

Diary for Enhanced Recovery After a Hysterectomy

Patient's Name:



Options available

If you'd like a large print, audio, Braille or a translated version of this leaflet then please call:

01253 955588

Our Four Values:

People Centred

Positive

Compassion

Excellence

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This is a general booklet that covers all surgical specialities. For more specific information about your surgery you may want to contact the specialist nurses who are involved with your care.

Completing your Daily Progress Record is really helpful, not only to achieve your goals and monitor your progress, but to help us collect important information so we can provide feed-back to staff and continually improve our Enhanced Recovery Programme.

**A big thank you in advance for
completing your diary.**

PROOF

Enhanced Recovery Programme

What is the Enhanced Recovery Programme (ERAS).

At Blackpool Teaching Hospitals NHS Foundation Trust we aim to provide high standards of care based on current recommendations and protocols. The enhanced recovery programme is part of this and ensures that all members of the hospital and primary care staff work together to ensure patients;

- Are kept fully informed of what is happening at all times to enable you to make informed choices.
- Are as healthy as possible before receiving treatment.
- Receive the best possible care during their operation.
- Receive the best possible care whilst recovering.

What the Enhanced Recovery Programme means to you

You will follow an ERAS programme which will provide you with daily goals to strive to achieve. Please remember that these goals are set to be worked towards, but everyone is an individual and will achieve these goals at different times. Please do not be disheartened if you don't always meet your goals each day. This programme has input from all members of the team that will treat you and includes;

- Pre-admission screening and information
- Good pain relief
- Improved sickness plan
- Early walking after surgery
- Early removal of catheters
- Less drips and drains
- Smaller wounds or keyhole surgery
- Early eating and drinking
- Reduced infection rates
- Shorter and more comfortable stay in hospital
- You feel involved in your care

This booklet will give you some information about the programme and how you can play an active part in your recovery.

Your Role in Preparing for Surgery

Traditionally patients undergoing surgery have relied on healthcare professionals to lead their recovery after surgery. The Enhanced Recovery Programme encourages you to play an active role in your recovery. In the run up to your admission for surgery your role and responsibilities include:-

Eating Well

Continue to eat and drink as normal. Try and eat your recommended 5 portions of fruit and vegetables a day prior to admission. This will give you the fuel needed to help you repair your body after surgery.

Pre load Drink

At the pre-admission clinic you will be given a Preload drink that you should take before surgery. This drink provides you with extra carbohydrates that will help prepare your body for surgery. How and when you should take this drink will be explained to you at pre admission. This drink is an important part of your pre-operative build up and it is essential that you take it as requested.

Sachet one, mix with 400mls of water and drink at.....

Sachet two, mix with 400mls of water and drink at.....

Sachet three, mix with 400mls of water and drink at.....

If you are a diabetic who takes insulin you will not be given the pre load drink. It is important that you continue to eat and drink normally the day before surgery. Please have supper before 10pm and follow the instructions given to you at preadmission clinic.

Sleep, Rest and Play

If you are able, you should remain active and mobile before your operation, try to maintain a normal sleeping pattern. Maintaining activity and taking adequate rest before your operation can help speed up your recovery.

Smoking and Alcohol

If you smoke or drink please use this as an opportunity to stop or cut down. This helps speed up the healing process, your recovery and reduces the risk of complications.

For smoking cessation advice or drop in clinic times please call Stop Smoking Services on:

Blackpool – 01253 951570
North Lancashire – 01524 845145

If you require support with reducing your alcohol consumption please ask the nurses to contact our Hospital Alcohol Liaison Team (HALS).

Planning Your Discharge

We will talk to you about your discharge before you come into hospital. Most people want to leave hospital as soon as possible and in order to make your discharge a smooth process, we start to plan for this before you are admitted. It is helpful for you to talk to your relatives, carers or friends about what help and support you will need following your discharge home. If you live alone it is essential that you consider what help you may need. You may need a relative to stay with you for a few days after your operation. Please tell us as early as possible if you have concerns about managing at home after your discharge from hospital. We can discuss support and other options available to you and begin to organise your discharge.

Working Together to Achieve your Post-operative Goals

We aim to manage your care based on your individual needs after your operation. Your daily goals are designed to help you back to your normal level of activity as soon as possible. Getting fitter quicker and home sooner means returning to normal life sooner.

An Enhanced Recovery Programme is clinically proven;

Performing Lower Risk Surgery

Wherever possible we aim to perform surgical techniques with smaller wounds or keyhole surgery and aim to remove tubes, drains and drips as soon as it is safe to do so.

This helps reduce the risk of infection and helps you to mobilise more freely and easily.

Reducing Your Pain

Good effective pain control is an essential part of your recovery. If your pain is well controlled you will be able to breathe easily, walk about, eat, drink, sleep well and participate effectively in your Physio-therapy regime.

If your pain control is not effective, it is essential that you let the people looking after you know. Staff will encourage you to play an active role by regularly asking you to record your score for pain and nausea (how sick you feel) and to report any side-effects.

Additional painkillers are available and the specialist pain team can see you if needed, to help make you more comfortable.

Encouraging Early Movement and Activity

Regular deep breathing exercises after your operation, carried out as soon as you return from the operating theatre, will reduce the risk of developing a chest infection.

Performing leg and ankle movements every hour can reduce your chances of developing a blood clot (DVT).

Early mobilisation, getting out of bed and walking around is a very important part of your recovery.

Following many operations you will get out of bed on the day of your operation and be encouraged to stay out of bed for at least two hours. You will be seen by a Physiotherapist the day after your operation. All patients, if clinically fit, will get out of bed the day after surgery and aim to be out of bed for at least eight hours. Short rests on the bed through out the day are allowed.

Early mobility will be encouraged by the staff and Physiotherapists and you will be encouraged to mobilise or walk around the ward aiming for 4-6 times a day by your second day after surgery.

Encouraging Early Eating and Drinking

Most of our patients are encouraged to eat and drink normally and as soon as they want after their operation. The nutrition helps your body to recover more quickly. Sometimes surgery and medication can make you feel nauseated (sick). Staff will encourage you to play an active role by regularly asking you to record your score for nausea, in order for us to be able to treat your nausea with anti-sickness medication. When you are allowed to drink we want you to aim for 2 litres of oral fluid a day. For patients who need extra nutrition we will ask you to drink high calorie supplement drinks.

**Completing your Daily Progress Record will help
you achieve these goals**

Planning your stay

We recognise that coming into hospital can be very daunting. Planning ahead for when you get home can help reduce stress. Below are some practical points to remember.

My to do list

- I know my expected date for discharge (going home)
- I have informed the relevant people where I will be
- I have all my medication ready to take with me
- I have packed a small bag (e.g. clothes, non - paraffin based lip balm, toiletries, reading material, good fitting shoes or slippers)
- I have arranged my transport to and from hospital
- I have checked I have the right equipment and support in place when I get home
- Write a list of questions I want to ask so I don't forget.

Some of these questions may be:-

- When can I have a shower or bath?
- When can I drive again? When can I go back to work?
- Who can I contact if I have any concerns or questions when I get home?
- I know where to go on my day of admission?
- I have the following details?

I am expecting to stay in hospital for _____ nights

I can eat and drink normally until: _____

I can have clear fluids until: _____

I must be nil by mouth from: _____

Medication instructions: _____

Your Daily Progress Record

Prior to coming into hospital please have a look at the next section of your booklet. This is your 'Daily Progress Record.' Please familiarise yourself with this before your admission. Please remember to bring your booklet with you on your admission day so you can complete your daily progress record.

Why we would like you to fill in a Daily Progress Record

We ask all our Enhanced Recovery patients to complete a patient diary. Using the diary will help you:

- Achieve your goals and track your progress
- Help you recover more quickly, with fewer complications
- Help staff in helping you to recover

How to Use the Daily Progress Record

The diary covers all types of surgery and therefore covers 6 days. Once you are ready to go home there is no need to continue the diary. The nursing staff will explain the purpose of the diary to you but if you need further help with completing it please ask.

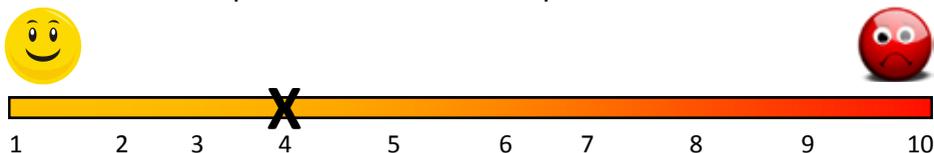
Please cross the box each time you do the task mentioned. For example, if you sat out in the chair twice.

Sat in the chair twice

If you didn't then put the reason why (for example)

If not, why? *I felt dizzy*

At the end of each day you are asked to mark on the line your overall pain score in the last 24hrs. The smiley face is no pain and the sad face is the worst pain. Below is an example



Day 0 - Day of Surgery

Today's date: Ward:

Please X the box for each time you have achieved that goal:

Sat out in the chair

If not, why?

Walked 60 metres

If not, why?

Supplement drinks

If not, why?

Food

Did you eat Breakfast

Yes No

If not, why?

Did you eat Lunch

Yes No

If not, why?

Did you eat Dinner

Yes No

If not, why?

Other

Urinary catheter out

Yes No

Drains out

Yes No

Passed flatus (wind)

Yes No

Bowels worked

Yes No

Pain Score

What is your overall pain score today? Please place a cross where you feel this should be on the line below.



1 2 3 4 5 6 7 8 9 10

Day 1 - Post Surgery

Today's date: Ward:

Please X the box for each time you have achieved that goal:

Sat out in the chair

If not, why?

Walked 60 metres

If not, why?

Supplement drinks

If not, why?

Food

Did you eat Breakfast

Yes No

If not, why?

Did you eat Lunch

Yes No

If not, why?

Did you eat Dinner

Yes No

If not, why?

Other

Urinary catheter out

Yes No

Drains out

Yes No

Passed flatus (wind)

Yes No

Bowels worked

Yes No

Pain Score

What is your overall pain score today? Please place a cross where you feel this should be on the line below.



1 2 3 4 5 6 7 8 9 10

Day 2 - Post Surgery

Today's date: Ward:

Please X the box for each time you have achieved that goal:

Sat out in the chair

If not, why?

Walked 60 metres

If not, why?

Supplement drinks

If not, why?

Food

Did you eat Breakfast

Yes No

If not, why?

Did you eat Lunch

Yes No

If not, why?

Did you eat Dinner

Yes No

If not, why?

Other

Urinary catheter out

Yes No

Drains out

Yes No

Passed flatus (wind)

Yes No

Bowels worked

Yes No

Pain Score

What is your overall pain score today? Please place a cross where you feel this should be on the line below.



1 2 3 4 5 6 7 8 9 10

Day 3 - Post Surgery

Today's date: Ward:

Please X the box for each time you have achieved that goal:

Sat out in the chair

If not, why?

Walked 60 metres

If not, why?

Supplement drinks

If not, why?

Food

Did you eat Breakfast

Yes No

If not, why?

Did you eat Lunch

Yes No

If not, why?

Did you eat Dinner

Yes No

If not, why?

Other

Urinary catheter out

Yes No

Drains out

Yes No

Passed flatus (wind)

Yes No

Bowels worked

Yes No

Pain Score

What is your overall pain score today? Please place a cross where you feel this should be on the line below.



1 2 3 4 5 6 7 8 9 10

Physiotherapy Advice

Following your operation you will be seen by the Women's Health Physiotherapist on your ward as part of your routine enhanced recovery care.

Deep Breathing & Coughing

It is important to keep the chest clear to prevent any post-operative chest infections. Try taking 2-3 deep breaths every hour to clear the lungs of any secretions. If you feel you need to cough, bend your knees up, support either side of your stitches with your hands, if you have an abdominal wound. Take a deep breath and cough, it will be sore but you will not damage your stitches.

Mobilising

It is important to keep your circulation moving to prevent blood clots and aid your recovery from surgery. When you are in bed or sat in a chair this can be done by moving your feet in a circular motion, in all directions regularly through out the day. Mobilising around the ward, is the best way to improve your recovery. It will aid your circulation, breathing, gut motility and help to prevent post operative complications. Sitting out of bed is also important and you should aim to be out of bed for at least 8 hours a day. Backache and "wind pain" are eased by moving round, rocking motions and/or performing pelvic tilting exercises on the bed. Lie on your back, knees bent up and your feet flat on the bed then gently push your back into the bed, hold for a few seconds and release.

Pelvic Floor Muscle

Pelvic floor muscle exercises can be practiced once your catheter has been removed. It is normal to find these difficult at first and unsure if “you’re doing them correctly”.

INITIALLY

Tighten your muscles down below as if trying to stop the flow of urine. This should **NOT** involve:

- Tightening stomach muscle.
- Squeezing legs together.
- Tightening buttocks.
- Holding your breath.

Groups of 3 or 4 contractions is a good starting point. Hold for as long as possible, but no more than a count of 10 seconds. Relax for 10 seconds then repeat 3 times. Exercise the muscle three times a day in lying, as a minimum, this is often easier to do in bed or on the sofa.

IMPROVING

The exercise should remain the same but as it gets easier increase the number of contractions each time and the length of the hold. The Gold standard is 10 contractions holding each one for 10 seconds. The pelvic floor needs to function in all positions, so exercising in sitting is a progression from lying and often feels very different and finally in standing where full strength is required. Any extra exercises throughout the day will benefit your recovery. Other ways of practising your pelvic floor muscle exercise can be discussed with the Physiotherapist .

FINALLY

Increasing your pelvic floor strength by doing these exercises will prevent urinary and bowel incontinence and possibly prevent the need for further surgery. They should become part of your daily routine, just like cleaning your teeth ! If you forget to do them, don’t worry, continue with the next set as you would have done normally. These exercises can be difficult at first. It is common to feel very little at the start but with time and effort this will improve. Pelvic floor strength will reduce the risk of future problems. Physiotherapy input your recovery, this will give you further information and answer any questions that you may have about your rehabilitation after surgery.

Discharge Advice

When You Leave Hospital

We expect your recovery to progress well following your discharge but occasionally complications may occur following major surgery. It is important you know what to look out for. If you are worried about any of the following please contact us on the numbers above. If you are unable to contact any of the numbers above please contact your GP or phone 111 for out of hours emergency care.

Your Wound

It is not unusual for the wound to be uncomfortable for the first 2 weeks. Please let us know if your wound becomes progressively inflamed, painful or swollen, or starts to discharge fluid or begins to open.

Blood Clots

Surgery increases the risk of blood clots, which is why it is important to maintain your mobility after surgery even when you get home. You will need urgent medical attention if your calf becomes progressively painful or swollen or if you develop shortness of breath.

Lifting and Carrying

Don't lift or carry anything heavier than a kettle full of water, this is around 8-10lbs or 3-4 kg for 6 weeks. Heavy lifting should always be avoided.

If you must lift please wait at least 3 months and remember to stand with your feet apart, keep your back straight, bend your knees and tighten the pelvic floor.

Pulling and Pushing

Don't pull or push anything, again for 6 weeks. This includes the Hoover, wheelie bins, prams, wheelchairs and supermarket trolleys etc.

Discharge Advice cont.

Activity - Exercise

Pelvic Floor Exercises should begin in the hospital !

The regular walking of 60 meters which started after surgery must be continued at home. Gradually build up the distance you are walking each day. Try not to do too much too soon, it is better to exercise several times a day for a short distance than to walk one large walk and become tired.

Swimming can be restarted at 6 weeks providing the wound has healed.

Other sport in general should be avoided for 12 weeks, please ask the Physiotherapist for individual advice.

Your Bowels

Your bowel habit may change. Your motions may become loose or constipated. Make sure you eat regularly and drink plenty of fluids. It is important to remain mobile and take regular small walks for the first 2 weeks after surgery.

If you are loose or constipated for more than 4 days please contact your GP for advice.

Sexual Relationships

Sexual relations can usually resume 6-8 weeks after surgery if you feel physically comfortable.

Driving

There is no exact specified time or law that determines when it is safe to drive after surgery. We advise that you do not drive until you are confident you can drive safely and perform an emergency stop. This is usually at least 6 weeks after open surgery.

If you are still taking strong pain killers, they will affect your ability to drive.

You should check with your insurance company before you start driving following your surgery.

Discharge Advice cont.

Follow-up

Patients are not routinely reviewed in clinic post operatively, we advise you to contact your GP at 6 weeks for a check up or at any time if you are concerned.

Returning to Work

The time required depends upon your surgery, your job and your pelvic floor strength. Recovery time also varies from person to person. It is important to understand that recovery from gynaecological surgery includes both time for the body to heal and repair but also time to strengthen the pelvic floor muscles, we often call this rehabilitation and is longer than just healing time alone. These muscles are even more important after Hysterectomy and/or Repair surgery to protect from future problems. Anything up to 12 weeks is normal especially after a Hysterectomy. Ask your Consultant what they recommend.

Who to Contact

We recognise that coming in for any surgery can be a very stressful and emotional time and you may be apprehensive about it but these feelings are normal. The staff will be able to help answer any questions you may have before, during or after your stay in hospital. Please ensure you have the relevant contact numbers you may need. The contact names and numbers will vary depending upon the type of surgery you have.

Contact details

Switchboard:	01253 300000
Ward 3:	01253 957817
Physiotherapist:	01253 956745

Patient experience survey

The Trust are constantly evaluating the service we offer to our patients and their families. It would help us greatly with this process if you could take five minutes to complete this questionnaire and leave it on the ward following your discharge. Thank you for your assistance.

1. Are you? Male Female

2. How long did you stay in hospital?

Number of days

3. Was this the same length of time you were told you would be in hospital?

Yes

No - I was in for longer time than I was told

No - I was in for a shorter time than I was told

4. Could you tell us what your worst pain score was after your operation?



1 2 3 4 5 6 7 8 9 10

5. Please tell us what your worst post operative nausea score was.



1 2 3 4 5 6 7 8 9 10

6. Could you tell us what your pain score is at the time of your discharge?



7. Could you tell us what your nausea score is at the time of your discharge?



8. Overall, did you feel as involved as you wanted to be in the decision making about your care?

On a scale of 1 to 10

1 = not at all 10 = yes definitely



9. Please use this space to tell us anything else about your experience.

PROOF



Useful contact details

Ward 3: 01253 957817

Physiotherapist: 01253 956745

Hospital Switchboard: **01253 300000**

Patient Relations Department

The Patient Relations Department offer impartial advice and deal with any concerns or complaints the Trust receives. You can contact them via:

Tel: **01253 955589**

email: **patient.relations@bfwh.nhs.uk**

You can also write to us at:

**Patient Relations Department, Blackpool Victoria Hospital,
Whinney Heys Road, Blackpool FY3 8NR**

Further information is available on our website: **www.bfwh.nhs.uk**

References

This leaflet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this leaflet are available on request from: **Procedural Document and Leaflet Coordinator 01253 953397**

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