

Enhanced Recovery After Surgery (ERAS) Breast Reconstruction

What is ERAS?

Enhanced Recovery after Surgery (ERAS) is a guideline that will be used by all the professionals caring for you (multi-disciplinary team). The aim of the ERAS guideline is to improve the experience and well-being of people who are undergoing major surgery. It helps you to recover sooner so life can return to normal as quickly as possible. The pathway focuses on making sure that you are actively involved in your recovery.

There are four main stages:

- Planning and preparation before admission (including nutrition).
- Reducing the physical stress of the operation on your body.
- A structured approach to managing your care during and after your surgery, including pain relief.
- Early mobilisation (getting you moving as soon as possible).

We will give you some carbohydrate drinks to be taken before your surgery. Research has shown that these carbohydrate drinks reduce the stress of the surgery on your body.

There is an early mobilisation plan, the purpose of which is to get you moving as soon as possible and involves you getting out of bed the morning after your surgery. You will be encouraged to walk increasing distances on the ward every day until you are discharged home. You will also be encouraged to eat meals sitting out in the day room.

What to expect

Preparation before admission

The consultant surgeon and their team, including specialist nurses, will meet with you before you come into hospital. They will explain what they are planning and you will have plenty of opportunities to ask questions. You will receive an appointment to attend the Pre-Assessment Clinic (PAC), before the date of your surgery to ensure you are fit for the anaesthetic and surgery.

You will see a nurse who will check your general health and carry out tests such as a blood test, blood pressure check etc. You will see an anaesthetist to discuss your anaesthetic requirements. They will also discuss pain relief and monitoring equipment you will have after the operation and give you the opportunity to ask any questions.

Patients are admitted on the morning of surgery to the Admissions Lounge / Main Theatre Reception (Location 59) at 7am.

Preventing blood clots after surgery

You will be given blood-thinning injections (Dalteparin / Fragmin®) to give yourself the night before the operation around 10pm and then for 7 days after leaving hospital. You will be taught how to give yourself these once-daily injections in the PAC and will have the opportunity to practice whilst you are on the ward before you go home.

You will be given two pairs of anti-embolism stockings which you will be asked to wear for three weeks post-surgery. These measures will help to reduce the risk of you getting a blood clot in your legs (deep vein thrombosis (DVT) or lung (pulmonary embolism (PE) after your surgery.

Reducing the physical stress of the operation

Early mobilisation

The sooner you get out of bed, eat, drink and feel comfortable, the better. Getting you moving (mobilising) as soon as possible is an important part of ERAS as it helps to reduce your risk of developing complications such as chest infections and blood clots.

Mobilising will also get your gut and bowels working which will help prevent you from feeling sick or being constipated. This in turn means you are able to eat and drink well, giving your body energy to recover.

Nutrition

You will be given six cartons of the carbohydrate drinks (Nutricia pre-Op®) by your PAC nurse. These are special drinks designed for patients undergoing surgery. They are clear, still, lemon flavoured drinks that contain carbohydrates and minerals. They are easy to digest so you may drink these up to two hours before your surgery. Most people prefer to drink these drinks chilled or over ice. Once a carton is opened, you should aim to drink it within four hours. The drinks are free from gluten, lactose and fibre. However, they contain sugars and sweeteners so are not suitable for people who are diabetic

Instructions for use:

Evening before your surgery: drink 4 x 200ml cartons of the pre-op

Nutricia drinks

Morning of your surgery: drink 2 x 200ml cartons of the pre-op

Nutricia drinks before 6.30am

When should you stop eating and drinking before the operation?

- You can have normal food and drinks until **6 hours before** your operation (stop at midnight).
- We encourage you to drink clear fluids only until **2 hours before** surgery (until 6.30am)

Clear fluids include water, **black** tea or **black** coffee.

No milky drinks, chewing gum or mints are allowed.

What happens on the day of surgery?

You will be asked to report to the Main Theatres Reception (MTR), Location 59 for 7am.

The theatre staff will check your admission paperwork and recheck your observations (blood pressure, pulse, respiration rate, oxygen saturation levels in your blood and your temperature). You will see the surgeon who will check your consent with you and 'mark' you for surgery. The anaesthetist will see you too.

You will be provided with a foil 'space blanket' to wear - this ensures you are kept warm whilst waiting for your operation. You may be asked to take a painkiller tablet before your operation between 7.30am and 8am with a small sip of water. The theatre staff will provide you with this.

What happens after the operation?

Immediately after surgery

After your operation, you will wake up in the recovery area where you may have several monitoring drips, drains and tubes attached to you. You will have a urinary catheter draining urine from your bladder. All of these will have been explained to you before your surgery. Recovery nurses will take care of you and ensure you are comfortable. When ready, you will be moved to the Enhanced Recovery Area (EHRA) which is a high-dependency bay in Canadian Wing (Margaret Duncombe Ward), the main female surgical ward.

Evening of your surgery

Providing the surgeon is happy with your recovery, you may drink freely to thirst and will be offered something to eat. EHRA nurses will monitor you closely and will check your breast reconstruction every 30-60 minutes.

On the first day after your operation

A nurse will help you to have a wash, put on your support garments and your own nightwear. You will be given a bag to carry your drains in.

The nurses and/or physiotherapists will help get you out of bed. You will sit out for about two hours in total and will be encouraged to move around as much as you are able. The physiotherapist will teach you deep breathing exercises and bed/ chair exercises.

Your urinary catheter will be removed as soon as you are mobile. Other attachments (cannulas, drains etc.) will be removed over the next 1-2 days.

You will be given regular tablets for pain.

It is important for you to drink to thirst and eat a healthy, balanced diet rich in iron and protein to aid your wound healing.

You will be able to eat normally and encouraged to eat sitting upright in your chair.

On the second day after your operation

You are encouraged to shower independently and get dressed in your own clothes.

You should:

- be up and moving around as much as you can tolerate
- continue to eat well and drink to thirst
- take at least three walks today – aiming for 2x the length of the ward each time.

On the third day after your operation

Your pain should be well controlled, you should be drinking and eating well, sitting at the table in the dayroom.

You should be up and about walking around the ward and carrying out normal activities like washing and dressing independently.

Leaving hospital

You will be discharged home when:

- staff have assessed you as being medically fit
- all your drains have been removed (unless special arrangements have been made for you to do home with drain(s))
- you are independently mobile
- you have opened your bowels
- your pain is controlled
- you are eating and drinking with no nausea or vomiting
- you are competent with self-administering the blood-thinning Dalteparin injections, or have an alternative option in place.

You will need to make your own arrangements for discharge including transport and support at home.

Please make sure you have an adequate supply of Paracetamol and Ibuprofen (if you are able to take these) and laxatives such as Lactulose or Senna at home ready for discharge (these can be purchased from your local pharmacy / chemist or supermarket).

Follow-up after you are discharged

- You will be given an appointment to attend the Plastics Dressing Clinic (PDC), in the Main Outpatients Department, 7-10 days after your surgery.
- A second appointment will be sent to you to see the Macmillan Breast Reconstruction Clinical Nurse Specialists (CNS) or your surgeon 6-8 weeks after surgery.
- The Macmillan Breast Reconstruction CNS' will contact you at home after discharge, but you can always contact them sooner if you have any questions or concerns.

At home

Daily activities and light exercise may be resumed as soon as you feel able (generally 4 to 8 weeks after your surgery). Please follow the exercises provided by the Physiotherapy team - this leaflet will be given to you on the ward before you are discharged.

Physical activity and nutritional food help to prevent tiredness. It is advisable to have a protein rich diet (e.g. meat, cheese, eggs) as this aids wound healing.

Regular pain relief will enable you to participate in daily activities/exercises.

If you require advice after your discharge from hospital, please use the contact numbers below:

Admissions Lounge / Main Theatres Reception	01342 414820
Pre-Assessment Clinic	01342 414292
Canadian Wing - Margaret Duncombe Ward	01342 414450
Canadian Wing - Ross Tilley Ward	01342 414451
Enhanced Recovery Area	01342 306665
Plastics Dressing Clinic	01342 414442
Macmillan Breast Reconstruction CNS	01342 414302



Please ask if you would like this leaflet
in a different format.

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