Welcome to the Enhanced Recovery After Colorectal Surgery (ERAS) program. This program is intended to help speed up your recovery after surgery and help you return home more quickly. ERAS is designed to help decrease surgical complications, lessen your pain, nausea, fatigue, constipation and help resolve mobility issues. The four main components of ERAS are:

- Multi-modal pain control
- Deep breathing exercises
- Early ambulation (walking) and
- Early nutrition

These four components will be continuously addressed before, during and after your surgery. A more detailed explanation of the ERAS program is detailed in the following pages.
MULTI-MODAL PAIN CONTROL: This program component aims to minimize any post-operative pain you may experience by providing non-opioid and/or opioid medication following your surgical procedure. Side effects of narcotics may include sleepiness, constipation, nausea, difficulty urinating, and lowering your blood pressure, heart rate and breathing rate, which could delay your healing process. The amount of pain you have after your surgery may depend on the type of procedure performed and your own personal health factors. Patients have different responses to pain and pain treatments, so we will ask you to determine how to help the nurses treat your pain. Pain that is not controlled can affect you in many ways and can slow down your recovery. By addressing your pain needs with multi-modal pain control, your pain will be appropriately managed to allow you the opportunity to recover quickly. Please inform us of any history of substance use disorder.

Multi-modal pain control will include receiving two to three oral pain medications before your surgery. These pills include: gabapentin, celecoxib (Celebrex) and acetaminophen (Tylenol). Each medication takes a different pathway to reduce pain. Additional pain control methods used preoperatively include non-steroidal medications, Ketamine and a Transverse-Abdominis Plane (TAP) Block using a local anesthetic that dulls the nerves to the abdominal wall. Each of these methods helps decrease the need for postoperative narcotic use. As a result, the common side effects of narcotics are reduced, allowing you to be more alert, active and able to tolerate a normal diet more quickly.

Remember, we will ask you to work with your nurses to treat your pain when you are uncomfortable. Certain open procedures may receive a patient-controlled analgesia pain pump (pain button). Laparoscopic (small keyhole incisions) procedures may be treated with pain medication through your IV when you need it. Most pain medications are ordered on an "as-needed" basis, but acetaminophen (Tylenol) and non-steroidal medications may be regularly scheduled for you. Your nurse is responsible for confirming your identity by asking you for your name and birthday EVERY TIME he or she gives you a medication to avoid medication errors.

It is important to understand that you will probably have some discomfort regardless of what type of pain management is used. Our goal is that your pain level is manageable so that you can move around, take deep breaths and get some sleep. To ensure that you expand your lungs completely and take deep breaths, the head of your bed will be kept at 30 degrees at all times, even when you sleep. The medical staff will also ask you to rate your pain on a scale from 0 to 10. They use this type of scale to determine what your pain level is and to see how well your pain treatment is working. Your pain level, and its treatment, will be monitored regularly throughout your stay. If you are interested in adjunctive non-medical pain-relieving therapies such as deep breathing exercises, meditation techniques, aromatherapy, or others, please ask your doctor or nurse for more information.

- Multi-Modal Pain Control Goal: Your post-op pain will be manageable enough for you to gradually increase your activity level, take deep breaths and get some sleep.
- How to Achieve the Goal: Please tell the nurses when you are uncomfortable so they can address your pain needs.

DEEP BREATHING EXERCISES: This practice is designed to prevent pneumonia and other respiratory complications. Pneumonia can occur when there is a build-up of secretions in the lungs where it is dark, warm and wet – the ideal environment for bacteria to grow. The deep breathing exercise component of ERAS uses voluntary coughing, elevating the head of the bed by 30 degrees, deep breathing and using a device known as an incentive spirometer. These maneuvers will help clear secretions and help air move in and out of your lungs. If you are a smoker, it is important to minimize or quit smoking at least two weeks before your operation since smoking increases your risk of developing pneumonia. Quitting at the last minute will NOT decrease your risk of respiratory complications.

After your surgery, your nurses will demonstrate how to use the incentive spirometer device. It is highly recommended you use this device while in the hospital and continue to use it at home during your recovery. You will use it to take 10 deep breaths per hour. A helpful hint: every time a commercial comes on your TV, use it as a reminder to do a few puffs on your device.

Coughing is also a good way to prevent pneumonia because it helps to get rid of secretions that may have accumulated in your lungs during surgery. Holding a blanket or pillow ("hug me pillow") against your abdomen to help "splint" your muscles will help to decrease the pain while coughing.
Deep Breathing Exercise Goal: To have adequate and frequent air movement in and out of your lungs to prevent secretions from building up.

How to Achieve the Goal: You will perform coughing exercises regularly and use the incentive spirometer to take 10 deep breaths per hour.

EARLY AMBULATION: Staying active is the most important thing you can do after surgery! Walking will help prevent pneumonia, blood clots, constipation and other complications that might slow your post-operative recovery. Early ambulation (or walking) increases movement of air in and out of your lungs and increases your blood circulation throughout your body. Improved blood flow prevents blood clots from forming in your legs and lungs. Even after discharge, it is critically important to continue to meet your activity goals.

Your physicians and nurses will explain to you what your activity expectations are. These expectations include: walking in the hallway four hours after surgery, eating all meals sitting in a chair, and being out of bed walking every two hours while you are awake. You may need to have a urinary catheter placed during your operation, but this will not prevent you from walking. Remember to ask your nurses for assistance if you feel you need it.

As your recovery progresses, your activity should increase. Family members or friends are encouraged to help you walk while you are in the hospital. By doing so, they can become comfortable in learning what to expect in terms of any activity limitations or special accommodations you may need when you are back home. This is a perfect opportunity to discuss any concerns you may have about returning to your normal life with the nursing and medical staff.

Early Ambulation Goal: To prevent surgical complications which can develop from inactivity such as constipation, blood clots and pneumonia.

How to Achieve the Goal: You will spend at least six hours out of bed in a chair, sleep with the head of your bed raised at least 30 degrees, walk every two hours in the hallway and eat all meals in your chair every day.

EARLY NUTRITION: No solid food may be eaten the day before surgery. Instead, you will consume only clear liquids. Clear liquids include broth, clear Jell-O, popsicles, coffee/tea with no milk or cream and juices such as apple, cranberry and grape. Begin the Bowel Prep your surgeon prescribed the day before surgery as instructed. Take all prescribed antibiotics as prescribed in addition to the liquid prep. All of these will help clean out your intestinal tract, decrease the bacteria present and decrease the potential for post-operative infections.

However, TWO hours before your ARRIVAL time to the hospital on the DAY of your surgery, we ask that you drink the carbohydrate drink provided to you. You should have received this drink at your office visit with your surgeon or at the Pre-Admission Testing visit. Do not eat or drink ANYTHING after the carbohydrate drink is completed. If you do not follow these instructions and the colon is not sufficiently cleaned out, your surgeon may need to reschedule your procedure.

The aim of the enhanced recovery protocol is to return you to a normal diet as soon as possible following your surgery. After your operation, and when your intestinal tract is ready, your diet will slowly be advanced beginning with easily digested liquids or “clears”. Clear liquids include broth, clear Jell-O, popsicles, coffee/tea with no milk or cream and juices such as apple, cranberry and grape. Once you are able to tolerate clear liquids, your diet will advance to solid foods. You are also encouraged to chew gum and have hard candy.

Early Nutrition Goal: To maximize bowel recovery after surgery and tolerate regular food quickly in order to avoid nutritional deficiencies that can slow down the healing process.

How to Achieve the Goal: Your GI tract will be sufficiently cleaned out before your surgery to prevent infection. Your diet will be slowly advanced after surgery when ready and you will eat all meals while sitting up in your hospital room chair.
PREPARING FOR YOUR SURGERY

After scheduling a surgery with your surgeon’s office, the pre-procedure registration team will call you. A team member will complete the preregistration process for your surgery and schedule your preadmission testing phone interview. Please be prepared when your preadmission testing nurse calls. She or he will ask you questions about your medical history, including the names and dosages of your medications. This interview will take approximately 20 to 30 minutes.

There is a possibility that further testing may be required to safely prepare you for surgery, based on your current health issues and the type of surgery for which you are scheduled. This testing can be done in the Preadmission Testing Department located on the first floor of the Lenfest Pavilion. Tests may include blood work, an EKG and/or a chest x-ray. Your preadmission testing nurse will schedule this appointment at your convenience.

- You may need to have an updated history and physical from your primary care doctor or your surgeon. Additionally, an evaluation by a cardiologist or pulmonologist may also be required. Your surgeon will let you know what will be needed.
- If you are a smoker, preparing for a surgical procedure is an excellent opportunity to make every effort to quit. Smokers have an increased potential of complications from anesthesia and surgery. Quitting entirely, even two weeks before your surgery, can decrease your rate of respiratory and wound complications that may occur after having a surgical procedure. For help, call the smoking cessation program at 1-800-JEFF-NOW or 1-800-QUIT-NOW.

**MEDICATIONS PREOPERATIVELY:** During your phone interview, you will receive instructions explaining which medications to continue and which medications to hold before your surgery. Some of these medications include water pills, blood pressure medications and anti-depressants. Please bring a list of all your medications that you are currently taking. It will help us make sure you are on the correct medications after your surgery. This list should also include over-the-counter medicines, herbal supplements and vitamins. Please inform your surgeon if you take the following medications since they may require special dosing adjustments in light of your pending surgery.

- **Diabetic medications**
- **Herbal supplements such as:** Garlic, Ginkgo Biloba, St. John’s Wort, Black Cohosh, Vitamin E, Flaxseed, Fish Oil and Omega 3
- **Any blood thinners such as:** Coumadin, Plavix, Aspirin, Pradaxa, Eliquis, Xarelto
- **Any NSAIDS such as:** Celebrex, Voltaren, Naproxen, Aleve, Naprosyn
- **Glucosamine and/or chondroitin**

**THE DAY BEFORE SURGERY:** To get ready for surgery you will need to prepare your intestine. Your colon needs to be clean and free of stool with few bacteria present. To accomplish this goal, we require that you complete the bowel prep that was chosen for you by your surgeon. *Remember, you may not have any solid food during or after your bowel prep – only clear liquids are allowed.* Clear liquids include broth, clear juices such as apple, cranberry and grape, Jell-O, popsicles, or coffee/tea with no milk or cream.

We also request that you take the oral antibiotics prescribed to you by your surgeon. As with the bowel prep, your surgeon will provide you with instructions regarding what antibiotics to take and when to take them. Below are some other important instructions to follow the day before surgery:

- Shower and clean your abdomen and groin area with an antibacterial soap the night before or the morning of your surgery. These soaps are available at most drug stores.

*Please do NOT use Hibiclens on your face because it can damage your eyes.*
ENHANCED RECOVERY AFTER SURGERY (ERAS)

PRE-OPERATIVE GUIDE FOR COLORECTAL SURGERY

- Wear clean pajamas and use clean bedsheets. Notify your doctor if you develop a fever, chills, sore throat or other new symptoms prior to your surgery.
- Brush your teeth with a NEW toothbrush and use mouthwash the morning of your surgery. This will help reduce the bacteria in your mouth that can possibly travel to your lungs and cause pneumonia.

THE DAY OF SURGERY: Please arrive at the appointed time for your scheduled procedure. Being late on the day of surgery may result in a delay or cancellation of your surgery. It is highly recommended that you plan ahead to allow for sufficient travel time and take into account traffic to ensure your prompt arrival.

We strive to adhere to the scheduled time we gave you. However, surgeries can sometimes be delayed or postponed due to emergencies or previous surgeries lasting longer than expected. Our nurses will make every effort to keep you informed and up-to-date should this occur.

ON YOUR DAY OF SURGERY PLEASE ADHERE TO THE FOLLOWING
- We request that you drink the carbohydrate drink TWO hours before your ARRIVAL TIME (not your SURGERY time). Do not eat or drink ANYTHING after the carbohydrate drink is completed. This drink was provided to you during your pre-op visit with your surgeon or at the time of your Pre-Admissions Testing visit.
- Brush your teeth with a NEW toothbrush and rinse your mouth out with mouthwash. PLEASE bring your NEW toothbrush and toothpaste with you for your hospital stay.
- It is important that you DO NOT shave the surgical site since it can cause nicks in the skin and increase your risk of infection after surgery. Your surgical team will clip the hair closest to your surgical incision in the operating room.
- Wear loose-fitting, comfortable clothing. Bring your glasses, dentures, toothbrush, toothpaste, hearing and ambulatory aids. Contact lenses are not permitted to be worn during your procedure.
- Do not smoke, eat mints or chew gum on the day of surgery.
- Leave all valuables at home.
- Please avoid using make-up, including lipstick, nail polish and powders or lotions on the day of your surgery.
- All jewelry must be removed. This includes wedding bands, earrings and piercings. If you are unable to remove your jewelry, a list of local jewelers is available by calling the Preadmission Testing Department at 215-481-8145. Jewelry removal should be planned well in advance of surgery. No jewelry is allowed in the operating room. Failure to follow these guidelines could result in having your jewelry cut off while you are in the pre-op area or even the cancellation of your surgical procedure.
ENHANCED RECOVERY AFTER SURGERY (ERAS)

PRE-OPERATIVE GUIDE FOR COLORECTAL SURGERY

WHAT TO EXPECT WHEN YOU ARRIVE FOR SURGERY

When you arrive at Abington Hospital, you will be directed to the Same Day Surgery Unit located on the first floor of the Lenfest Pavilion. At the main desk, your family or loved ones will be given a tracking number that has been assigned to you to protect your privacy. This number will correspond with the various locations you will be in throughout your surgical experience. These locations include the holding area, operating room and recovery room. Your loved ones will be able to view your location by viewing the TV monitors in the Surgical Family Lounge and in the Cafeteria. You will also receive a bracelet which includes your name and birth date. You will wear this bracelet for the entire length of your hospital stay and you will be asked multiple times throughout your stay to confirm your name and birthdate. Although this may seem repetitive, this task ensures our staff that we are taking care of the right patient, at the right time, in the right place and with the right procedure. When you are called back to your pre-op room the nurses will prepare you for the operating room. The pre-op nurses will do the following:

- Your belongings will be given to your family or secured in a locker.
- The nurses will give you a warming blanket/gown to keep your temperature at an ideal level for surgery.
  It’s okay if you get sweaty! The goal of the warm blanket is to drive up your core temperature. Keeping your body temperature warm before surgery helps prevent infection after surgery.
- The nurses will take your weight, check your blood sugar, assess your vital signs and may ask you some questions to complete their paperwork.
- The nurses will insert an IV line into a vein so that they can give you IV fluids and any necessary medication before the surgery begins.
- If ordered by your surgeon, you may receive a small injection of a blood thinner that will help prevent your blood from clotting during your operation.
- Women of childbearing age will be asked to give a urine sample to check for pregnancy.
- You may be asked to confirm and sign additional paperwork before you go into surgery. It is very important that you are well informed about your procedure and that you have had your concerns and questions sufficiently addressed BEFORE the surgery begins.

In the Same Day Surgery Unit, you will meet with your anesthesia team including an anesthesiologist and a nurse anesthetist. The type of anesthesia you receive will be based on your specific needs, your medical history and the type of surgical procedure scheduled. An anesthesiologist will discuss with you the risks, options and benefits associated with the determined anesthetics.

It is important to inform the anesthesiologist if you have had any of the following:

- Allergies to medications
- Neurologic disease (epilepsy, stroke)
- Lung disease (asthma, emphysema)
- Endocrine disease (diabetes, thyroid disease)
- History of smoking and/or use of illicit drugs
- Stomach problems
- Heart disease
- Loose or capped teeth
- History of nausea and vomiting with anesthesia

You will also meet with your surgeon. Your attending surgeon is in charge of your care throughout your hospital stay. However, your surgeon may also consult with other specialists (medical doctors, cardiologists, etc.) before your surgery or while you are in the hospital. These consultations will help us provide the best patient care. You may also meet with other healthcare practitioners who will be involved in your care. Some of these members can include surgical residents, nurse practitioners, nurses, student nurses and medical students. Meeting with a variety of people in the hospital can sometimes feel overwhelming so if you are unsure with whom you are speaking, please feel free to ask the person to identify themselves and ask them to explain their role in your care. This is also a great time for you, as the patient, to remind EVERYONE who enters your room to wash their hands!
When it is time for you to go to the operating room, the nurse anesthetist will escort you to the operating room suite on a hospital bed. Your family and loved ones will be told where they can wait for you during your operation. At the conclusion of your procedure, your surgeon will speak to your family members to update them. If your family members are planning on leaving the hospital during your stay, they should leave a contact number where they can be reached. Their contact numbers can be left with the pre-op nurse or the 2 Lenfest Family Lounge staff. Once you are more awake, you will be reunited with your family in your hospital room.

IN THE OPERATING ROOM

Many people do not recall being in the operating room because the medications you are given during surgery can temporarily affect your memory. Once you have moved over to the OR bed, where you will be secure and comfortable, the surgical team will prepare you for surgery in the following manner:

- A blood pressure cuff will be attached to your arm to measure your blood pressure.
- A sticker will be placed on your finger to measure your oxygen level.
- Heart monitor stickers will be attached to your chest - to watch the rhythm of your heart.
- An oxygen mask will be gently placed over your mouth to help you take deep breaths.
- After you are asleep, a breathing tube will be inserted in your mouth by the anesthesiologist, or the nurse anesthetist. The tube will be connected to a machine (ventilator) to help you breathe as you sleep. If you have severe lung disease, you may be kept on the ventilator for a short time after your surgery until you are breathing well on your own. At the doctor’s discretion, you may be kept in the ICU if any problems arise.
- Tubes and drains may be placed once you are asleep.
  - A Foley catheter may be placed into your bladder to monitor the amount of urine you are producing. This helps to monitor kidney function during your surgery. The catheter will be removed your first postoperative day, if your urine output is adequate.
  - A tube may be inserted through your mouth into your stomach to drain secretions. This tube is usually removed before you awaken.

RECOVERY IN THE POST ANESTHESIA CARE UNIT (PACU)

After your surgery, you will be taken to the Post Anesthesia Care Unit (PACU) where you will be closely monitored until your anesthesia wears off. When you are more awake, you will be taken upstairs to the nursing unit. The 2 Lenfest Family Lounge staff will inform your family members about your room number and location. They can meet you in your hospital room with your belongings. Only close family and friends should visit you when you arrive to the hospital nursing floor in the immediate post-op time, and for short intervals as you will be quite drowsy.

WHILE ON THE NURSING UNIT

Once in the nursing unit, the nursing staff will monitor your recovery by providing comfort, medications for pain, and taking your vital signs. Your urine output and IV intake will also be monitored. In order to ensure your successful recovery, the nursing staff here will encourage you to continue to participate in the four main components of ERAS: Multi-Modal Pain Control, Deep Breathing Exercise, Early Ambulation and Early Nutrition.
AFTER YOUR SURGERY

MULTI-MODAL PAIN CONTROL: Our nursing team will try to keep you comfortable after surgery, but expect some discomfort as you increase activity. One of the goals of ERAS is to minimize pain while avoiding the side effects of pain medications which can delay the healing process. Take all the medications that have been prescribed to control your pain. When your pain is under control, you will be more motivated to get up and walk around. Walking around will actually help lessen your discomfort. If you need pain medication, ask the nurse for another dose before the pain gets too bad. If you feel the medication is not effective, let the nurses know. They will inform your surgeon who can make any necessary adjustments to your medications.

Pain from the incision is normal and will vary with activity. Over time, pain should subside. Upon discharge, you may be given a prescription for a pain medication. Take your pain medication as prescribed. Non-opioid medications such as ibuprofen (Motrin) and acetaminophen (Tylenol) should be used first. Opioids can be used if you need it for breakthrough pain. Opioids can affect your ability to think clearly and affect your ability to drive and operate machinery. It is important that you do not drive or drink alcohol if you are taking opioid pain medication.

It is common for opioid medications to cause constipation. To avoid constipation while taking opioids it is recommended to increase your daily dietary fiber and liquid intake. Over-the-counter stool softeners such as Colace or Metamucil can also be used. However, it is best for you to consult with your surgeon before taking any over-the-counter medications after your surgery.

Some narcotic pain pills contain Tylenol (acetaminophen). Taking more than 4,000 mg of acetaminophen in 24 hours can cause severe liver damage. Do not take pain pills that contain acetaminophen while taking Tylenol.

DEEP BREATHING EXERCISE: Continue to do your breathing exercises with the incentive spirometer at least 10 times per hour. Remember to try and cough regularly to help expel any excess secretions. Supporting your abdomen with a pillow while you cough can make you more comfortable. Also remember to sleep with the head of your bed raised at least 30 degrees to keep your lungs full.

EARLY AMBULATION: You will have an activity note posted on your door and discussed with you by your nurse. While in the hospital, continue to walk in the hallway per the instructions provided here. Have a staff or family member assist you with walking if you feel you need it.

Once you are discharged and go home, you may feel a little tired. This is normal. Small periods of rest will help energize you when it is time to get up and walk. Walking frequently will help build your stamina. At this time, you may walk flights of stairs, ride in a car and shower. However, do not lift anything over 10 pounds or do any strenuous activity for up to four weeks to avoid developing a hernia. This includes lifting children or pets. Do not do any heavy housework (groceries, laundry, vacuuming, etc.) and refrain from sexual intercourse. We strongly recommend that you do not drive until you have discussed your pain level with your surgeon or nurse practitioner at your post-op visit.

EARLY NUTRITION: Your IV fluids will be discontinued when you are adequately drinking. When your GI tract is ready, you may be offered soft or solid food. Chewing gum and sucking on hard candy may accelerate intestinal recovery. It is recommended to start with small frequent meals after abdominal surgery. Don’t force yourself to eat. Tell your nurse if you have any nausea. Your nurses will be keeping an ongoing, daily record of how much you eat, drink and urinate to make sure you are recovering well.

Some patients may complain that they have a sore throat after surgery. This can be very common but it is only temporary. This can occur because of the breathing tube that was placed in your throat in the operating room. Chewing gum and sucking on hard candy can help with any throat discomfort.

Once you return home, eating several small meals will help decrease abdominal pain associated with bloating. Remember to drink plenty of fluids. Avoid drinks with caffeine, alcohol and fluids high in sugar. These fluids can increase your urination as well as cause diarrhea and dehydration. Water and sugar free sports drinks are better options.
RECOGNIZING AND PREVENTING POTENTIAL COMPLICATIONS

INFECTION: This includes skin wound infections as well as intra-abdominal infections.

SIGNS OF INFECTION:
- Increased swelling or redness at the incision site.
- Change in the color, odor and amount of drainage from the incision site.
- Pus-like drainage from the abdominal incision.
- Increased pain or soreness at the incision.
- Fever greater than 101° F.
- Worsening abdominal pain, fever, chills, sweats, feeling unwell.

ABDOMINAL PAIN: After your surgery, you will experience some pain but it will slowly improve over time. The pain medication prescribed to you should diminish the severity of the pain. Please contact the surgeon’s office if there is no relief in your pain and it lasts for more than four hours after the medication was taken.

BLOOD CLOTS: Inactivity during and after surgery may cause the blood to slow and thicken in the veins of your legs, which can create a blood clot or Deep Venous Thrombosis (DVT). These clots can be prevented by walking and using compression stockings. A blood clot that breaks away and travels to the lung is called a pulmonary embolus (PE). High-risk patients for DVTs or PEs may go home on a blood thinner to continue to prevent clots. If a clot occurs, you may be readmitted into the hospital to be given IV blood thinner medications. Prompt treatment of clots will prevent more serious complications from occurring.

SIGNS OF BLOOD CLOTS IN THE LEGS (DVT)
- Swelling in one or both legs, which may be accompanied by increased warmth and tenderness at the area.
- Leg pain with walking and other activities.

SIGNS OF PULMONARY EMBOLUS (PE)
- Sudden chest pain
- Difficulty breathing (air hunger) or rapid breathing
- Sweating
- Confusion
- Racing or pounding heart

A PULMONARY EMBOLUS CAN BE LIFE THREATENING!

CALL 9-1-1 OR GO DIRECTLY TO THE EMERGENCY ROOM!
IMPORTANT INFORMATION ABOUT OPIOIDS

Your surgeon may have prescribed opioids to control your pain after surgery. The most common types of opioids include Oxycodone, Vicodin and Percocet. These medications can reduce pain during short term use but they come with serious risks. Some of these risks include addiction and death from overdose especially when taken for longer periods of time or at high doses. The Center for Disease Control has the following recommendations concerning opioids:

- Never take opioids in higher amounts or more often than prescribed.
- Do not combine opioids with alcohol or other drugs such as Diazepam, Alprazolam ('benzos'), muscle relaxants or sleep aids.
- Do not sell or share opioids.
- Store opioids in a secure place and out of reach of others: children, friends, family and visitors.
- Dispose of unused opioids in the following fashion: Locate your community drug take-back program, find your pharmacy mail-back program or flush them down the toilet.
- Dispose of unused opioids in the medication return unit located in Alliance Pharmacy at Abington Hospital during pharmacy operating hours.
- More information can be found at www.fda.gov/Drugs/ResourcesForYou

DISPOSING OF YOUR UNUSED MEDICATION

Any expired or unwanted medications should be properly disposed of at a designated take-back location.

- Abington Hospital – Alliance Pharmacy
  215-481-4318 | www.abingtonhealth.org/Healthy-Living/CommunityHealth/Community-Resources
- Bucks County Drug & Alcohol Commission, Inc.
  215-733-9313, Option 2, Ext. 2730 | http://www.buckscountry.org/LivingAndWorking/DrugAndAlcoholCommission
- Center for Disease Control – Opioid Overdose | www.cdc.gov/DrugOverdose
- Chester County | 1-866-286-3767 | https://www.chesco.org/216/Drug-and-Alcohol
- Delaware County | 610-713-2365 | www.co.delaware.pa.us
- Montgomery County Drug & Alcohol Information and Advocacy Service | 1-800-221-6333 | www.montcopa.org
- PA Commonwealth Prevention Alliance | www.pastop.org
- PA Department of Drug and Alcohol Programs (includes Philadelphia locations) | www.ddap.pa.gov
- U.S. Food & Drug Administration – Resources | www.fda.gov/drugs/ResourcesForYou
ERAS PROGRAM EXPECTATIONS FOR A SUCCESSFUL SURGICAL RECOVERY

■ **MULTI-MODAL PAIN CONTROL:** The ERAS expectation is you will tell the nurses when you are uncomfortable so they can address your pain needs with a variety of methods.

■ **DEEP BREATHING EXERCISES:** The ERAS expectation is you will perform coughing exercises regularly and use the incentive spirometer to take 10 deep breaths per hour.

■ **EARLY AMBULATION:** The ERAS expectation is you will spend at least six hours out of bed in a chair, sleep with the head of your bed raised at least 30 degrees, walk every two hours in the hallway and eat all meals in your chair.

■ **EARLY NUTRITION:** The ERAS expectation is your GI tract will be sufficiently cleaned out before your surgery, your diet will slowly be advanced after surgery and you will eat all meals in your hospital room chair.
YOUR SURGERY CHECKLIST

Use this checklist as a guide to prepare for your surgery and recovery.

DAYS/WEEKS BEFORE SURGERY

- Complete any pre-op testing requested by your doctors. Examples include blood work, colonoscopy, CAT scan, EKG etc.

- Meet (in person or on the phone) with anesthesia providers or Preadmission Testing (PAT) staff to discuss your surgery. During this conversation you will review your medical history and will be told if you need to stop or change any medication before surgery. Have your medication list with you to review.

  Please call the PAT at 215-481-8145 if you have any questions.

- If you are a smoker we recommend you stop smoking prior to surgery in order to prevent postoperative problems.

  Smoking Cessation: 215-481-2204 or 1-800-Quit-NOW.

- Check that you have all the supplies needed for the bowel preparation that your surgeon has prescribed for you.

- Make sure you have the oral antibiotic your surgeon has prescribed for you.

- Make sure you have your packaged drink for the morning of surgery. This drink should have been given to your surgeon’s office or Preadmission Testing. You will drink this ON THE DAY OF SURGERY.
THE DAY BEFORE SURGERY

☐ After you EAT your breakfast, you may ONLY have Clear liquids on the day before surgery. **Clear liquids include broth, clear juices such as apple, cranberry and grape, Jell-O, popsicles or coffee/tea with no milk or cream.**

☐ Start the bowel preparation the day before surgery. Follow the directions given to you by your surgeon.

☐ Shower and clean your belly and groin (between your legs) area with antibacterial soap. **Look for the word ‘antibacterial’ on the packaging.**

☐ DO NOT SHAVE YOUR BELLY OR GROIN (between your legs) AREA. This could increase your risk of infection.

☐ Bring the following documents to the hospital:
  - Your list of medications
  - Photo ID such as driver’s license, passport, student ID etc.
  - Insurance card
  - Advance directives (also known as a living will or power or attorney)

☐ Call your surgeon’s office if you have a fever, chills, any skin cuts, sore throat or other new symptoms.

☐ Remove all jewelry, piercings, nail polish and any hair extensions that have metal clips.

☐ Review the ERAS packet you received from your surgeon.
THE MORNING OF SURGERY

☐ Take medications as instructed during your pre-admission phone call/visit.

☐ If you have not done so the night before, shower and clean your belly and groin area with antibacterial soap. *Look for the word 'antibacterial' on the packaging.*

☐ DO NOT SHAVE YOUR BELLY OR GROIN (between your legs) AREA as this may increase your risk of infection.

☐ Call your surgeon’s office if you have a fever, chills, any skin cuts, sore throat or other new symptoms.

☐ Drink the packaged drink that you were provided TWO hours before your scheduled ARRIVAL time.

☐ DO NOT DO THE FOLLOWING:
  • DO NOT take any medications that you were instructed to hold during your preadmission interview.
  • DO NOT smoke.
  • DO NOT chew gum.
  • DO NOT have candy or mints.
  • DO NOT use lotions or powders.
  • DO NOT wear any jewelry.
  • DO NOT wear contact lenses.
  • DO NOT wear hair extensions with metal pieces.
  • DO NOT wear nail polish.

☐ PLEASE DO THE FOLLOWING:
  • DO take all medications that you were instructed to take during your preadmission interview.
  • DO leave all valuables at home.
  • DO wear loose fitting clothing.
  • DO bring your glasses, dentures, hearing aids and ambulatory aids (for example, cane, walker etc.)
  • DO brush your teeth with a NEW toothbrush and rinse your mouth out with mouthwash.
  • DO bring your NEW toothbrush and toothpaste with you for your hospital stay.
  • DO bring your C-PAP machine. If you use a C-PAP machine to help you breathe at night, it is important that you bring it with you for your hospital stay.

☐ Arrive on time for your scheduled procedure.
AFTER SURGERY

☐ Take all medications that have been prescribed to you to control your pain. If you are still experiencing pain, let the nurses know, so they can determine how to help control your pain so you remain comfortable.

☐ Take several deep breaths with your breathing device (or incentive spirometer) ten times every hour to expand your lungs. Practice coughing to clear your lungs of excess mucous and/or saliva.

☐ Participate in activity soon after your surgery by walking as instructed by your nurse/surgical team after your surgical procedure. Track how much you walk on the paper log that will be posted on your hospital door. Have a family, friend, or staff member, assist you as you walk if you feel you need it.

☐ Your doctors will order a clear liquid diet for you to try when you are ready. Sit at the bedside or in chair for all meals. Clear liquids include broth, clear juices such as apple, cranberry and grape, Jell-O, popsicles or coffee/tea with no milk or cream.

☐ Keep the head of your bed raised at least 30 degrees (halfway up) at all times, even while sleeping. This position will help you to breathe better.

☐ Your doctors will order a diet of soft solid food when you are ready.
  • Start with small frequent meals after belly surgery
  • Eat what you are interested in, do not force yourself to eat
  • If you feel nauseous (sick to your stomach), inform your nurse and stop eating
  • Sit in your chair for all meals
AFTER DISCHARGE

☐ If you were prescribed opioid pain medicine, such as Percocet, Dilaudid or oxycodone follow the Center for Disease Control and Prevention’s (CDC) recommendations:

• Never take opioids in higher amounts or more often than prescribed.
• Give your healthcare provider a list of your current medications.
• Do talk to your doctor about the safety of combining your pain medication with other medications, herbal supplements and herbal patches.
• Do not sell or share opioids.
• Store opioids in a secure place and out of reach of others: children, friends, family and visitors.

☐ Take your pain medication as prescribed. Over-the-counter pain medications, such as Motrin, Advil or Aleve can help decrease pain. Check with your doctor to see if these are ok for you to take.

These medications include non-steroidal anti-inflammatory medicines (NSAIDS,) such as ibuprofen and naproxen. Acetaminophen/Tylenol is also an excellent pain reliever. However, do not take Tylenol while taking other medications that contain acetaminophen such as Percocet or Vicodin.

*Taking more than 4,000mg of acetaminophen in 24 hours can cause severe liver damage.

☐ Based on your surgeon’s recommendations, you may be cleared to walk flights of stairs, ride in a car and shower.

Do not lift anything over 10 pounds for up to four weeks to avoid developing a hernia. This includes children or pets. Some household items that weigh 10 pounds are: large bag of sugar, flour or a gallon of milk.

Do not do any heavy housework (groceries, laundry, vacuuming, etc.), aerobic exercise/weight lifting and refrain from sexual intercourse until you have had your follow-up visit with your surgeon. Your surgeon will let you know when it is okay to resume these activities.

☐ Remember to drink plenty of fluids

* Liquids **NOT** to drink
  * Caffeine
  * Alcohol
  * High in sugar

* Liquids **TO** drink
  * Water
  * Sugar-free sports drinks

*These fluids can cause diarrhea and increase your urination which can cause dehydration.*