

- Pre-Operative Counselling
- Avoidance of Oral Bowel Prep
- Carbohydrate loading and reduced fasting
- Short acting anaesthetic agents
- Tailored pain control and avoidance of opioids
- Avoidance of NG tubes/Drains
- Early feeding
- Early mobilisation
- Audit of compliance/ outcomes

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# Enhanced Recovery

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## Enhanced Recovery at Tameside

Enhanced recovery is also known as fast track surgery or rapid recovery. It was pioneered by Professor Henrik Kehlet from Copenhagen whose principle ideas were to reduce physiological and psychological stresses associated with surgery, thereby reducing a number of potential complications. Enhanced recovery pathways are now well established within colo-rectal surgery and are currently being piloted within orthopaedic hip and knee replacements and gynaecological hysterectomies. Outcomes and safety are currently being monitored and benchmarked against other Trusts. It is envisaged that the programme will be rolled out to other consultants and specialties within the near future.



S/N Emma Brown  
Sr Dawn Fletcher with  
Henrik Kehlet, Pioneer of  
Enhanced Recovery



Jenna Gilbert-Physiotherapist  
Dr Rehman  
(Consultant Anaesthetist)  
Mr Solkar  
(Consultant Surgeon)  
Mr Thalava  
(Consultant Ortho Surgeon)  
Sr Dawn Fletcher  
(Enhanced Recovery Lead)  
S/N Emma Brown  
(Enhanced Recovery Nurse)

Further information relating to  
Enhanced Recovery can be  
obtained from Sister Dawn  
Fletcher/S/N Emma Brown  
0161 922 6759.

"I have been in hospital for various other operations, but the enhanced programme is the best thing since sliced bread"

I was given a booklet well in advance of my operation and both my wife and I read and put into practice the exercises in the book. After the operation I was amazed how pain free I was. The bit of pain I had wasn't what you would have expected having your skin and muscle cut. There was no pain in my hip for the first time in years. It was wonderful! My recovery is fantastic and is due to the dedication of the full enhanced recovery team, and of all the staff. Thank you.

(Mr A Brannan, Patient)

# Roles within the Enhanced Recovery Team



## Pre-Load

A carbohydrate loading drink mix to enhance recovery after surgery. Surgery produces catabolism with associated insulin resistance and breakdown of protein and fat stores. Studies have shown that carbohydrate loading reverses this process benefitting the patients psychologically and physically.

## Goal Directed Fluid Therapy

Intravenous fluid resuscitation is a key component in the treatment of surgical patients to maintain the patients physiological functions and to replace fluid lost. Fluid overload may be just as harmful as hypovolaemia.



## The Role of the Enhanced Recovery Nurse Lead (Sister Dawn Fletcher)

As Senior Clinical Nurse Specialist in the Pain Services and Pre-Op Services, my role is to lead on the development and implementation of the Enhanced Recovery Programme. I am very excited as the results have been amazing with patient feedback being exceptionally high! Enhanced recovery is a multi-disciplinary team approach that involves me coordinating between pre-op services, occupational therapy, physiotherapy, anaesthetic care, surgical care and discharge coordination. I am privileged to work with an excellent team of enthusiastic professionals who are all keen to see this programme work.

## The Role of the Enhanced Recovery Nurse (Emma Brown)

As an enhanced recovery nurse I provide education, support and encouragement to patients and staff regarding the programme. I meet patients in ERP clinic and discuss with them about their hospital journey, expectations and discharge, so that they become partners in their care. During their hospital stay, I provide support to both the patients and staff to ensure the programme runs smoothly and effectively, informing the consultant of any concerns. Once the patient is discharged, I contact them frequently by telephone and feedback to the Consultant and the team of their progress at home. In addition, I audit every patient who is participating in the programme and provide feedback to the entire team,

in order to continuously improve the service.

## The Role of the lead Dietician (Jillian Barlow)

My role within enhanced recovery was to devise pre-operative nutritional plans including the pre-load carbohydrate product across all three disciplines. I also provide post-operative nutritional guidance for patients and staff.

## The Role of the Discharge Coordinator (Jill Sutcliffe)

My role within enhanced recovery is to ensure safe and prompt discharges. This includes being aware of patients who may have existing packages of care and also of patients who may need some form of support following surgery.

## The Role of Mr. R. Thalava, Consultant Orthopaedic Surgeon,

Being involved in the Enhanced Recovery Programme since its inception, I piloted the project in the department of Trauma and Orthopaedics. Our early results of the programme in joint replacement surgery at Tameside are very positive and encouraging. We have to continue with the programme and expand it to include all the patients. I am proud of the wonderful team at Tameside who have adopted the Programme and achieved very good results. I thank and congratulate my team and the patients who have made this Pilot programme a success.

## The Role of Dr Rehman, Consultant Anaesthetist.

Anaesthetic management plays a large part within enhanced recovery. We have revised our management plans for anaesthesia to improve patient outcomes and reduce the complications associated with the delivery of anaesthetics. Pain control is tailored to individual needs with minimal use of opioids. Goal directed fluid therapy is also promoted within these patients with the use of specialised equipment in order to reduce post-operative complications. So far the results have been very positive and I thank all my colleagues for continuing to strive for improvements.

## The Role of the Colo-Rectal Nurse Specialist (Carol Cunningham)

I have been involved in the planning and implementation of the enhanced recovery project within colo-rectal services. My role involves supporting and educating both the staff and the patients, including telephone follow up advice for all cancer patients and nutritional assessments to ensure the patients are optimised as much as possible prior to theatre.

## The Role of the Occupational Therapist

Patients are seen pre-operatively in order to assess care needs and to assist patients in managing independently at home.

## The Role of the General Manager (Stephen Ashworth)

To support the clinical teams in their aspiration to bring high quality cost effective initiatives to their clinical practice. To seek opportunities for funding as required. To intercede as necessary to ensure the appropriate administrative processes are followed i.e. the necessary paperwork to apply to undertake a new clinical procedure. To ensure the right resources are available and the right people are trained to do the right thing at the right time and to hold the whole system to account for robust and consistent delivery

## The Role of the Physiotherapist (Jenna Gilbert/Sarah Carrington)

Physiotherapy plays a large role throughout the whole of the enhanced recovery journey, from pre-op through to discharge. Physio exercises are encouraged pre-operatively, to ensure patients have appropriate expectations of their surgery and rehabilitation. Post surgery rehabilitation commences as soon as the patient returns from theatre. Thereafter the physio team progress with the patient ensuring that strict criteria are fulfilled prior to discharging the patient safely home. Patients are then followed up post-discharge where any queries can be answered and gait analysed/corrected.

## The Role of the Consultant Surgeons (Mr Muhammad, Mr Siddiqui, Mr Solkar)

ER is having a huge impact on patient experience and clinical outcomes, by helping patients get better sooner. This project has allowed us to shape the way clinical services are delivered by identifying what works and what doesn't. The surgeons' role is to improve patient outcomes using evidence based peri-operative strategies which work synergistically to expedite recovery after surgery. We look forward to the service developing and becoming an example to other hospitals.