

ERAS care pathway of large intestine surgery patients

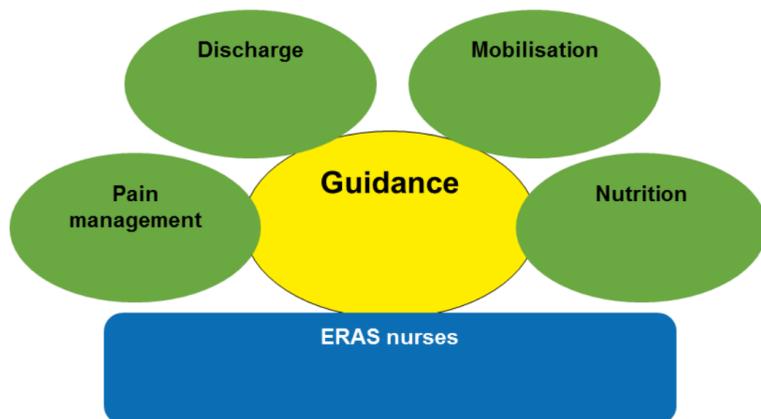
Development project on operative ward 22

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Enhanced Recovery After Surgery

This care pathway emphasises patient activity, thorough patient guidance, and the best possible rehabilitation after surgery.

On our ward 22, an ERAS nurse provides support and guidance for patients during their hospital stay. The nurse ensures that the process is moving forward according to the care pathway.



Surgery Outpatient Clinic/Abdominal Center

- Plans for pre-operative examinations and tests
- Overview of the patient's medical history, current medication and social information.
- Patient is guided through the care pathway components and given written instructions. The patient guide can also be found on the health care district's website.
- The goal of guidance is to motivate and encourage patients and their inner circle to take an active role in their care both before and after surgery.

Arriving at the hospital / Day of the surgery

- On the day of the surgery, patient checks in the preoperative unit where necessary preparations take place.
- Mobilisation starts already in the recovery room.
- Sufficient pain management. Usually an epidural, opioids are avoided.
- After the surgery, patients can have normal food.

Post-operative day 1

- Indwelling catheter is removed
- The patient out of bed for 8 hours
- After the surgery, patients are put on a medication (Klexane®) to reduce the risk of venous thromboembolism. The patients are taught to inject it themselves.

Post-operative day 2

- The epidural is removed
- Regular intake of pain medication continues orally
- The goal is to have the patient up and moving as much as possible

Post-operative day 3

- Patient should have sufficient support systems to make sure they can manage at home.
- ERAS nurse calls the patient 3-5 days after the discharge to make sure that the recovery is moving forward according to the care pathway.

Benefits of the care pathway

- Endoscopic surgeries cause less surgical trauma. Operation-related stress and need for pain medication are also reduced.
- Early mobilisation reduces the risk of venous thromboembolism and pulmonary complications.
- Early nutrition reduces postoperative ileus and nausea, meaning earlier bowel function return.
- Early catheter removal reduces the risk of infections and makes mobilisation easier.
- Hospital stays are shorter.
- Patients are motivated to self-care and take responsibility for their post-operative rehabilitation.

