NHS
Queen Victoria Hospital
NHS Foundation Trust

Enhanced recovery programme in head and neck

Patient information

What is Enhanced Recovery Programme?

The Enhanced Recovery Programme (ERP) is a way of making sure that you receive the best preparation before your procedure and support afterwards to enable you to return to health as quickly as possible. Research indicates that the earlier you start eating and drinking and getting out of bed and moving (mobilising) the quicker you will recover.

The programme will begin before you are admitted and continue through your care at the hospital and once you are back at home. It offers great benefits to you and aims to reduce the risk of any complications following surgery and a general anaesthetic. ERP enables you to recover from the surgery and leave hospital more quickly by helping you to cope both physically and psychologically. This helps to improve your overall experience as well as your outcome.

Although our dedicated multidisciplinary team (MDT) will assist your recovery with support and expert advice, they cannot do everything for you. Each patient has to play an active role in promoting their own return to health. Members of the MDT include; doctors, nurses, anaesthetists, physiotherapists, dieticians, speech and language therapists, pharmacists, the psychological therapy team, clinical nurse specialists, the discharge team and community teams.

To get the most out of this programme you will need to take full responsibility for following the advice and suggestions of the MDT.

Preparing for your operation

Taking care of your health in the weeks before an operation is vital to ensure a quick recovery with minimal complications; we call this 'optimising for surgery'.

Try to eat a healthy balanced diet to ensure you are getting all the essential nutrients that your body needs to function and recover from a major operation. You may wish to consider nutritional supplements

if you are unable to eat healthily. Do not follow a reducing diet in the weeks before the surgery as your body needs to be well-nourished to have the strength to aid your recovery.

It is important for you to be thinking about your discharge before you go into hospital. Recovery at home will continue for some time after you are discharged from hospital and, therefore, you need to think about how you can cope in the weeks after surgery.

You can help yourself by arranging help and support from those close to you before you come into hospital, such as:

- making sure you have someone who can collect you from hospital when you are discharged - bring their contact details
- asking family/friends if they can stay with you or visit to help you with housework, once you are at home
- buying ready meals and doing extra shopping for non-perishable foods before admission - arranging for family/friends to do get fresh foods or extra portions of frozen food after discharge
- arranging additional childcare or help/support with school runs where necessary
- arranging care for your pets, if necessary
- arranging respite care or an increased package of care, where necessary, if you are a carer

If you think you will have any problems at any stage of your programme please call and seek help so that appropriate safe solutions can be found in advance.

If you are a smoker or drinker it is advisable for you to stop. Smoking and drinking increase post-operative complications and reduce wound healing. Your clinical nurse specialist (CNS) will alert you to the risks and sign-post you to services available to you to help you to stop smoking and drinking. While on your ERP you may be offered nicotine and alcohol replacement therapy to reduce the side-effects associated with stopping alcohol and smoking suddenly.

Pre-assessment

Before your admission date you will be seen in the pre-assessment clinic. The clinic is run by experienced pre-assessment nurses in head and neck surgeries; you will also be treated pre-operatively and throughout the course of your treatment by a number of other experienced teams including head and neck nurses, speech and language therapists (SALT), clinical nurse specialists (CNS), dieticians, anaesthetists and, at times, the psychological therapy team and physiotherapists.

The purpose of the clinic is to assess your general fitness for surgery under general anaesthetic and provide you with specific information about your admission and ongoing treatment. This ensures that your surgery and hospital stay goes as smoothly as possible.

Your pre-assessment appointment is an opportunity for you to ask questions and tell us about your individual needs and expectations. This will help us to tailor your surgery according to your circumstances and needs.

You **must** bring with you all the current medications you take. We will ask you to confirm the name and contact details of your GP and your next of kin and ensure that this is documented in your health record.

You will meet members of the MDT who will give you information related to your surgery and explain how they will be involved in enhancing your recovery.

You will be shown where to find the areas of the hospital that you will be admitted to throughout your hospital stay, including the intensive therapy unit (ITU), head and neck unit (HNU) and ward areas.

On your admission

It is routine to be admitted to the head and neck unit on the day before your surgery to ensure all pre-operative checklists are completed.

Once you are settled on to the ward, the nurses will complete with you all the documentation required and carry out any necessary tests and health checks.

On the day before surgery, some of the MDT members including doctors, an anaesthetist, a pharmacist, the psychological team and a nurse specialist will visit you on the ward to ensure all the appropriate checks have been carried out and you are ready for theatre.

Please ensure that all your property and belongings are in one lockable suitcase/bag as this will remain on the ward until your return from ITU. It is, therefore, advisable not to bring in any valuables like large sums of money, credit cards and jewellery.

Your surgery will be scheduled for 8am the next morning. You must have nothing to eat after 2am. However, you may have a small amount of water and your carbohydrate drink up to two hours before surgery, to be finished by 6am.

In-order to reduce the risk of blood clots forming; most of our patients will be required to have anti-coagulant injections (blood thinning drugs) daily throughout their hospital stay. In addition you will also be asked to wear anti-embolism stockings while you are in hospital. These are designed to help prevent deep vein thrombosis (DVT) which is the development of blood clots in the legs. Stockings are changed and measured daily for hygiene and safety reasons.

What should I bring into hospital?

We suggest you bring with you:

- toilet bag with soap, shower gel, shampoo, toothbrush, toothpaste, sanitary products, etc
- one or two flannels
- loose fitting night clothes
- dressing gown and slippers
- something to keep you occupied e.g. books/magazines/mobile/tablet
- a small amount of change for (café/vending machines)
- clothes to wear home

You **must** bring with you all of your own regular medication (enough to last throughout your stay). If you have any special/rare medications that are sourced from unique pharmacies, please communicate this with staff ahead of your admission. If you have monitoring booklets e.g. warfarin booklet please bring these with you.

Please keep your belongings/property to a minimum as there is limited storage space in the hospital.

The surgery/operation

The length of the procedure is normally between 10 and 12 hours, depending on your treatment plan as discussed with your surgeon. This involves removal of the cancer, reconstruction of the area where the cancer was removed and recovery.

The surgeon will remove the cancer along with approximately 1cm of healthy tissue all the way around it to ensure complete removal of the cancer.

The area cannot be left hollow and is normally replaced using a piece of skin, muscle or tissue (fascia) taken from another part of your body

together with its own blood supply. Usually this is taken from the forearm, lower leg, thigh or chest. This is called a flap.

If the cancer is affecting part of your jaw bone, the affected bone may be replaced by the small bone from the lower leg (fibula) or your outer pelvis (iliac crest). This is known as a bone graft.

You will be left with a wound in the area where the tissue or bone is taken from. This is called a donor site.

Occasionally, surgeons use an artificial replacement called a prosthesis (false part) where a flap or graft is not suitable or has failed. Prostheses are specifically designed soft plastic or metal replacements for the area that has been removed. The most common prosthesis is an obturator (a denture with an extension that is used to replace the upper jaw).

A prosthesis can be designed to best suit your needs. It can never feel like your own tissue but can look very realistic and work well, providing normal function.

You will have an opportunity to meet and speak to the prosthetic technician before your operation if this option is part of your treatment plan.

What happens after my operation?

After surgery, you will be transferred to ITU where you may be sedated overnight. The ITU staff will care for you and monitor you closely.

ITU is a mixed gender unit. However, staff will do their best to respect your privacy and dignity at all times. If you have any special requirements, please let us know so that we can ensure we meet your requests to the best of our ability.

Close family/friends may visit you in keeping with current visitation guidelines. We will ask you to tell us their name(s) before your surgery, so we can ensure that your confidential information and

progress is passed on to the right person. We will also ask for one contact to keep in touch with, who will be able to update the rest of your family and friends regarding your condition during your stay.

You may spend one day on ITU and then, if you are recovering as expected, you will be transferred to the head and neck unit on the ward. You will continue to receive a high level of care here with close monitoring and intensive rehabilitation. Teaching from various MDT members will continue and you will receive extensive rehabilitation.

After 2-3 days, we expect you to take the initiative to use the skills, knowledge and information given by expert MDT members to get yourself back to the normal activities of daily living. It is an opportunity for you to enhance your recovery by using the rehabilitation techniques you have received from MDT members and adjust to life after major surgery.

What to expect when you wake up after surgery

Precise details depend on your individual treatment plan and the extent of your surgery. During your operation the surgeon will put in place a number of drains and tubes to help with wound healing and to ensure you are able to breathe comfortably, take in fluids/nutrition and pass urine:

Drains

Depending on the extent of your surgery, you may have up to three drains in place leading from the operation sites. These are thin plastic drainage tubes with bottles attached to them. These bottles will collect any fluid from the wound site, helping the wound to heal.

Drains are kept in place for 48 hours or more depending on how much fluid is still draining from the wound. We aim to take the drain out when 30mls or less is collected over 24 hours.

The drains will be removed by the ward nurses. Please ask for pain relief beforehand, if you feel you will be more comfortable.

Drips/Infusions

Head and neck surgery can make eating and drinking uncomfortable and unsafe for some time immediately after your operation. As a result you will wake up with an intravenous drip attached to a cannula in the arm, groin or neck.

This drip will provide fluids and essential nutrients directly into your bloodstream for the first 24 hours or maybe a few days. It will be stopped once you are able to eat and drink adequate amounts again or when alternative feeding routes are in place and safe for use.

Feeding tube

If eating and drinking is going to be difficult and unsafe for longer than a few days, the surgeon may insert a thin feeding tube either through your nose and throat into your stomach (a nasogastric (NG) tube) or directly through the wall of your abdomen, near your waist (a percutaneous endoscopic gastrostomy (PEG) tube).

This will be done while you are still under anaesthetic.

Your nurse will put special high protein, high calorie liquid diet down the tube at regular times as calculated by the dietician specifically for you and your dietary needs. This feeding tube will also be used to give you some of your medication.

The NG tube will stay in place for a few days or weeks and will be removed when you can safely eat adequate amounts by mouth.

For a few people, PEG tubes may be permanent but they can also be temporary. PEG tubes are removed under general anaesthetic when they are no longer needed.

Tracheostomy tube

Surgery to the head and neck can cause swelling or significant bruising to the surrounding tissue, which in turn makes it difficult for you to breathe safely. If this should happen, the surgeon will create an opening called a tracheostomy into your windpipe (lower part of the neck) for you to breathe through safely.

The tracheostomy will be held open by a small plastic tube that is usually taken out when the swelling goes down and the airway is clear. More information will be given to you by your surgeon, speech therapist or nurse specialist if you are going to have a tracheostomy.

Talking may not be possible with a tracheostomy tube because air will not be able to pass through your larynx to produce voice. Other forms of communication such as mouthing, writing/texting and picture boards may be used during this period.

Urinary catheter

Often a tube is inserted into your bladder and your urine is drained through into a collecting bag. This will save you having to get up to pass urine in the early days after the operation. It helps nurses to monitor closely your fluid intake and urine output. This is a very important part of our clinical observations in providing high quality care that will enhance your recovery.

How will I feel after my operation?

You may have pain and discomfort for a few days after your operation. There are several types of pain relief available to you which can be administered in a way that suits you best, either by mouth (orally), patches, injection or via a drip or your feeding tube (if you have one).

It is very important to let your nurses/doctors know if you are in pain. If you have concerns or your pain relief is not effective or has side-effects, please tell the staff as soon as possible so that it can be altered.

After surgery you might feel nauseated or be sick. This is usually caused by the anaesthetic or drugs used during surgery. You will be given medication to prevent or reduce nausea and vomiting.

Nutrition and hydration are a very important part of your recovery programme. If you continue to feel sick or to vomit, please let your nurse know so that we can provide more anti-sickness medication and so that you can eat and drink enough.

Caring for you after surgery

Your recovery is enhanced significantly if you get moving after surgery. To ensure the best results, physiotherapists and nursing staff will start your rehabilitation on the day after surgery.

Getting out of bed to sit in a chair and walking around decrease most of the complications associated with surgery, such as chest infections, pressure sores, blood clots, muscle weakness, oedema (swelling) and tiredness.

Getting moving (mobilisation) helps to improve your lung function and breathing and helps to stop stiffness caused by being in one position and by not exercising. Any discomfort caused by sluggish bowel function after surgery usually resolves when you start moving.

The sooner you can move around, the sooner your drips and drains can be removed which enhances your recovery process.

Early mobilisation with expert support from the physiotherapist gives you the confidence to care for yourself after your surgery and helps prevent falls when you are less dependent on staff. It prepares you to continue your rehabilitation independently and allows you to take ownership of your health and recovery.

Speech

Some surgery may affect the way you speak. Speaking is a very complicated process that involves the throat, nose, mouth, tongue, teeth, lips and soft palate.

Any surgery that involves any of these parts can alter or affect your speech. For some patients, this is hardly noticeable but for others speech may be temporarily or permanently altered.

Your speech therapist will be able to support you with your speech rehabilitation and help you to adapt to any changes.

What happens when I am discharged?

We will send your GP a discharge summary from the hospital within 24 hours of your discharge. If you have any concerns once you have been discharged, please contact the ward, your nurse specialist or your GP.

Wound care

You may need some extra clinical care of your wounds or feeding tubes once you are at home. If this is going to be necessary, we will contact your local community nurses before you are discharged and provide them with a detailed plan of care.

You will be given any necessary equipment and enough supplies to care for your wound (e.g. dressings) for two weeks after your operation. The community nurses will take over after that.

Medication and pain-relief

You will be given medication to take home with you. This usually includes your regular medication, painkillers and, if necessary, antibiotics. Occasionally, your regular medicines may need to be changed. The hospital pharmacist will go through any changes with you in detail.

Once you are at home you may continue to experience pain on the operated sites. This is normal and you are advised to continue to take regular painkillers until you are pain free. Your GP can give you extra painkillers if you run out before your next follow-up appointment.

If your wound becomes inflamed, painful, swollen or starts to discharge fluid, please let the community nurse know or contact us as soon as possible.

Self-care

Ongoing self-care management is recommended in-line with the enhanced recovery programme. We will begin to teach you on the ward and we aim to discharge you when you are fully comfortable

and competent to manage your own care and look after your feeding tubes and airway, if this applies to you. You will continue to be supported in the community and with the help of community nurses, if needed.

Follow-up

The dietician and speech therapist will guide you as to what you should be eating depending on your individual needs. You will be referred to a dietician and speech therapist near you for ongoing follow-up.

Once you are at home, your nurse specialist will contact you by telephone to check on your progress. This is part of the ongoing ERP to provide you with reassurance and aftercare that will help recognise any post-operative complications early and ensure they are managed promptly.

You will be given an outpatient appointment one week after you have been discharged, for us to check on your progress. It is an opportunity to check on your wounds and discuss any setbacks and achievements since going home. It is also an opportunity to evaluate the enhanced recovery programme for both you and the staff.
You will also be given (or it will be posted to you) an appointment to see the MDT for 2-3 weeks after your operation.

Returning to normal activities

Try to get back to normal activities gradually and with care. For the first two weeks after surgery you should rest, relax and continue the exercises you were taught in hospital. Walk daily and gradually increase the amount of activities that you are doing. Remember you are still healing and recovering. Regular, less strenuous activities should get you back to normal soon.

Work

You should be able to return to work four to six weeks after your operation, depending on the type of job you do. Your consultant or GP will be able to advise you. If you require a sickness certificate, your GP or the hospital will be able to provide you with one.

Driving

You should not drive until you are confident that you can drive safely and we advise you to check with your insurance provider before doing so. In general, this will not be until you are back to your normal daily activities. It is important to ensure that you are not in any pain to enable you to perform an emergency stop and turn the steering wheel quickly.

Activities

In general, you may resume many of your hobbies shortly after your surgery. However caution needs to be taken for more strenuous activity.

Questions or concerns

Please do not hesitate to contact us at any time before or after your surgery if you have any questions or are worried.

Important contact numbers

Intensive therapy unit (ITU)	01342 414176 (24 hours)
Head and neck unit (H&N)	01342 414738/414739
CNS Head and Neck	01342 414493/414076/414791
Speech & Language Therapist (SALT)	01342 414526/414471
Dietician	01342 414445
Maxillofacial Unit - Outpatients A, Building 3	01342 414464
District Nurse	Your GP will have the contact number
Medication Helpline	01342 414215
QVH Switchboard	01342 414000 (24 hours)

Please ask if you would like this leaflet in larger print or an alternative format.

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