# Enhanced Recovery After Surgery

LIVER - BILE DUCT





# **Contact Information for Questions and Emergencies**

GI Surgery Center: **716-845-4005** Hours: 8:00a.m. – 5:00p.m., Monday – Friday

- General Questions: If the Center is closed, your call will be answered by a staff member of the nurse triage line or the central call center, and they will assist you.
- Urgent Symptoms: Roswell Park has an Assessment and Treatment Center (ATC), which sees
  patients who are having urgent symptoms that are not life-threatening. This is not a walk-in clinic.
  You must have a referral from your Roswell Park physician or the physician on call to be seen
  there. Please call 716-845-4005 if you need assistance. If you need to be seen, they will arrange an
  appointment in the ATC.
- Emergencies: In an emergency, please call 911 or go to the nearest hospital emergency department. Bring your Roswell Park "green card" (ID card) with you and let the ER staff know the last time you were treated at Roswell Park. If you go to the ER or are admitted to the hospital, have someone notify your Roswell physician.

### Introduction

This booklet explains the Roswell Park Cancer Institute *Enhanced Recovery After Surgery* (ERAS) program for people having liver and bile duct surgery. The overall goal of this program is to shorten your recovery after surgery by:

- (1) reducing the length of your hospital stay
- (2) avoiding the use of medications (such as narcotics) which may delay your recovery
- (3) lowering your risk of complications after surgery

Successful ERAS starts *before* the operation with medications and other therapies aimed at giving you a head-start on your recovery.

#### **About ERAS**

- Preparation (prehabilitation): You are about to have a major operation. Good nutrition and
  physical fitness are important to a smooth and short recovery after surgery. Eating a healthy diet
  of fruits, vegetables, and proteins can help maintain weight and reverse recent weight loss. High
  calorie protein drinks between meals can be helpful as well. If you smoke, it is ideal to give up
  smoking as soon as possible. Please avoid any alcohol before your surgery. Finally, daily exercise
  is a great way to improve your conditioning before an operation. Even a 30 minute walk every
  other day is valuable.
- Night before surgery: Please see "Instructions ERAS Program" card for your preoperative instructions.
- Day of surgery: Several long-acting pain pills are given before surgery to help control pain after surgery. These medications are not narcotic medications.
- After surgery:
  - o Food: You will have clear liquids after surgery, followed by soft food on day 1 and beyond.
  - O Pain control: Our goal is to achieve good pain control using as little narcotic medication as possible. Other medications that are used include anti-inflammatory medications, neuropathic medications, and acetaminophen (Tylenol®). Pills you can take by mouth are preferred over intravenous (IV) medications.
  - Bowel medications: Constipation is a common problem after surgery—even among patients who are do not have constipation problems before surgery. Your team will give you both stool softeners and laxatives to prevent constipation. We will also give you medications to prevent nausea.
  - Early ambulation (sitting up in the chair, walking) is important to a quick recovery after surgery.

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# Liver/Bile Duct Surgery – ERAS Care Plan

Typically, patients on ERAS stay in the hospital 3 to 4 days after surgery. Your health care team may make changes to personalize your care. You and your nurse will fill this out as you work on discharge planning together.

	Day of Surgery – Day 1	Day After Surgery Day 2	Days 3 to 4 After Surgery
Comfort  Your pain goal:	Date:  □ Oral pain medication is given before surgery. □ Spinal medication is given just before you go to sleep. □ Oral and IV pain medication is given both before and after surgery. □ You will rate your pain on a pain scale from zero (no pain) to 10 (severe pain) □ Tell your nurse if your pain is increasing or if the pain medicine is not working	Date:  □ Oral pain medication is given after surgery. □ Talk with your nurse about your pain goal □ Your nurse will ask you about your pain level — be honest □ You may try integrative therapies (such as relaxation and massage)	Date:  □ Oral pain medication is given after surgery. □ Trouble sleeping? Ask your nurse for suggestions to help you sleep. □ Integrative therapies may be used if they are helpful
Breathing	<ul> <li>□ Take deep breaths and cough often. Holding a pillow over your incisions (splinting) may reduce discomfort</li> <li>□ Use the incentive spirometer every hour while you are awake</li> <li>□ An oxygen monitor checks the oxygen level in your blood</li> <li>□ If you need oxygen, which is common on the first night, we will run a tube under your nostrils</li> </ul>	□ Take deep breaths and cough often. Splint over your incisions □ Use the incentive spirometer every hour while you are awake □ If the monitor shows the oxygen level in your blood is OK, we will remove the tube from under your nose	□ Take deep breaths and cough often. Splint over your incisions □ Use the incentive spirometer every hour while you are awake □ Your doctor may give you medicine to help you remove extra fluid from your body and improve your breathing

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	Day of Surgery – Day 1 Date:	Day After Surgery – Day 2 Date:	Days 3 to 4 After Surgery Date:
Bladder/ Bowel	□ While you are in surgery, a catheter (small flexible tube) is placed in your bladder to drain your urine □ Your nurses will help you to the bathroom or to use a commode if you need to have a bowel movement	<ul> <li>□ We may remove the catheter from your bladder</li> <li>□ Let your nurse know if you are passing gas</li> <li>□ We will give you stool softeners and laxatives to prevent constipation.</li> </ul>	□ We may remove the catheter from your bladder □ Let your nurse know if you are passing gas, feel constipated, or have loose stools □ We will give you stool softeners and laxatives to prevent constipation.
Education	Your nurses will teach you:  Breathing & leg exercises Safety and fall prevention	Your nurses will teach you:  About preventing DVTs (blood clots)  Breathing & leg exercises  Safety and fall prevention	Your nurses will teach you:  Good nutrition Breathing & leg exercises How to care for your drain (if you have one)
Plans for Leaving the Hospital (Discharge)	□ Plan for a 3 to 4 day hospital stay	<ul> <li>You and your nurse should start talking about your discharge plans</li> <li>□ Tell your nurse who will be your caregiver/ support person when you get home</li> </ul>	<ul> <li>□ A social worker will discuss discharge plans</li> <li>□ Your nurse or pharmacist will discuss your at home medications</li> <li>□ Are you ready?</li> <li>✓ Your doctor says you are ready</li> <li>✓ Pain is under control</li> <li>✓ You are eating soft foods</li> <li>✓ You are walking (with or without help)</li> <li>✓ You do not have problems with urination or bowel movements</li> <li>✓ You understand how to take care of yourself at home</li> </ul>
Food and Drink	□ You will be started on a clear liquid diet.	If nausea is not a problem, you will advance to soft foods	If nausea is not a problem, you will advance to soft foods

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	Day of Surgery – Day 1	Day After Surgery – Day 2	Days 3 to 4 After Surgery
	Date:	Date:	Date:
Tests, Labs and Procedures	<ul> <li>We will give you fluids and medications through your IV</li> <li>Routine blood tests will be done</li> </ul>	<ul> <li>Routine blood tests will be done</li> <li>Your weight will be monitored</li> </ul>	<ul> <li>Routine blood tests will be continued</li> <li>Your doctor will remove and change the dressing for the first time</li> </ul>
	<ul> <li>Your weight will be monitored</li> <li>You may have a drain to prevent fluid from building up at the site where you had surgery</li> </ul>		□ If you have a drain, it may be removed before you go home
Activity	<ul> <li>Sitting on the edge of the bed and dangling your feet</li> <li>We will keep the head of your bed raised</li> <li>You will be wearing</li> </ul>	<ul> <li>Your nurse will help you stand up and sit in a chair</li> <li>She or he will help you walk in the hall as soon as you are able</li> <li>The head of the bed</li> </ul>	<ul> <li>□ Keep the head of your bed raised</li> <li>□ Walk in the hall at least 4 to 6 times a day</li> <li>Walk 1</li> <li>Walk 2</li> </ul>
	sequential compression devices (SCDs) while you are in bed. These sleeves wrap around your legs and squeeze them gently by continually inflating and deflating. SCDs help prevent blood clots	remains raised  The SCDs will be worn when you are in bed  Heparin shots are given to help prevent blood clots. These injections are given just under the skin (not into a muscle)	Walk 2 Walk 3 Walk 4 Walk 5 Walk 6  You may meet with a physical therapist to help you regain your strength Ask your nurse or doctor if you still need to wear the SCDs You may take a shower

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