

Getting Ready for Your Enhanced Recovery after Surgery (ERAS) – Colorectal Surgery

HONORHEALTH®

Enhanced Recovery After Surgery (ERAS) – Colorectal Surgery

Please use this checklist to prepare for surgery and to guide your recovery.

Before Surgery

One month before surgery

- Choose someone to make health decisions for you in the unlikely event that you are unable to speak for yourself. Talk with them about your wishes, and create an advance directive.
- Complete any blood tests ordered by your doctor
- If you smoke, vape, or use chewing tobacco, work with your doctor to quit in the weeks before surgery.

Between 1 and 2 weeks before surgery

- Contact your surgeon's office to confirm date and time of your surgery.
- Expect a call from pre-assessment nurse. The two of you will review your medical history, plus the names and doses of your medications, and any allergies you have.
- Find out if you need to stop any medications before surgery.
- Make sure you have any supplies you need for your bowel prep.
- Purchase any special soap or washcloths if you were told to use them before surgery.

The day before surgery

- Follow your doctor's instructions about when to start a **clear liquid** diet.
- Follow any instructions you were given for **medications, bowel prep** or **shower**.
- Do **not** remove any hair on your body by shaving or waxing.
- Pack clean, comfortable clothes.

The morning of surgery

- Take medications as instructed.
- Shower with any special soap or washcloths, if instructed.
- If instructed**, drink **one** of these:
 - 12 ounces of apple juice or a sport drink, (such as Gatorade®), **or**
 - Ensure **Pre-Surgery**®.Finish the whole drink 2 hours before your surgery is scheduled.

Bring with you to the hospital:

- Your health insurance cards
- A photo ID
- A list of any prescription and over-the-counter medications you take.

Enhanced Recovery After Surgery (ERAS) – Colorectal Surgery

- A way to pay any copay or fees due when you are admitted.
 - A copy of your advance directive (if you have one).
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After Surgery

After Surgery

- A couple hours after surgery, nurses will help you get out of bed. Take a few steps, and sit in a chair.
- Drink clear liquids.
- Ask for medication to manage your pain. Tell your nurse if it does not help.
- Tell your nurse if you are worried about taking pain medication.

First day after surgery

- Ask for help each time you get out of bed until you are steady on your feet.
- Walk in the hall at least 3 times. This gets your blood flowing and helps you heal.
- Stay out of bed at least 6 hours.
- Drink clear liquids. Your surgeon will order solid food based on how you are feeling.

Two days after surgery

- Walk in the hall at least 3 times.
- Stay out of bed at least 6 hours.
- Your surgeon will have more foods added to your meals based on how you are feeling.

If you have an ostomy bag, ask your nurse to teach you how to:

- Apply, empty, remove, and replace the ostomy bag.
- Care for the skin around the opening on your body, called a **stoma**.
- Stay hydrated.**

Three days after surgery

- Spend most of the day out of bed and walking.
 - You will probably be eating solid foods by this time.
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Before You Go Home

Enhanced Recovery After Surgery (ERAS) – Colorectal Surgery

Make sure you have:

- An appointment to see your surgeon in 1 to 2 weeks.
- Prescriptions for medications.

Make sure you know when to call your surgeon for problems.

- Call your surgeon right away if you have signs of a wound infection like:
 - The surgical area becomes red, painful, or there is fluid coming from it.
 - You have a fever of 101.5 F degrees or higher.

If you have a new ostomy

- Ask your nurse what you should eat to thicken the waste in the bag.
- Practice how to remove and put on an ostomy bag with your nurse.
- Make sure you go home with ostomy supplies. Be sure you know how to order more.

Thank you for trusting us with your care. Please read this information to get ready for your surgery. The first step is talking with a HonorHealth pre-assessment nurse.

Enhanced Recovery After Surgery (ERAS) – Colorectal Surgery



Expect a call from a pre-assessment nurse before your day of surgery. The two of you will review your medical history, the names and doses of your medications, and any allergies you may have. The nurse will also have personalized instructions for you about getting ready for your surgery.

If labs or tests, such as an EKG, are required before surgery, you can go to any HonorHealth hospital without an appointment. Simply take your surgeon's order to the Admitting Department.

The location for your surgery is: _____

Please call your surgeon's office to confirm the time to arrive at the hospital, and your scheduled surgery date/time.

What do I need to bring?

- Your insurance card and photo I.D
- Only enough cash to cover co-payments, or a credit card
- If you use a rescue inhaler, please bring it with you
- If you use an insulin pump, leave this on, running, and bring your pump supplies.
- If you use a CPAP/BiPAP machine, please bring it with you
- A protective case for glasses or hearing aid
- Loose fitting clothes and flat shoes. If you are having breast surgery please bring a sports bra. If you are having surgery on your shoulders, arms, chest, or head, wear a shirt that buttons down the front. During surgery you will wear a hospital patient gown.
- If you have a copy of your Living Will/Power of Attorney please bring it if we do not already have a copy.



Please do not bring:

- Any electronics or jewelry, including wedding bands and body piercings
- Your daily medications, other than those noted above. We provide your usual medications during your stay.
- Contact lenses
- Please keep any valuables and unnecessary personal items such as jewelry, money, and electronics at home or leave them with a friend or family member. Any personal belongings kept by the patient, are the patient's responsibility and not the hospital's.

Enhanced Recovery After Surgery (ERAS) – Colorectal Surgery

Medication Instructions

We may instruct you to take certain medications on the before your procedure. Take them with a sip of water. If you take any of the medications below, please follow the instructions to **avoid delay or cancellation** of your surgery.

- Blood pressure medications.** If you take blood pressure medication, you may need to stop taking it before your scheduled surgery. Please read the following page called *High Blood Pressure (Hypertension) Medication*.
- Blood thinners.** If you take a blood thinner such as **Aspirin, Coumadin®, Heparin®, Xarelto®, Eliquis®, Pradaxa®, or Plavix®**, please ask your surgeon and the doctor who prescribes it if you should stop taking it before surgery.
- Hormones.** If you take a hormone such as **Estrogen** or **Testosterone**, please ask your surgeon and the doctor who prescribes it if you should stop taking it before surgery.
- Diabetes medications.** Please refer to our *Pre-procedure Instructions for Patients with Diabetes* in the following pages.
- Vitamins, supplements, or herbal medications.** If you take vitamins, supplements, or herbal medications stop taking them starting **2 weeks** before surgery unless otherwise instructed by your surgeon.
- Diet pills or weight loss pills.** If you take diet pills or weight-loss pills, stop taking them starting **1 week** before surgery. If you take any weekly injectable GLP-1 medications (Semaglutide, Ozempic) for weight loss **only** (and not for Diabetes) stop taking them **1 week** prior to surgery. If this is taken for Diabetes, see above *Diabetes medications* instruction.
- Over-the-counter pain medications.** If you take over-the-counter pain medication such as **Motrin®, Advil®** or **Aleve®**, stop taking it **1 week** before surgery. **Exception:** Tylenol® (acetaminophen). It is OK to continue taking Tylenol® (acetaminophen).
- Opioid dependence medications.** If you take Opioid (narcotic) dependence medications such as **Suboxone®** (Buprenorphine/naloxone) this needs to be tapered before surgery. Do not stop taking it abruptly. Call your prescribing physician for instructions on how to do this safely.

Enhanced Recovery After Surgery (ERAS) – Colorectal Surgery

High Blood Pressure (Hypertension) Medications

If **general anesthesia** is planned for your surgery this can interact with some types of blood pressure medications. If you take one of these medications on your day of surgery, your blood pressure could get dangerously low.

Please look at the list below for the names of blood pressure medication you take. If your medication is on the list, stop taking the medication **24 hours before surgery**. Note: This applies to the medications **only** as they are listed in the combinations below. If your medication is **not** on the list, **continue to take it as usual**.

<u>Drug</u>	<u>Trade Name</u>	<u>Drug</u>	<u>Trade Name</u>
Accupril	Quinapril	Fosinopril	Monopril
Accuretic	Quinapril with HCTZ	Fosinopril with HCTZ	Monopril HCT
Aceon	Perindopril	Irbesartan	Avapro
Amlodipine with benazepril	Lotrel	Irbesartan with HCTZ	Avalide
Amlodipine with HCTZ and Olmesartan	Tribenzor	Lisinopril	Prinivil or Zestril
Amlodipine with HCTZ and Valsartan	Exforge HCT	Lisinopril with HCTZ	Zestoretic or Prinizide
Aliskiren with Valsartan	Valturna	Losartan	Cozaar
Altace	Ramipril	Losartan with HCTZ	Hyzaar
Azilsartan	Edarbi	Moexipril	Univasc
Azilsartan with Chlorthalidone	Edarbyclor	Moexipril with HCTZ	Uniretic
Benazepril	Lotensin	Olmesartan	Benicar
Benazepril with HCTZ	Lotensin HCT	Olmesartan with Amlodipine	Azor
Candesartan	Atacand	Olmesartan with HCTZ	Benicar HCT
Candesartan with HCTZ	Atacand HCT	Sacubitril/Valsartan	Entresto
Capoten	Captopril	Telmisartan	Micardis
Captopril with HCTZ	Capozide	Telmisartan with Amlodipine	Twynsta
Cliazapril	Inhibace	Telmisartan with HCTZ	Micardis HCT
Enalapril	Vasotec	Trandolapril	Mavik
Enalapril with Felodipine	Lexxel	Trandolapril with HCTZ	Tarka
Enalapril with HCTZ	Vaseretic	Trandolapril with Verapamil	Tarka
Eprosartan	Teveten	Valsartan	Diovan
Eprosartan with HCTZ	Teveten HCT	Valsartan with Amlodipine	Exforge
		Valsartan with HCTZ	Diovan HCT

Enhanced Recovery After Surgery (ERAS) – Colorectal Surgery

PRE-PROCEDURE INSTRUCTIONS FOR PATIENTS WITH DIABETES

People with blood glucose levels between 100 - 180 mg/dL before, during and after a procedure have better results, heal faster, and have fewer wound infections.

As soon as your procedure is scheduled, tell your doctor who treats your diabetes.

- If your blood glucose is often over 180 mg/dL, your diabetes medicine may need to be adjusted.
- If you take insulin, ask how much to take before the procedure as your dose may be changed.
- If you use an insulin pump, ask for instructions about any changes needed with the team managing your insulin pump.

If you are taking a GLP-1 (non-insulin) weekly injection medication:

Stop taking **7 days** before your procedure.

Examples are:

- Exenatide ER (Bydureon Bcise) -*injection*
- Dulaglutide (Trulicity) -*injection*
- Lixisenatide (Adlyxin) - *injection*
- Semaglutide (Ozempic, Wegovy) - *injection*
- Tirzepatide (Mounjaro, Zepbound) -*injection*

*Please note the above medication list is not all-inclusive.

If you are taking a SGLT2i or Biguanide or Sulfonylurea medication:

Stop taking **2 days** before your procedure, to protect your kidneys:

Examples are:

- Canagliflozin (Invokana)
- Dapagliflozin (Farxiga)
- Empagliflozin (Jardiance)
- Ertugliflozin (Steglatro)
- Bexagliflozin (Brenzavvy)
- Glucophage (Metformin)
- Glyburide (Glynase PresTab)
- Glipizide (Glucotrol)
- Glimepiride (Amaryl)

*Please note the above medication list may not be all-inclusive. This drug may be in combination another medication under a different name.

The morning of your procedure:

- Do not take any **medications for Diabetes by mouth** (oral) the morning of your procedure.

Examples are:

- Sitagliptin (Januvia, Zituvio)
- Saxagliptin (Onglyza)
- Linagliptin (Tradjenta)
- Alogliptin (Nesina)

Enhanced Recovery After Surgery (ERAS) – Colorectal Surgery

- Pioglitazone (Actos)
- Semaglutide (Rybelsus)

- Do not take **daily injectable GLP-1 (non-insulin) medication.**

Examples are:

- Exenatide (Byetta)
- Liraglutide (Victoza)

Do not take combination daily injectable GLP-1 and insulin.

Examples are:

- Soliqua (iGlarLixi)
- Xultophy (IDegLira)

*Please note the above medication list may not be all-inclusive.

- Check your blood glucose when you wake up and tell your admitting nurse.
- Do NOT take an insulin injection, except if your healthcare provider tells you otherwise.
- If you use an insulin pump and/or CGM, change your insertion set(s) away from the procedure site. Continue usual bolus doses and basal rates unless your healthcare provider tells you otherwise. Pack extra supplies for your hospital stay. You may continue using your CGM, however fingerstick blood glucose checks will be done for safety as part of your care.
- If your blood glucose is under 70 mg/dL or 80 mg/dL and you have symptoms like fast heartbeat, headachy, sweaty, shaky, confused, or dizzy:
 - Take 4 glucose tabs or 6 Life Savers® right away.
 - After 15 minutes recheck blood glucose. If still under 70, repeat glucose tabs or Life savers.
 - After 15 more minutes check blood glucose again and tell your admitting/Pre-Op nurse.

In the hospital after your procedure

- Your blood glucose will be checked often, and insulin doses will be given if needed.
- It is not safe to take diabetes pills, non-insulin injections or use your home insulin.
- Insulin pumps and CGM may be used as ordered following hospital policy.

After discharge

- Continue to check your blood glucose as directed and start your diabetes medicine.
- Check with your provider to restart:
 - Metformin (Glucophage®), especially if you received contrast dye during your procedure.
- SGLT2i (Invokana®, Farxiga® or Jardiance, Steglatro, Brenzavvy) may be restarted in 48 hours unless your healthcare provider tells you otherwise.

*If your blood glucose is under 70 mg/dL or over 250 mg/dL, two times in 24 hours, call your diabetes doctor for instructions.

Enhanced Recovery After Surgery (ERAS) – Colorectal Surgery

What can I eat?

On the day before your surgery:

- On the morning before your surgery start the clear liquid diet. Follow instructions you received from your Surgeon's office for your bowel prep.

On the day of your surgery:

- Follow your surgeon's instructions on when to stop solid foods and begin clear liquids. Examples of clear liquids include:
 - Water
 - Fruit juices **without** pulp, such as apple or white grape. **No** orange juice.
 - Gelatin in lemon, lime or orange flavors only
 - Fat-free broth or bullion
 - Sprite® or clear sports drinks like Gatorade®
 - Plain coffee or tea **without** creamer or milk.
- If your surgeon instructed, please drink 12 ounces of **Gatorade® or a preoperative drink such as Ensure Pre-Surgery®**. Finish the whole drink before your surgery at the time your surgeon instructs.
- **Exception:** If you have **Diabetes do not drink Gatorade® or Ensure Pre-Surgery®**.
- Do not drink alcohol.
- Do not smoke

Enhanced Recovery After Surgery (ERAS) – Colorectal Surgery

Pre-surgery bathing instructions



Before your surgery, you can lower the risk of infection by carefully washing with antibacterial soap.



Which soap should you use?

Your surgeon may tell you to use a special antibacterial soap called **Chlorhexidine Gluconate (CHG)** before surgery. Only use CHG if your surgeon tells you to, and if you're not allergic. Otherwise, please use an antibacterial soap such as Dial, Lever or Safeguard (bars or body wash).

Another brand name for CHG is **Hibiclens**, available at drugstores. Buy at least a 4-ounce bottle.

Pre-Surgery Bath on this date:

Date of Surgery:

- 1** Shower with CHG/Hibiclens or antibacterial soap the **night before and the morning of your surgery.** 
- 2**  With each shower, wash your hair and face as usual with your normal shampoo/soap. Thoroughly rinse your hair and body to remove all soap.
- 3** **Don't shave** the surgery site area. 
- 4**  **Turn off the water** before using the CHG or antibacterial soap to avoid rinsing it off too soon.
- 5** Apply CHG or antibacterial soap from your jawline down. CHG is **not** meant to be used on your eyes, ears, nose, mouth or genital area. 
- 6**  Rub it in thoroughly for **five minutes**, giving special attention to the surgery site. You don't need to scrub very hard. CHG will not lather. Turn the water back on and rinse your body well.
- 7** **Do not** wash with regular soaps after using the antibacterial soap. 
- 8**  Pat yourself dry with a **clean, soft towel** after each shower. Then put on clean clothes or pajamas and sleep on freshly cleaned bed linens.
- 9** **Don't apply any lotions, perfumes, powders or deodorant** after using the antibacterial soap the day of surgery. 

Enhanced Recovery After Surgery (ERAS) – Colorectal Surgery

Hospital Recovery Plan

After Surgery:

From the recovery room, you will be sent to one of the surgical units, you will be reunited with your family once you are on the unit. This is a good time for your family to bring your belongings you packed at home. The receptionist in the family lounge will tell your family your room number. A family member or companion can stay with you in the room. The staff will check your temperature, pulse and blood pressure regularly when you first come up to the unit.

In some cases, you will have a small tube in your bladder. This is so we can measure how much urine you are making and how well your kidneys are working. You may also be given oxygen. You will have an IV giving you fluid into your vein. You will be allowed to drink immediately. You will be placed on your regular medications, with the exception of some diabetes, blood pressure and blood thinner medications.

Walking, coughing, and deep breathing as soon as possible reduces your chances of developing an infection, blood clot, or other complications. It also speeds up your recovery. Standing and walking around soon after surgery helps you use your lungs, which in turn can help prevent pneumonia.

Complications That May Prolong Your Hospital Stay

- **Nausea and vomiting:** It is very common to feel sick to your stomach after your surgery. We give you medication to reduce this. However, if you do feel sick, you should reduce the amount of food and drink you are taking by mouth. Small, frequent meals or drinks are best in this situation. As long as you can drink and keep yourself hydrated, the nausea will likely pass.
- **Ileus:** Following surgery, the bowel can shut down, making it difficult for food and gas to pass through the intestines. This is called an ileus. We have designed our care program to do everything possible to reduce the likelihood of an ileus. If you do develop an ileus, it usually only lasts 2 to 3 days. However, it may require a small tube down the nose to decompress the stomach. The best way to avoid an ileus is to reduce the amount of narcotic pain medications, get up as much as possible after your surgery, and stimulate the bowel early after surgery with small amounts of food and liquids.
- **Anastomotic leak:** This is a rare but serious complication. Anastomotic leak develops usually 5 to 7 days after the surgery, and it happens when two ends of the bowel that we join together fail to heal completely, thus leaving a small hole. Patients usually have severe abdominal pain, fever and vomiting. This often requires another operation.
- **Wound infection:** If a wound infection develops, this usually happens 3 to 10 days after surgery.
- **Urinary retention:** This is if you are unable to urinate after the catheter from your bladder is removed. The catheter may need to be reinserted until you are able to urinate on your own. This can be caused by anesthesia, pain medication and decreased activity.

Discharge

Enhanced Recovery After Surgery (ERAS) – Colorectal Surgery

You will need to make arrangements for someone to meet you at the hospital and go home with you. You will not be released without someone present.

Please keep in mind that we strive to get patients discharged as quickly as possible, but there may be delays for a variety of reasons.

When you are preparing to go home, you will receive:

- Detailed discharge instructions, with information about your operation and medications
- All prescriptions for medications you need at home.
- Ostomy supplies, if necessary
- An appointment to see your surgeon or provider one to two weeks after you leave the hospital for follow-up

We will call you later at home to answer any questions you may have. You can also call the **Help Line 1-833-HH-HELPS (833-444-3577)** with any questions. Nurses who can help with any issues or concerns you may have are available on Help Line 24 hours a day.

Additional information

HonorHealth Smoke-free Campus:

- HonorHealth is a smoke free campus. Smoking and chewing tobacco are not allowed, this includes electronic cigarettes.

Common Questions:

What is my surgery time?

- Contact your surgeon's office. They will provide you with the most up to date information.

What if I become sick before my surgery?

- If you have any changes in your health before surgery such as fever, chills, body aches, sore throat, and cough. Notify your surgeon immediately.

HonorHealth Disclaimer:

The contents of the packet such as text, graphics, images, and other material are for informational purposes only. The content is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition. Never disregard professional medical advice or delay in seeking it because of something you have read in this packet.

If you think you may have a medical emergency, call your doctor or 911 immediately. HonorHealth does not recommend or endorse any specific tests, physicians, products, procedures, opinions, or other information mentioned in this handbook. Reliance on any information provided by HonorHealth is solely at your own risk.

Enhanced Recovery After Surgery (ERAS) – Colorectal Surgery

If you have any questions, please call your surgeons office. Thank you for the opportunity to take care of you.

Pre-admission Testing Contact Information

Osborn

P: 480-580-0280

F: 480-882-6885

Shea

P: 480-323-3210

F: 480-323-3287

Piper

P: 480-323-3210

F: 480-323-3946

Thompson Peak

P: 480-324-7064

F: 480-882-5836

John C. Lincoln North Mountain

P: 602-870-6315

F: 602-870-6090

Deer Valley

P: 623-683-2700

F: 623-879-5821

References:

American Society of Anesthesiologists. Retrieved from <https://www.asahq.org/>

Anesthesia Patient Safety Foundation. Retrieved from <https://www.apsf.org/news-updates/page/2/ERAS-patient-info>. (n.d.). Retrieved from <http://erassociety.org/patients/>