



Enhanced Recovery After Surgery (ERAS)

Division of Colon & Rectal Surgery

Patients undergoing colon and rectal procedures can have prolonged recovery in the critical period after surgery and prior to discharge from the hospital. The significant factors that traditionally influence recovery in this period include postoperative pain control, fluid management, and return of bowel function.

Enhanced recovery after surgery (ERAS) protocols are designed to address these issues and help you recover faster and more comfortably. These protocols have been studied in many hospitals and are shown to improve surgical outcomes, decrease hospital length of stay, and improve patient satisfaction. Our protocol is designed with the help of your surgeon, anesthesiologist, care team and nurses to provide you with the best care.

Key Components of the Protocol:

Before Surgery:

- Patient education
- Going into surgery as healthy as possible (e.g. increase activity/exercise, stop smoking)
- Cleaning out your bowels (also known as bowel prep)
- Decreasing the amount of time you go without eating
- Start pain control before the surgery takes place

During Surgery:

- Using many types of medications to control pain and give a reasonable amount of intravenous fluid to keep you hydrated
- Minimally invasive surgery

After Surgery:

- Getting out of bed and walking early and often
- Allowing you to eat as soon as safely possible
- Avoiding excessive intravenous fluid
- Controlling your pain using different types of medications in addition to narcotics
- Preset discharge criteria:
 - Good pain control with oral medications
 - Return of bowel function (gas and/or stool)
 - Eating and drinking without difficulty or nausea
 - The ability to walk and move around safely
 - Having no other medical concerns
 - Having good support to help you at home



PATIENT CHECKLIST: AFTER VISIT AND PRIOR TO SURGERY (1/4)

I. Necessary Appointments Before Surgery

- Preadmission testing
 - Routine pre-operative labs
 - Chest X-ray if over 60 years old or a history of smoking
- Pre-operative imaging as ordered by your surgery team
- Appointment with Primary Care Physician or Cardiologist for medical clearance (if requested by your surgeon)
- Appointment with ostomy nurse specialist for stoma education and marking (if requested by your surgeon)

II. Prescriptions/Instructions Before Surgery

- Fill your prescriptions
 - Erythromycin 1 g (for 3 doses) to take the day before surgery
 - Neomycin 1 g (for 3 doses) to take the day before surgery
- Pick up your bowel prep
 - 510g or 525 g of Miralax or generic substitute
 - 64 oz of liquid (non-red Gatorade or Powerade or Propel Water)
- Pick up 20 oz of non-red Gatorade or Powerade for the day of surgery
- Discuss holding NSAIDs (eg. Ibuprofen and naproxen) and/or Plavix for 7 days with your surgeon
- Discuss with your cardiologist about holding your Coumadin in other anticoagulation medication for 5 days before surgery
- Discuss with your doctor about holding your Methotrexate/Remicade/Humira (if applicable)
- Continue to take any other normal medications (including aspirin) not listed above
- Continue regular diet unless instructed otherwise by your surgery team.
- Refrain from smoking
- Continue your normal activity routine until day of Surgery



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PATIENT CHECKLIST: DAY PRIOR TO SURGERY (2/4)

I. Day Before Surgery

- Drink only clear liquid the day before surgery. You may continue to drink clear liquids up until 2 hours before to surgery or until you are schedule to arrive at the hospital for your surgery.
- Begin Bowel Prep
 - At **3:00 PM** take 2 erythromycin and 2 neomycin tablets with 8 oz of water
 - At **4:00 pm** mix the Miralax in 64 oz of your choice of liquid Gatorade, Powerade, or Propel Water. Drink one 8 oz glass of the mixture every 20 minutes until you drink all of the mixture. If nauseated, increase the intervals between glasses of prep (slow down your drinking).
 - At **5:00 pm** take 2 erythromycin and 2 neomycin tablets with 8 oz of water
 - At **7:00 pm** take 2 erythromycin and 2 neomycin tablets with 8 oz of water
- Drink only clear liquid after **6:00 pm**. You may continue to drink clear liquids up until 2 hours before to surgery.
- Call OR for surgery time if not contacted by 5pm
- Bring CPAP machine to hospital (if you use one)

PATIENT CHECKLIST: DAY OF OPERATION (3/4)

I. Day of Operation and Preoperative Holding Area

- If you have diabetes, hold your oral diabetes medication and take ½ your insulin dose
- The morning of the surgery, drink a 20oz Gatorade or Powerade. ***This drink must be finished 2 hours before your surgery or by the time you are scheduled to arrive at the hospital***
- Sip clear liquids up until 2 hours prior to surgery
- Take your medications as instructed by the surgery team



PATIENT CHECKLIST: DAY OF DISCHARGE (4/4)

I. Day of Discharge from Hospital

- Expect to be discharged from the hospital around post-operative day 4 or post-operative day 5
- Education for care of your incision(s)
- Education and supplies for your ostomy and/or drain if necessary
- Education of the medications for pain and any others prescribed
- You will be eating and drinking a regular diet
- You will be passing gas and/or stool
- Continue to walk
- If you have staples in your wound they will be removed during your postoperative visit
- Call to schedule a postoperative visit 1-2 weeks following your surgery