Urology Enhanced Recovery Programme: Laparoscopic/open simple/radical/partial/donor nephrectomy

Information For Patients
This information leaflet aims to help you understand the Enhanced Recovery Programme and how you can play an active role in your recovery after surgery.

**What is Enhanced Recovery?**

The underlying principle is to enable you to recover from surgery and leave hospital sooner by minimising the stress responses on the body during surgery.

To do this it is essential that:

- **You are in the best possible condition for surgery.** Identifying and correcting any existing health concerns is important and is best done early by your GP prior to referral or at the latest at pre-operative assessment.

- **You have the best possible management during and after surgery to reduce pain, gut dysfunction and immobilisation by using appropriate anaesthetic techniques, fluid and nutrition management, pain relief and minimally invasive techniques where appropriate.**

- **You experience the after your operation rehabilitation.** This enables early recovery and discharge from hospital by the way of planned nutrition and getting up and about easily as soon as possible after your operation.

As part of this programme, you will be given a diary which we will ask you to follow and fill in. Please bring this with you to your follow-up appointment to ensure we can assess your recovery. This is also your way of feeding back information about your recovery to us as we are happy to listen to suggestions of how to improve the service we provide.
Pre-assessment clinic
Before your admission you will be seen in a pre-operative assessment clinic. The nurse will ask questions about your medical history, general health and wellbeing. We want to ensure that you are in optimum health and that arrangements have been made for your admission, discharge and post-operative care at home. Routine blood tests and a heart tracing will be performed.

It would be useful for you to bring a list of any medications you are currently taking, the nurse will advise you what to take on the day of surgery.

Before your operation
Your body needs plenty of nutrients to recover from an operation. Although you will not be allowed solid food from six hours before your operation, you will be able to drink clear fluids up to two hours prior to surgery. In addition to this, you will also be given carbohydrate rich drinks to have on the morning of the surgery. The nurse will advise you when to take these drinks and you will have a supply to take home and to bring with you into hospital on the day of surgery. Six cartons will be supplied at your pre-operative assessment appointment.

On the day of surgery
You will initially be admitted to the surgical admissions lounge. You will usually be asked to come into hospital on the morning of surgery. Please bring with you any medicines you are taking and show them to the doctor and nurse. You will be shown to your bed area by a nurse who will confirm your personal details and record your blood pressure and heart rate.
Procedure: radical open/laparoscopic nephrectomy

Please take some time to read through what will happen on each day. All of these activities should happen as a matter of routine but we encourage you to inform the nursing or medical team if any of the activities do not happen.

Day of operation (Day 0)

Mobilisation/getting out of bed

After your operation, it is important that you perform deep breathing exercises. Breathe in through your nose and relax the air out through your mouth. This should be done at least five times an hour.

The staff will help you sit upright in bed after your operation. We will ask you to do calf exercises whilst you are in bed.

To help us to see how well you are recovering after your operation, you will be asked to complete a daily diary about how well you are eating, drinking and walking after your operation.

Eating and drinking after your operation

After your operation it is important that you drink, unless you feel sick. Try to drink about five glasses or cups of clear fluids today. You will be given high energy drinks after waking from your operation.

Pain control

Good pain control improves your recovery as you can walk around more easily, breathe deeply, eat and drink, feel relaxed and sleep well.
Your pain will initially be controlled by either an epidural infusion by a patient controlled analgesia pump (PCA). This device has a button that you press to give yourself pain relief. There is a security device that prevents you taking too much. The anaesthetist will have discussed these options with you before the operation.

**Feeling sick**

After your operation you may feel sick or may vomit. This is caused by the operation, anxiety, anaesthetic or pain relieving medication. You will be given medication during and after your operation to reduce this, but if you feel sick, please speak to your nurse.

**Tubes and drips**

You will have a drip in a vein in your arm. Fluid will be given through this to ensure you do not become dehydrated. You may also have a wound drain tube near to the site of your operation. Occasionally it may be necessary to insert a catheter into your bladder to monitor your urine output.

**Monitoring**

While you are in hospital we will check your blood pressure, pulse and temperature regularly. We will also check how much fluid you are drinking and producing.
The day after your operation (Day 1)

Mobilisation
On each day after your surgery, it is advised that you sit in the chair for 4–6 hours, with rests on the bed as needed. By being out of bed in a more upright position, your breathing is improved and there is less chance of you developing a chest infection or clots in your legs. Your bowel function usually also recovers faster.

Eating and Drinking
You should try to drink about five drinks today (about 1 litre). Each cup contains about 150-200ml. You can drink a variety of non-fizzy drinks whilst in hospital. You will be given high calorie drinks as these will help with healing, reduce your risk of infection and accelerate your overall recovery. We would like you to drink three each day. You will be able to eat a normal diet today.

Feeling sick
As before, please tell the nurses if you feel sick and you will be given medication to help prevent this.

Monitoring
Your blood pressure, pulse, temperature and fluid balance will be measured. You will be assessed regularly throughout the day. Your wound drain and catheter, if present, may be removed.
The second day after your operation (Day 2)

Mobilisation
You should aim to walk to the end of your bed and back, six to eight hours of calf exercises with assistance today.

Eating and drinking
You can eat normal food today. There are no restrictions on what you can drink and we advise at least ten drinks each day providing your other kidney is working well.

Pain control
You will continue on regular pain relieving tablets.

Monitoring
Your blood pressure, pulse and urine output will be checked regularly throughout the day. Your wound drain and catheter if present will be removed.

The third day after your operation (Day 3)
Continue to mobilise as before. We will assist you in walking to the bathroom. You should continue to do calf exercises whilst you are sitting or in bed. You need to continue to eat and drink today and your pain relief will continue as before. You may be asked to assist with care of your stoma today.

Discharge Planning
The ward staff will have begun to plan your discharge home. If your surgery has been performed laparoscopically and you are well, you may be discharged today.
The fourth day after your operation (Day 4 and 5)

You should continue to eat and drink today as well as improving your mobility around the ward.

Your pain relief will continue as before.

Bowels

It often takes 2 or 3 days before you are able to open your bowels. If you experience difficulty, laxatives or suppositories may be prescribed to help you.

If your care needs to change from what is planned in this booklet we will tell you.
What happens after discharge?

Our aim is for you to be in your home recovering as soon as possible. Therefore we advise you to organise support in advance for when you go home. This may involve help from your family and friends. If you feel that there may be issues which could delay your discharge, these should be brought to the attention of the pre-operative assessment nurses or your specialist nurse prior to your admission.

Complications do not happen very often, but it is important that you know what to look out for.

During the first two weeks after surgery, if you are worried about any of the following, please phone the ward (the number is at the end of this leaflet). If you cannot contact the ward, then ring your GP.

Pain or Fever

It is not unusual for your abdomen to feel sore after your operation. Continue to take pain relieving tablets as these will help.

If you have severe pain lasting more than one or two hours or have a fever and feel generally unwell within two weeks of your operation date, you should immediately contact the ward on the telephone numbers provided.
Your wound

- If you have wound clips, they will be removed 10-14 days after the operation by a District/Practice Nurse.
- Soluble stitches will dissolve away slowly.

The Ward Nurses will let you know what type of stitches you have and the correct advice to follow.
- It is usual for the wound to look a little red and to be uncomfortable during the first couple of weeks.
- If it becomes swollen, red or painful, or if you notice any fluid discharge, please contact us or your GP for advice.

Your bowels

It is often takes 3 or 4 days before you are able to open your bowels. If you have not opened your bowels 4 days after your operation, you may be constipated. Please contact your GP or the ward for advice.

Diet

A balanced, varied diet is recommended. Maintain a good fluid intake of a least 10 drinks a day to avoid constipation and to keep your body hydrated.
Exercise
Walking is encouraged from day one following your operation. You should plan to undertake regular exercise several times a day and gradually increase this during the four weeks following your operation until you are back to your normal level of activity. The main restriction we would place on exercise is that you do not undertake heavy lifting for 8-12 weeks after your operation. In addition, if you are planning to restart a routine exercise such as jogging or swimming you should wait until you have attended your post discharge follow-up appointment and start gradually. Common sense should guide your exercise and rehabilitation. In general, if the wound is still uncomfortable, modify your exercise.

Once the wounds are pain free you can normally undertake most activities.

When you get home, you will feel tired and may need to have a sleep during the day. This is normal and will improve during the next few weeks.

Work
You should be able to return to work within 4 to 6 weeks after your operation depending on your job. If your job is a heavy manual job then it is advised that this heavy work should not be undertaken until 12 weeks after your operation. However, this will depend on the nature of your job.

Driving
You can resume driving when you feel physically able to do an emergency stop. Please contact your insurance company as their regulation may differ.
Contact details
Manchester Royal Infirmary
Oxford Road
Manchester
M13 9WL

• Elective Treatment Centre  –  You can ring at any time
  0161 276 8688

• Ward 9  –  0161 276 4518  –  You can ring at any time

• Ward 10  –  0161 276 4402  –  You can ring at any time

• Urology Specialist Nurse  –  0161 276 3645 or 0161 276 8768
  (You can ring between 7.30 am to 4.30 pm)
No Smoking Policy

The NHS has a responsibility for the nation’s health.

Protect yourself, patients, visitors and staff by adhering to our no smoking policy. Smoking is not permitted within any of our hospital buildings or grounds.

The Manchester Stop Smoking Service can be contacted on Tel: (0161) 205 5998 (www.stopsmokingmanchester.co.uk).

Translation and Interpretation Service

These translations say "If you require an interpreter, or translation, please ask a member of our staff to arrange it for you." The languages translated, in order, are: Arabic, Urdu, Bengali, Polish, Somali and simplified Chinese.

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