

Personal Diary and Education Booklet
Enhanced Recovery
Gynae Oncology

Your Name:

Name of your Consultant:

Name of Unit Nurse:

Name of Queen Elizabeth Hospital
Macmillan Nurse Specialist:

Proposed Surgery:
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.....
.....

Date of Admission:

Date of Operation:

Expected date
Of Discharge:

**Please bring this booklet with you to all
of your hospital appointments**

INTRODUCTION

This booklet aims to give you and your family/friends information to help explain what you can expect throughout your care at the Queen Elizabeth Hospital (QEH). At the QEH we use an 'Enhanced Recovery Programme'. This is a way of looking after patients before, during and after an operation. The overall aim of Enhanced Recovery is to improve the quality of care and make sure that every patient has a speedy recovery after their operation. It will reduce the time you will need to spend in hospital and will also reduce the chance of complications occurring after your operation. In order to achieve this we ask you and your family/friends to play an active part in your recovery and this booklet explains what the team at the QEH will do and what you can do to help.

You will be asked to come for an outpatient appointment at the QEH (Colposcopy) to see the Gynae-Oncology surgical team. They will discuss your treatment options with you and your family/friends and if an operation is the best treatment for you then we will begin preparing for this. The first step is to make sure that you are in the best possible health before your operation. The Enhanced Recovery Programme will help you to do this.

It is really important that you use this booklet throughout your care before and after your operation as it will guide you through what you can expect from your first clinic appointment, through your operation and stay in hospital, all the way through to your recovery at home.

There are sections within the booklet for you to write in to record details of your progress, feelings and personal notes.

WHAT CAN I EXPECT TO HAPPEN AT MY FIRST CLINIC APPOINTMENT?

At your first appointment you will meet some of the doctors and nurses who will be looking after you during your care. They will ask you questions about your general health and your symptoms. They may arrange extra tests and will discuss your treatment with you and your family/friends.

Many patients are offered an operation as part of their treatment. Some patients have operations with a cut in the abdomen, others have keyhole surgery. This will be discussed with you in detail in clinic by a doctor. Before you have an operation you must sign a form to give consent (permission) for the doctors to treat you. The doctors may ask you to sign the form in clinic, at your pre-assessment appointment or when you are admitted to hospital.

The team will make an appointment for you to come to the pre-assessment clinic to start planning your care in more detail. They will give you information leaflets and telephone numbers in case you need to speak to a member of the team before your next appointment.

You can make a note of your clinic appointments in the 'Appointment section' at the back of this diary.

WHAT HAPPENS AT THE PRE-ASSESSMENT CLINIC?

The aim of the pre-assessment clinic is to identify if any tests are needed before the operation. The pre-assessment nurse will ask you questions about any medical conditions you have and your general health. Blood tests, swab tests for MRSA (Methicillin Resistant Staphylococcus Aureus), a chest x-ray, urine sample and ECG (tracing of the heart) will also be taken as a routine check. Other tests may be needed depending upon your medical history and the operation that you are having. The pre-assessment nurse will discuss any necessary tests with you and will also give you information about your operation. They will discuss what you can expect when you come into hospital both before and after your operation and also what to expect when you go home.

It is important that you are involved in planning your care and we will ask you to help prepare for your operation and plan your recovery in hospital and at home. Your pre-assessment appointment usually lasts 2 to 3 hours so we advise that you ask a relative/friend to come with you. You may wish to bring a drink or snack with you.

There are some key points which need to be considered before an operation:-

1. **Your blood count** - Blood tests will be taken either at your first clinic appointment or at the pre-assessment clinic to check if your blood count is normal. If it is low you may be asked to take iron tablets or offered a blood transfusion.
2. **Your blood pressure** - Your blood pressure needs to be normal before an operation. If you have a high blood pressure you will be asked to make an appointment with your GP and they may give you medication.
3. **Nutrition** - It is important that you eat a healthy diet in the time leading up to your operation. If you find this difficult we may suggest that you to see a dietician who can give you advice and may offer you some specialist drinks ('build-up drinks') to take in addition to your normal food. Eating little and often, and eating the foods that you enjoy will also be beneficial.
4. **Exercise** - You should try to remain active. Regular gentle exercise will be of benefit to your heart and lungs as well as helping your body to cope with the effects of an operation.
5. **If you are diabetic** - It is important that your diabetes is well controlled, and you should try to make sure that your blood sugar levels are stable. It may be necessary for you to see your GP to adjust your medication or diet if your diabetes is not well controlled. The pre-assessment nurse will advise you if this is needed.
6. **If you smoke** - We would always advise that you stop smoking before an operation as this will help your lungs to work better after surgery. We understand that stopping smoking can be very difficult, however your GP can often help so you should make an appointment. You can find some useful information on the internet (www.smokefree.nhs.uk).

OTHER STAFF YOU MAY SEE AT THE PRE-ASSESSMENT CLINIC:

Macmillan Gynae-oncology nurse specialist
Anaesthetist
Physiotherapist
Dietician
Stoma nurse

The Macmillan nurse specialist will be available to answer any questions you may have and if you need general advice or support. You will have an opportunity to complete a holistic assessment which will help to identify if you may benefit from additional support.

An anaesthetist will meet with you if necessary and discuss the type of anaesthetic that you will need and to assess you and prepare you for an anaesthetic and the type of pain relief that you will have after your operation. You will be given you an information leaflet about pain control after your operation.

The physiotherapist will give you information about deep breathing exercises, the best way to move around after your operation and special exercises that you can do to help. Breathing exercises are important as they help to keep the lungs working well to reduce the chance of a chest infection.

You may be referred to the dietician if you need extra advice or support with your diet. The doctor or nurse will discuss this with you.

Most patients will not require a stoma as part of their operation (please see below for an explanation of what a stoma is). Patients who may need one will have had this discussed with them by the doctors at the clinic appointment. If you might need a stoma, the Stoma Nurse will meet with you at pre-assessment to give you information and education. She may also demonstrate how to look after a stoma and may look at your abdomen so she can judge whether the stoma should be placed, this is called 'siting'.

There are different types of stoma:

- Ileostomy/colostomy – this is when the bowel is attached to the abdomen and stool passes into a bag on to the abdomen instead of from the back passage.
- Ileal conduit - this is when a new bladder is made from the bowel and urine is passed into the bag instead of from the urethra.

FREQUENTLY ASKED QUESTIONS ABOUT MEDICATION:

Please bring all your medications that you usually take to your pre-assessment appointment.

This should include:

- Medicines that have been prescribed for you by a doctor
- Medicines that you have bought from a pharmacy
- Inhalers, ear drops, eye drops, creams etc
- Herbal medicines
- Contraceptives / hormones

If you are taking Warfarin, aspirin, anti-platelet drugs (e.g. clopidogrel), the oral contraceptive pill ('the pill') or hormone replacement therapy (HRT) you may need to stop taking these before your operation. Please speak to the nurse or doctor when you attend the pre-assessment clinic.

The nurse or doctor will tell you which medications you should stop taking before your operation and when to stop taking them. They will also tell you which medicines you should take on the morning of your surgery.

CARBOHYDRATE DRINKS

All patients are asked to take carbohydrate drinks before their operation. These drinks give you extra energy which you will need to help your body to cope with the operation and recovery afterwards. The doctor or nurse will discuss this with you in clinic.

As the drinks contain high levels of sugar, some patients who are diabetic may NOT be given the drinks as this may affect their diabetes. Please inform the doctor or pre-assessment nurse if you are diabetic.



Please see page 9 for further information about the use of these carbohydrate drinks

WHAT DO I NEED TO DO BEFORE MY OPERATION?

The pre-assessment clinic appointment is an opportunity for you to tell us about your own needs and circumstances. It is important that you tell us as soon as possible if you have any concerns about being able to manage your usual activities when you go home. You should also let us know if any home circumstances change during your care.

We have a large team of hospital staff who can help to organise any social support that you might need. These include the Discharge Team, Social workers, Physiotherapists, Occupational therapists and your local voluntary Red Cross or Age Concern.

In addition to planning your operation, the pre-assessment clinic is also an opportunity for us to give you the information and support that you might need to allow you to take an active role in your own treatment and recovery. If there is any information that you are not

sure about please ask any member of the team at the pre-assessment clinic or ask your Macmillan nurse.

Hints and Tips

This section is a short list of things that you and your family/friends may wish to discuss before you come to hospital.

- **Transport** – who can bring you to the hospital and take you home for your appointments and operation?
- **House work** - could you arrange for family/friends to help with housework for the first few weeks after your operation?
- If possible, cook some meals and put them in the freezer for when you return home.
- Ask family or a neighbour to collect your post and keep an eye on your home.
- If childcare is needed try to organise this in advance.
- **Pets** - think about a family member or friend who can help with caring for your pets. You could also consider contacting your local cattery or kennels. There is also a charity called 'The Cinnamon Trust 'which assists the elderly or terminally ill person who are hospitalised and could help look after a pet.
- Try re-arranging important items in the cupboards so that you can easily reach them. You should try to avoid stretching up/standing on steps after an operation.
- Think of ways in which you can get easy access to your telephone and toilet/shower facilities is easy for when you go home.
- Make sure you have a good supply of your usual medicines at home, ready for when you are discharged home.

WHAT HAPPENS AT THE SUPPORTIVE CARE CLINIC?

The supportive care clinic is organised by the Macmillan nurses specialist (sometimes known as key workers or a clinical nurse specialist (CNS). The supportive care clinic aims to discuss any concerns that you may have about coming into hospital and your recovery. It is also an opportunity to discuss any emotional concerns and physical symptoms you may have.

WHAT DO I NEED WHEN I COME TO HOSPITAL?

Before your operation you should pack a bag that should contains:

- Toiletries/hairbrush/comb
- Denture and Denture pot labelled with your name
- Nightwear/underwear/day clothes (you do not need to wear your nightwear for your entire hospital stay)
- Slippers
- Hand towel and bath towels
- Sanitary towels as you may have some light bleeding after your operation
- All of your current medication in their original boxes
- Money for refreshments, newspapers and the bedside telephone and TV.
- Things to keep you occupied during your stay in hospital for example books / magazines, knitting etc
- Pen and paper to write down any question for the doctor when they are not available.
- Name, address and contact number for your next of kin (person you would like to be contacted with important information)
- Any walking aids e.g. Zimmer frame, walking sticks

WARD 21 AND THE 'PERI OPERATIVE DISCHARGE SUITE' (PODS)

You will either be admitted to Ward 21 or PODS. We will let you know where you will be admitted and the time you should arrive at the hospital by letter. Most patients are admitted to hospital the same day as their operation.

If your operation is in the morning:

You should arrive at the hospital at 7:30am

You should not eat anything after midnight the night before

You should not drink anything after midnight but may have clear fluids (still water) two hours prior to surgery

If your operation is in the afternoon:

You should arrive at the hospital at 11:30am

You should not eat anything after 6:00am

You should not drink anything after 6:00am but may have clear fluids (still water) two hours prior to surgery

You will have been given some carbohydrate drinks to take before your operation. You should drink four cartons the day before and two cartons of your carbohydrate drinks on the day 2 hours before your operation.

Day before surgery		Date of surgery	
1. Breakfast	<input type="checkbox"/>	1. Early morning	<input type="checkbox"/>
2. Lunchtime	<input type="checkbox"/>	2. 2 hour before your operation	<input type="checkbox"/>
3. Dinnertime	<input type="checkbox"/>		
4. Evening	<input type="checkbox"/>		

Use this space to write any comments about the carbohydrate drinks:

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YOUR HOSPITAL STAY

THE DAY OF ADMISSION

When you arrive at the ward or PODS you will be shown to your bed and introduced to the nurses. They will show you where your nursing call system is and you can press this button if you need help.

On the day of your surgery you will be able to drink clear fluids (still water only) until two hours before your operation unless otherwise advised but you should also take your carbohydrate drinks. The nurses will also do some checks by asking you questions and you will change into a theatre gown. You will be given white stockings to wear to reduce the risk of a blood clot (DVT).

You will be seen on the morning of your operation by a doctor from the surgical team and a doctor from the anaesthetic team. If you haven't already signed the consent form, you will be asked to do so. The anaesthetist will talk to you about your anaesthetic and about how to make sure that you do not have any pain after your operation.

If you wear a wig, headscarf or have dentures you can keep these with you until you go into theatre.

Your family can visit after your operation during visiting times:

Afternoon: 2:00pm – 4:00pm

Evenings: 6:30pm – 8:00pm

Only two visitors per bed are allowed. Please do not bring fresh flowers or plants to the ward. We would advise that you choose one friend/member of the family to ring the ward for an update or to ask any questions. This means that the nursing staff can spend their time looking after the patients on the ward rather than answering many phone calls.

BOWEL PREPARATION

Some patients will have bowel preparation medicine the day before surgery this is to clear your bowels, this may give you loose stools and you need to make sure that you drink plenty of fluid to replace what is lost. Some patients may be asked to take this bowel preparation medicine at home. On the day of surgery if you have not opened your bowels you will be given an enema.

Some patients may not require any bowel preparation at all. You will be advised by the staff caring for you as to what is the most appropriate option for you.

AFTER YOUR OPERATION

When you wake up after your operation you will be in the recovery room. You will have an oxygen mask on your face and you will be connected to a monitor so that the nurses can check your blood pressure and heart rate. You will be transferred back to Ward 21, high dependency unit or the PODS once you have woken up.

After your operation most patients will have a drip (needle in the hand/arm) and many women will have a catheter (tube in the bladder). The drip is a way of giving you fluid so that you do not become dehydrated. When you wake up after your operation you will be encouraged to sip water. When you feel awake the nurses will encourage you to drink fluid and eat as soon as you feel able to. The doctors and nurses will discuss when the drip and catheter can be removed.

Some patients may have a drain in the abdomen this is to allow drainage of blood or fluid in to a bottle. This is usually removed a few days after your surgery.

We will encourage you to get out of bed six hours after your operation however if you return to the ward late evening you will get out of bed in the morning. You should aim to sit in your chair for six hours per day. Some patients will be seen on the ward by a physiotherapist who will advise you to do deep breathing exercises to reduce the risk of chest infection and will help you to regain your strength through walking and exercise. Being upright, out of bed and walking around is good for your recovery.

After your operation your doctor will see you in the evening or the following morning. They will discuss your operation with you as well as seeing how you are.

PAIN RELIEF

There are many different types of pain relief available. An epidural is a small tube in the back which provides continuous pain killer giving a band of numbness around the area of surgery. Patient controlled analgesia or a 'PCA' is an intravenous pain killer you administer yourself at the push of a button. Rectus sheath catheters involve 2 small tubes in the muscle wall of your stomach, put in during surgery, which give continuous local anaesthetic to your wound to make it numb. Long-acting pain killers can be given as a spinal injection prior to surgery, and tablets are used alongside all of these methods to provide extra pain relief. We often use a mixture of pain relief medication so that we can make sure that you are comfortable. You will see you anaesthetist before surgery and have the opportunity to discuss these options and to decide together which one is best for your operation.

NAUSEA AND VOMITING

After your operation some people may feel or occasionally be sick. Many things may contribute to this but your anaesthetic is designed to reduce the sickness as much as possible. If it occurs it is usually short lived and can be effectively dealt with by administering medication via your drip. If you feel sick, please ensure that you tell a member of staff. It is important that we relieve your sickness so that you feel better to eat and drink.

Each evening you are in hospital you will be given an injection in the arm or leg. Called Tinzaparin this is an injection which thins the blood and is given to reduce the risk of a blood clot (DVT/PE). If you require Tinzaparin on discharge the nurse on the ward will show you how to self administer the injection on day one after your surgery for when you go home so you are able to self administer the injection yourself at home. The stockings also help to do this and you should wear these when you are in hospital and when you are home for six weeks. You will be given an information leaflet on discharge explaining how to prevent blood clots.

Most patients will be discharged home 1-4 days after their operation. We will discuss your discharge with you beforehand to ensure that you and your friends/family are prepared. Some patients can go home the same day as their operation. You will be informed of this before admission if this is likely.

Use the diary at the back of this booklet to record your progress as you recovery from your operation. This is helpful for you to see the improvements you make everyday but also very helpful for the hospital staff so that we can give you and other patients in the future the correct support.

Exercises and Physiotherapy

Doing a few simple exercises and physiotherapy can help you to recover more quickly and also help to prevent complications.

An anaesthetic can affect your lungs and may together with discomfort after an operation can make taking a deep breath and coughing difficult. This means that phlegm (thick mucus) can collect in your lungs. Deep breathing, coughing and moving about are important to help clear any phlegm and prevent you from developing a chest infection after you operation.

It is important that you start to clear any phlegm as soon as possible after your operation. Coughing will not damage your stitches or staples. If you are in pain and this is making coughing difficult use your pain relief button or ask the nurse for more pain relief.

Coughing

Coughing is the normal way to clear phlegm from your lungs. You may find that you need to do this more often in the first few days after your operation. To help you cough, support your wound firmly with a towel or pillow - this will help ease any discomfort from your wound. At first it may help to try huffing (forcing breath out through an open mouth as if steaming up a mirror). Do this 2-3 times to help loosen any phlegm in the back of your throat.

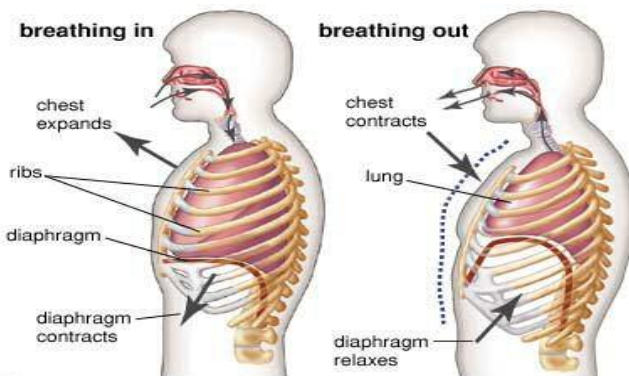


Breathing exercises

Whether you have phlegm or not, you should do the following deep breathing exercises whilst sitting upright in bed or preferably when sitting in a chair.

- Relax your shoulders and upper chest
- Take a deep breath in through your nose filling your lungs, especially the bases.
- Try to hold this breath for 3 seconds
- Breathe out slowly through your mouth.

Do this three times then rest- more than this may make you light headed. Practice these breathing exercises every hour. You can start as soon as you wake up after your operation.



Circulation and exercises

It is important to get moving as soon as possible after an operation to aid recovery. The following gentle exercises will help your body to start working again, and improve your circulation.

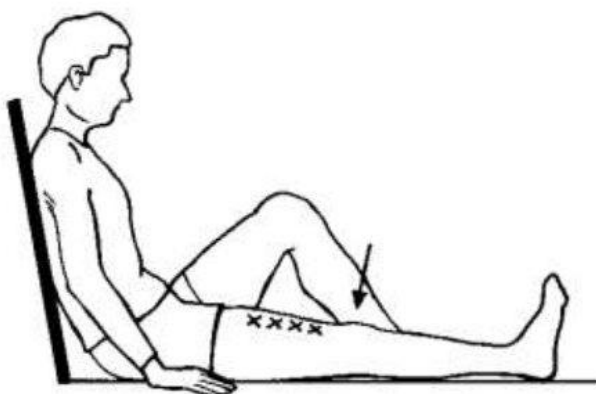
- 1) Immediately after your operation you can start moving your feet, ankles and legs. Move your ankles around in circles repeat this 5 times.



- 2) Point your toes then bring your foot back up feeling the muscle stretch behind your calf and knee. Do this firmly and quickly and repeat 10 times. This helps to keep the blood moving through the legs.



- 3) With your legs flat, push your knees into the bed, feeling the muscle above your knee tighten and hold for 5 seconds. Repeat five times. This is the big muscle in your leg that you need to help you get out of bed and walk.



- 4) Tighten and relax your buttock muscles regularly and lean slightly from one side to the other to ease the pressure on your bottom.

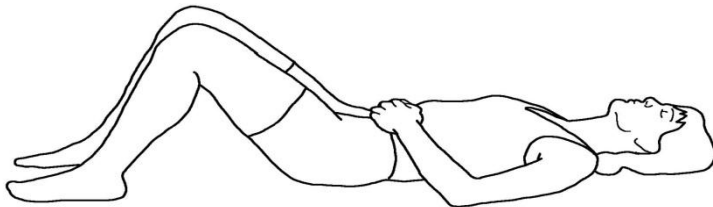
Repeat these exercises every hour

Abdominal exercises

Abdominal exercises will strengthen your tummy muscles after surgery and relieve wind and backache.

These exercises can also be started straight away after you operation, and should be done twice a day.

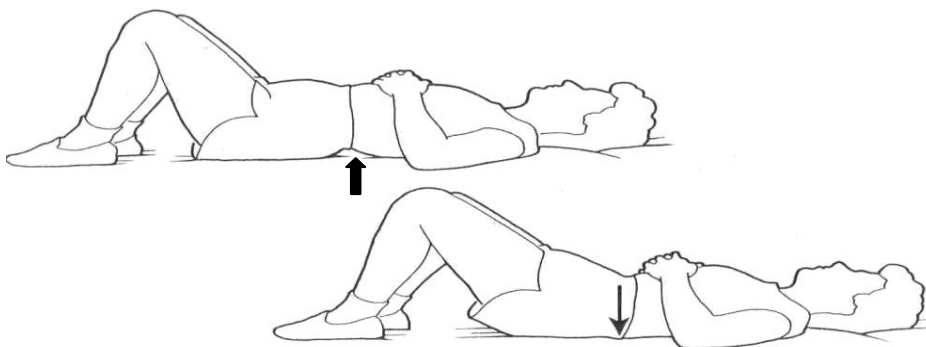
- 1) Lying in bed, a pillow under your head, with your knees bent and feet flat on the bed. Put your hands on your lower abdomen, breathe in through your nose and as you breathe out gently pull in your tummy button down towards your spine. Try to hold your muscles tight for three seconds and then slowly relax. Repeat 5 times and gradually build it up.



Pelvic tilting

- 2) Lie on your bed with a pillow under your head, your knees bent and feet flat on the bed. Make a hollow in the small of your back and then press your back flat onto the bed. Hold for a count of three then release slowly.

Repeat 5 times at first building up to 10 times.



Pelvic Floor exercises

- 3) Sit in a chair with your knees slightly apart. Imagine you are trying to stop passing wind. You will have to squeeze the muscle around your bottom, without moving your buttocks or legs. Now imagine you are going to pass urine and you are trying to stop. You will find yourself using slightly different parts of the pelvic floor muscles to for these exercises.
- 4) Squeezing both of these sets of muscles together and hold to the count of five, and then relax. Repeat at least five times. These are called slow pull-ups.
- 5) Do the same exercise quickly for a second or two. Repeat at least five times. These are called fast pull-ups. Repeating the five slow pull-ups and then five fast pull-ups for five minutes in total.

Aim to do the above pelvic exercises for five minutes at least three times a day, and preferably 6-10 times a day. Try to do each five-minutes of exercise in different positions, for example when sitting, standing and lying down.

Try not to squeeze other muscles at the same time as you squeeze your pelvic floor muscles. For example, do not use any muscles in your back, thighs, or buttocks.

Knee rolling

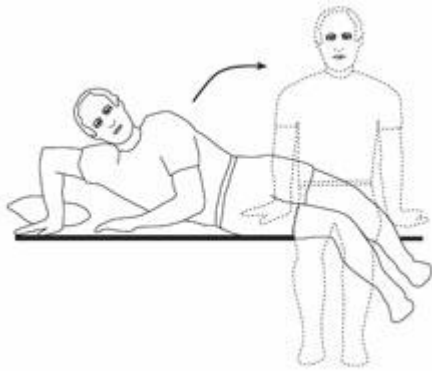
- 1) Lie on the bed with your knees bent. Pull your tummy button down towards your spine and then keeping both knees together, move them to the right as far as is comfortable.
- 2) Repeat the same exercise to the left.
Repeat five times building up to 10 times, and repeat three times a day.



Getting out of bed

The nursing and physiotherapy staff will help you to get out of bed after your operation. Drips, drains and oxygen move with you and do not stop you getting out of bed.

To get out of bed from a lying position, with your knees together, roll them to the side, over the side of the bed. Gently lower both feet over the edge of the bed, at the same time pushing up from the head of the bed with your elbow to bring you into a sitting position.



Standing and sitting

Make sure your feet are flat on the floor, shoulder width apart. Lean forwards and push down with your hands onto the bed, then straighten your knees and tighten your buttocks to stand tall. You may need a zimmer frame or the help of a nurse or physiotherapist to take a few steps at first.



To sit down in a chair, make sure that you are standing close to the chair so that you can feel the chair against the back of your knees. Put your hands on the arms of the chair and use your leg and bottom muscles to lower yourself slowly onto the chair.

Walking

After an operation, once you have started walking again, you need to keep walking regularly. You should gradually increase the distance that you are walking. Some weakness and tiredness when you first start walking is expected. Regular short walks are best, for example around your bed space, to the toilet, or just walking to look out of the window. By the time you are ready to go home you should be able to walk once every hour throughout the day, however everyone is different. Also remember that you need to build up all levels of activity gradually.

Below is a table that gives you a guide for types of activity you can do after an operation. You should listen to your body and decide how much you can do. Any for your guidance, but when doing a new activity you need to listen to your body and decide how much you can do. Any concerns please speak to your medical team, Macmillan nurse specialist or physiotherapist.

Activity advice after Gynae Oncology laparoscopic surgery or day care surgery

This chart is only a guide and not individualised – recovery will be different for each individual

Speak to your physiotherapist for further information

Week	Abdominal exercises (as per physio instruction No gym work)	Pelvic floor exercises	Making a drink	Gentle walking	Laundry	Driving	Ironing	Swimming	Vacuum cleaning	Intercourse	Carrying heavy shopping	Lifting toddlers	Sport / Gym
1	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No
2	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No
3	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No
4	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No
5	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No
6	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
7	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
8	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
9	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
10	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
11	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
12	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Activity advice after Gynae Oncology open abdominal surgery

This chart is only a guide and not individualised – recovery will be different for each individual

Speak to your physiotherapist for further information

Week	Abdominal exercises (as per physio instruction No gym work)	Pelvic floor exercises	Making a drink	Gentle walking	Laundry	Driving	Ironing	Swimming	Vacuum cleaning	Intercourse	Carrying heavy shopping	Lifting toddlers	Sport / Gym
1	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No
2	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No
3	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	No	No	No	No
4	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	No	No	No	No
5	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	No	No	No	No
6	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	No	No	No	No
7	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
8	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
9	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
10	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
11	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
12	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

At home

Week 1-2

During the first 2 weeks at home you may find that you tire easily so rest when you feel tired. You should build up your strength and stamina by having a short walk each day. Start with 5-10 minutes and gradually try to

increase the distance walked every day. It is safe for you to go up and down stairs from the day you go home. If you are unsteady on your feet, a stair assessment will be done with you before discharge.

Weeks 2-3

You can start to make light meals and help with some housework but when possible sit rather than stand. Increase your walking time and distance each week. When out walking use lampposts and trees as markers of your progress. Some days you will feel better than others. This is quite normal.

Weeks 4-6

You can gradually do more household jobs such as ironing and cooking. Break tasks down into smaller parts and ask others for help. Your tummy muscles will gradually strengthen over this period and you will then be able to get back to normal. Aim to be walking for between 30-45 minutes every day by week 6. You should still avoid heavy lifting and prolonged standing.

Weeks 6-12

You can usually re-start more strenuous tasks such as vacuum cleaning, so that by week 12 you are back to normal. If you do normally do more strenuous exercise / activities, please discuss getting back to more strenuous forms of exercise with your GP, surgeon, or physiotherapist.

Driving

You should not drive for 6 weeks after you operation. You need to be sure that you can concentrate, move without pain and be able to perform an emergency stop. You will also need to check with your own insurance company that you have insurance cover before you start driving again. Different rules apply to HGV license holders and you should contact the DVLA for further information.

INPATIENT DIARY

DAY ONE

Please circle the number of times you got out of bed today											
0	1	2	3	4	5	6	7	8	9	10	

Please circle the number of times you when you took a walk today									
7-8am		10-11am		1-2pm		4-5pm		7-8pm	
8-9am		11-12pm		2-3pm		5-6pm		6-9pm	
9-10am		12-1pm		3-4pm		6-7pm		9-10pm	

Please circle the number of times you have felt sick today											
0	1	2	3	4	5	6	7	8	9	10	

Please circle the number of times you have vomited today											
0	1	2	3	4	5						

Please circle the number of times you have taken medication for your sickness/vomiting											
0	1	2	3	4	5	6	7	8			
Have you had pain today?											
YES						NO					

On a scale of 1 to 10 circle your pain.											
0 = no pain						10 = Severe Pain					
0	1	2	3	4	5	6	7	8	9	10	
Have you been offered pain relief today?											
YES						NO					

Please circle how many drinks you have had today (number of glasses)											
0	1	2	3	4	5	6	7	8	9	10	

Please circle if you have drunk any 'build up' drinks today (for example Fortisip, Scandishake)											
0	1	2	3	4							

Please write below what you have eaten for breakfast today

Please write below what you have eaten for lunch today

Please write below what you have eaten for dinner today

Please write below what you have eaten for supper today.

Please write below what snacks you have eaten today

If you were unable to eat anything today write why?

If any of the above not achieved or any other concerns please comment:

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DAY TWO

Please circle the number of times you got out of bed today

0 1 2 3 4 5 6 7 8 9 10

Please circle the number of times when you took a walk today

7-8am	10-11am	1-2pm	4-5pm	7-8pm
8-9am	11-12pm	2-3pm	5-6pm	6-9pm
9-10am	12-1pm	3-4pm	6-7pm	9-10pm

Please circle the number of times you have felt sick today

0 1 2 3 4 5 6 7 8 9 10

Please circle the number of times you have vomited today

0 1 2 3 4 5

Please circle the number of times you have taken medication for your sickness/vomit

0 1 2 3 4 5 6 7 8

Have you been pain free today?

YES NO

On a scale of 1 to 10 circle your pain.

0 = no pain 10 = Severe Pain

0 1 2 3 4 5 6 7 8 9 10

Have you been offered pain relief today?

YES NO

Please circle how many drinks you have had today (number of glasses)

0 1 2 3 4 5 6 7 8 9 10

Please circle if you have drunk any 'build up' drinks today (for example Fortisip or Scandishake)

0 1 2 3 4

Please write below what you have eaten for breakfast today

Please write below what you have eaten for lunch today

Please write below what you have eaten for dinner today

Please write below what you have eaten for supper today.

Please write below what snacks you have eaten today

If you where unable to eat anything today please state why?

If any of the above not achieved or any other concerns please comment:

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DAY THREE

Please circle the number of times you got out of bed today

0 1 2 3 4 5 6 7 8 9 10

Please circle the number of times when you took a walk today

7-8am	10-11am	1-2pm	4-5pm	7-8pm
8-9am	11-12pm	2-3pm	5-6pm	6-9pm
9-10am	12-1pm	3-4pm	6-7pm	9-10pm

Please circle the number of times you have felt sick today

0 1 2 3 4 5 6 7 8 9 10

Please circle the number of times you have vomited today

0 1 2 3 4 5

Please circle the number of times you have taken medication for your sickness/vomit

0 1 2 3 4 5 6 7 8

Have you been pain free today?

YES NO

On a scale of 1 to 10 circle your pain.

0 = no pain 10 = Severe Pain

0 1 2 3 4 5 6 7 8 9 10

Have you been offered pain relief today?

YES NO

Please circle how many drinks you have had today (number of glasses)

0 1 2 3 4 5 6 7 8 9 10

Please circle if you have drank any 'build up' drinks today (for example Fortisip or Scandishake)

0 1 2 3 4

Please write below what you have eaten for breakfast today

Please write below what you have eaten for lunch today

Please write below what you have eaten for dinner today

Please write below what you have eaten for supper today

Please write below what snacks you have eaten today

If you were unable to eat anything today please state why?

If any of the above not achieved or any other concerns please comment:

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DISCHARGE

Before you are discharged from hospital nursing staff will discuss with you your discharge information.

If you have anybody problem or concerns when you go home then please contact us on the numbers provide in the back of this booklet.

Hopefully we will be able to deal with your problem or concern over the telephone, but if you have a problem which requires a physical assessment then we will advise you whether you should come back to see the gynae-oncology team at the hospital, or whether you are to attend your local hospital or make an appointment to see your GP.

When you are discharged from hospital please give your diary to the nursing staff so that we look at your progress and give you the correct guidance and advice for when you are at home. The information you give us will also help us to improve things for other patients in the future. If you would like to have a copy, please ask the nursing staff and they will arrange this for you.

Painkillers, reduced mobility, having an operation and change in your appetite can affect your bowel function. If you are constipated from discharge it is important that you try and address it before it becomes a problem.

Try to increase your fluid intake and eat a well balanced diet with food rich in fibre for example: wholemeal bread, bran flakes, beans and pulses.

If you have not moved your bowels for three days please contact your GP or district nurse who may give you medication to help.

TELEPHONE FOLLOW-UP

Even when you have been discharged from hospital we will continue to look after you. A member of the nursing staff will call you at home 48 hours after discharge to check on your recovery. They will be able to answer any questions you have and provide general advice and support. If the nurses, you or your family are concerned then they will arrange for you to be seen by a nurse or doctor as soon as possible.

If you are admitted to another hospital before or after your operation could you or a family member inform the Queen Elizabeth Hospital by contacting your consultant secretary?

APPOINTMENTS

	Date	Time
Pre-Assessment		
Supportive Care		
Follow Up		

CONTACT INFORMATION

	☎ Telephone Number	Notes
Ward 21	(0191) 445 2021	24 hours a day
Emergency	999	24 hours a day

Secretaries

Consultant	Secretary	☎ Telephone Number	Notes
Miss C Ang		(0191) 445 2597	9am to 5pm Monday to Friday
Prof R J Edmondson	Mrs Lillian Lee	(0191) 445 6148	
Mr K A Godfrey	Ms Elaine Denham	(0191) 445 2872	
Mr A Kucukmetin	Mrs Christine Hall	(0191) 445 6146	
Mr R Naik	Mrs Gail Beig	(0191) 445 2392	

Specialist Nurses

Karen Roberts Nurse Consultant	(0191) 445 6140	Working days Tuesday and Thursday
Alison Guest Macmillan Lead Nurse	(0191) 445 2123 Via switchboard: (0191) 482 00 00 Bleep 2344	Monday to Friday 8:30am to 4:30pm
Helen Manderville Macmillan Specialist Nurse	(0191) 445 3404 Via Switchboard: (0191) 482 00 00 Bleep 2361	Monday to Friday 8:30am to 4:30pm
Rachel Thompson Pre-Assessment Nurse	(0191) 4452420 Via switchboard: (0191) 482 00 00 Bleep 2739	Monday to Friday 9:00am to 4:00pm

A series of 31 horizontal lines, evenly spaced, intended for writing. The lines span most of the width of the page.

Data Protection

Any personal information is kept confidential. There may be occasions where your information needs to be shared with other care professionals to ensure you receive the best care possible.

In order to assist us improve the services available your information may be used for clinical audit, research, teaching and anonymised for National NHS Reviews. Further information is available in the leaflet Disclosure of Confidential Information IL137, via Gateshead Health NHS Foundation Trust website or the PALS Service.

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Author: Yvonne Anderson

This leaflet can be made available in other languages and formats upon request