on your white board in your room!
- Continue drinking liquids and a regular diet with small portions
(Stop eating and call your nurse if you develop nausea, bloating or vomit)
- Talk with your team about ways to avoid dehydration and how to approach eating after surgery
- Incentive spirometer (lung machine) and deep breathing exercises (5-10 x per hour)
- Chew gum
- Let your nurse know if your pain is not controlled
- If appropriate, continue to practice the lovenox injection on yourself

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Day 4 After Surgery ____/____/____ AND BEYOND!

- Sit in the chair for breakfast, lunch and dinner (a total of 8 hours today)
- Walk at least 4x today
Be sure to let your nurse know and check the boxes on your white board in your room!
- Continue drinking liquids and a regular diet with small portions
(Stop eating and call your nurse if you develop nausea, bloating or vomit)
- Talk with your team about ways to avoid dehydration and how to approach eating after surgery
- Incentive spirometer (lung machine) and deep breathing exercises (5-10 x per hour)
- Chew gum
- Let your nurse know if your pain is not controlled
- If appropriate, continue to practice the lovenox injection on yourself

Am I ready to leave the hospital?

I am able to ...

- | | |
|--|--|
| <input type="checkbox"/> Walk and move around safely | <input type="checkbox"/> Control my pain/nausea and know how to use the medications I am going home |
| <input type="checkbox"/> Drink liquids and stay hydrated | <input type="checkbox"/> Inject myself with lovenox the medication |
| <input type="checkbox"/> Eat small amounts of food and know when to take a break | <input type="checkbox"/> Take care of my ostomy, wound, drains and catheter at home (if appropriate) |

I have a plan for...

- | | |
|---|---|
| <input type="checkbox"/> How I am getting home | <input type="checkbox"/> Follow up appointments with my doctors |
| <input type="checkbox"/> Where I am staying after discharge | <input type="checkbox"/> Who will be helping me after discharge |
| <input type="checkbox"/> Picking up my medications | |

Turn to the last page for more information!

Colorectal Surgery

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Walking: Getting up and moving around after surgery will help accelerate the return of bowel function, improve circulation and prevent both infection and blood clots. Your nurse will be helping you out of bed and to the chair within hours of your surgery. Please let us know if you use an assistive device (i.e. a cane or walker) at home. A Physical Therapist is available to assist you after surgery and provide recommendations on home PT, skilled nursing facility or a rehabilitation center.

Diet: After surgery you will transition to clear liquids and most often a regular diet the following day. It is important to let us know if you develop nausea, bloating and vomiting. Remember to start small and go slow! A good approach to eating is to snack on small portions throughout the day and to eat no more than $\frac{1}{2}$ the plate.

Dietitian: A dietitian is available to each patient after surgery to educate and optimize your nutrition. All new ileostomy patients will meet with the dietician after surgery due to the increased risk for dehydration and to discuss any adjustments to the way you approach food. Written handouts will also be provided. If you have questions about how your surgery can affect your diet, don't hesitate to ask!

Lung Exercising: The *incentive spirometer* is a bedside tool designed to help with deep breathing exercises and prevent lung infections like pneumonia. This tool measures how deeply you inhale and exhale while providing a visible target for feedback. Your nurse will show you how to properly use the device after your surgery. Abdominal pain with deep breathing is common after surgery; however, keep exercising your lungs.



Enoxaparin (Lovenox): The risk of developing a blood clot increases after surgery. Lovenox (enoxaparin) is an injectable medication used to reduce the risk of deep vein thrombosis (DVT) clot formation. Other preventative measures after surgery include both walking and sequential compression device (SCD) stockings. If you are a patient recently diagnosed with cancer, the risk of developing a blood clot is increased and you may require continued Lovenox injections after surgery. If you are among those required to perform the injections at home, your nurse will teach you at the bedside.



Urine Catheter (Foley): The foley is a thin, sterile tube inserted into the bladder prior to surgery. For most surgeries the foley is removed the day after surgery. For patients who have undergone pelvic surgery (LAR and APR for example) the foley may remain in place for a longer duration (2 to 3 days) in an attempt to avoid urinary retention (being unable to pee). You will notice that your urine is closely monitored and you will be asked to always urinate in either the "hat" or "urinal" located in your bathroom while you're in the hospital.