Enhanced Recovery After Surgery (ERAS) is a program based on scientific evidence that encourages a healthy recovery after surgery. Our goal is to improve your surgical experience and help you get back to normal as soon as possible.

We do this by working together to manage your care before and after surgery. You are a very important part of the team.

This booklet will:

- x Help you prepare for your surgery.
- x Explain how you play an active part in your recovery.
- x Give you daily goals to achieve.

## Your Surgical Care Team

You will see many different people from your team during your hospital stay. We work together to check your condition and plan the best steps towards a healthy recovery.

#### Surgeons:



Dr. Carolyn Jones Attending Surgeon



Dr. Paul Feingold Attending Surgeon



Dr. Michal Lada Attending Surgeon



Dr. Christian Peyre Attending Surgeon



Dr. Ryan Campagna Attending Surgeon

#### Advance Practice Pr oviders :



Wendy Hurley Physician Assistant (PA)



Kara Mestnik Nurse Practitioner (NP)



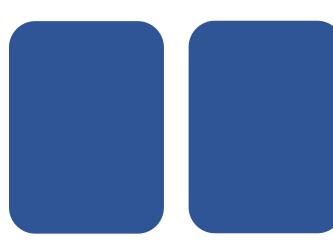
Alicia Frelier Nurse Practitioner (NP)



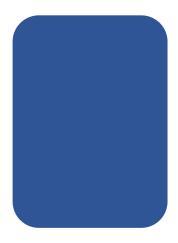
Stephanie Monnat Nurse Practitioner (NP)







#### Navigator s:



Other team members include:

Anesthesiologists, Residents, Fellows, Registered Nurses (RNs), Patient Care Technicians (PCTs), Respiratory Therapists, Physical Therapists, and Environmental Services (the people who help us keep our spaces clean)

# Contact us

URMC Thoracic & Foregut Surgery at AC2 601 Elmwood Avenue Rochester, NY 14642 Phone: (585) 275-1509 Fax: (585) 276-2356

#### Surgery date: \_

With some preparation, you can prevent many problems during and after your surgery. Try to be as strong and healthy as possible before surgery.

Stay healthy:

- 9 Quit smoking.
- 9 Exercise regularly. Staying physically active can help you recover after your surgery. We suggest you do at least one of the following every day to keep your stamina up:
  - x 20 minutes of exercise
  - x Walk 1 mile (brisk pace)
  - x Take 7,500 steps a day
- 9 Avoid alcohol. Drinking more than 2 alcoholic beverages a day (or more than 14 drinks a week) is considered high alcohol consumption. Alcohol use can weaken your immune system, weaken your heart, increase your stress response, and slow your healing. You can help decrease the chance of having complications from your surgery by not drinking alcohol for 4 weeks before your surgery. If you drink more than 2 drinks a day (or more than 14 drinks a week), we suggest you slowly reduce how many alcoholic beverages you are drinking and stop completely 4 weeks before your surgery.

Date: \_\_\_\_\_

If we told you to drink nutritional supplements...

Start drinking 3 bottles of nutritional supplements each day

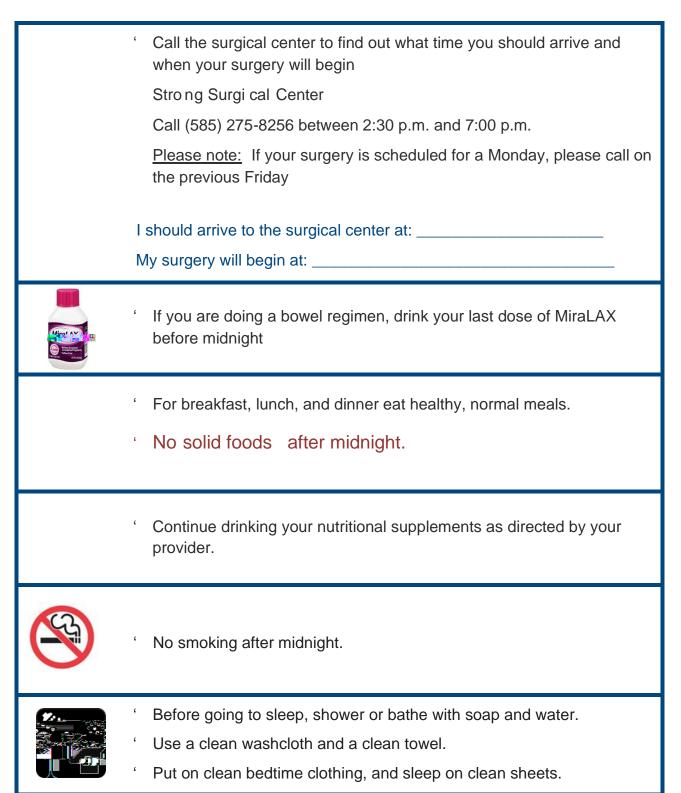
Liquid nutrition supplements are high in protein and contain vitamins and minerals. They are usually available in a variety of flavors. You can find these at Walmart, Target, drug stores, and supermarkets.

Examples include Ensure®, Impact Advanced Recovery®, or Boost®.



6

#### Date: \_\_\_\_\_



#### Date: \_\_\_

- ' Do not eat any solid foods.
- <sup>6</sup> It is OK to have clear liquids up to 4 hours before you get to the hospital. See chart below for guidance.



	Take only the medicines we told you to take, at the usual time, before leaving for the hospital. You may take TYLENOL <sup>®</sup> (acetaminophen), if needed.				
	Take medicines with very little water, less than 1 oz. (2 tablespoons)				
د	Medications to take:				
	1				
	2				
	3				
	4				
	No smoking.				
	Shower or bathe with soap and water. Put on clean clothes.				

Before coming to the hospital, remove all makeup, (including mascara), jewelry (including wedding band, watch and any metal piercings), hair accessories and nail polish from toes and fingers. Do not bring any valuables (money, wallet, purse, jewelry, or contact lenses).

Remember to bring:

' Photo ID

# After Surgery

Ķ	<ul> <li>Be active. We will help you get out of bed just hours after your surgery. We expect you to walk several times per day and be out of bed in a chair for all meals.</li> <li>This is the most important thing you can do to help with a quick recovery. This will help speed up the return of bowel function, improve circulation, and prevent infection and blood clots.</li> </ul>
	You can drink clear liquids as soon as you are awake, as directed by your team. Drink what you can without getting sick. Let your nurse know if you are feeling sick to your stomach.
	<ul> <li>On the day after your surgery, you can start eating regular foods.</li> <li>Eat small amounts and chew very well. Drink liquids between meals so you will not require IV fluids.</li> </ul>
	<ul> <li>You just had major surgery and can expect some pain.</li> <li>We will carefully monitor your pain and work with you to control it. We will give you two or more pain medicines. Each medicine does different things – and they work together – to help with controlling your pain.</li> <li>As soon as possible, we will switch you from IV (intravenous) pain medicines to medicines you can take by mouth.</li> <li>Please speak up if your plan needs to be adjusted. If your pain level is too high, that will slow your progress. Without proper pain control, you will not be able to cough and deep breathe effectively. This can lead to complications like pneumonia, for example.</li> </ul>
A CONTRACT	<ul> <li>You will receive an injection (shot) of Lovenox<sup>®</sup></li> <li>Lovenox<sup>®</sup> is a medicine that helps prevent blood clots. We give this medicine to you as a shot, usually in the evenings.</li> </ul>



Although you may be "regular" before surgery, many people have constipation (trouble pooping) after surgery. This is related to anesthesia and the use of opioid pain medicine.

- We will probably recommend that you take some medicines to keep you from being constipated.
- It is important to stay well hydrated. Drinking plenty of water or other fluids, helps avoid constipation.
- <sup>6</sup> Every day, we will check your vital signs blood pressure, heart rate, blood oxygen level, temperature, and respirations. For the first day or more, this will be done every 1 to 4 hours.
  - You will have daily goals. These include targets for activity, eating, and drinking. You may have meetings with specialists to help you with healthy eating, home care, managing your pain, and getting stronger through exercise (physical therapy).
  - You will work with a respiratory therapist (a specialist in breathing) throughout your stay. The therapist will help you with:
    - 9 Coughing and breathing deeply to prevent pneumonia
    - 9 Learning how to use a "cough" pillow
    - 9 Using an Incentive Spirometer (to exercise your lungs)
    - 9 Using a Flutter Valve (to clear mucus)
- ' You will take the pillow, the spirometer, and the flutter valve home.
- ' At home, you will continue working on building up your lungs.



- Some people need extra (supplemental) oxygen after lung surgery. This makes breathing easier and helps you stay more active. The oxygen flows through a nasal cannula (CAN-youlah), which consists of a tube that runs into both nostrils.
- If you need supplemental oxygen, we will take care of setting it up so you will have it at home. It is short-term for most people, while their lung is healing from surgery.

How long you stay in the hospital will depend on the type of surgery you have. You can go home when you are medically ready and it is you. This could be as soon as the day after surgery or it could be up to 5 days after surgery. We will talk with you about going home

You may need extra help from family and friends for the first few days.

Please make plans for extra help at home.

#### What else can I expect after surgery?

For 4-6 weeks, you may have a cough with or without bloody sputum (a type of thick mucus produced by the lungs).

You may have a clear, light pink, or watery yellow drainage from the place where the tube went into your chest. If you do, put a dry bandage over it. Change the bandage as needed, until the drainage stops. Keep your skin as dry as possible.

Nerve pain is normal with lung surgery. We give you special medicine – before and after surgery – to help lessen nerve pain.

People describe this nerve pain as band-like, starting at the back and traveling along the rib cage to the front, below the nipples. It will eventually go away, but may take some time. whs tg surg7 (ger)16.9ge asie (m)-3 (m)7 (e.)2 1 Tf-18.09 -1.(.)12(he )1(s)4 (e)10 (2 (bn)16 (n as)4hado,)2 pe painbou(i)6 (g1a)1 It is OK to remind us about clean hands or glove use during your hospital stay.

- 9 Family and friends who visit should not touch your surgical wound or bandages.
- 9 Family and friends should wash their hands before and after visiting you.

How do I take care of the incision sites?

9 You will have small incisions (cuts) under your shoulder blade and near your armpit. Under the skin, we close the incisions with dissolvable sutures (stitches). We also

## Ankle Alphabet

- 1. Write the alphabet in the air with each foot
- 2. Move only your ankle, not your whole leg

3.

An incentive spirometer (spi-RAH-meh-ter) is a tool that helps you do breathing exercises. It measures how deep you inhale (breathe in).

- 9 Sit up as straight as you can.You may sit in a chair or in your bed.
- 9 Hold the spirometer in an upright position.
- 9 The Respiratory Therapist will place the goal marker on the level you need. This is your goal - to make the piston (indicator) rise to that level.
- 9 Breathe out normally. Place the mouthpiece into your mouth and tightly seal your lips around it.
- 9 Breathe in slowly and deeply through your mouth. Breathe in as deeply as you can. This

You will wake up with a tube in your chest from surgery...a "chest tube."

A chest tube is a hollow, flexible tube. It is used to remove blood, air, or fluid from around the lungs.

Chest tubes are necessary after most chest operations. The tube is attached to a collection chamber. The chamber collects the fluid that drains from the space between your chest wall and lung. We measure the amount of fluid that collects in the chamber.

We will remove the tube as soon as possible. Maybe as early as the morning after surgery, but it depends on the surgery you had.

You will be able to walk with this tube. We will help you. It is very important the tube does not become kinked.

UR Medicine – Strong Memorial Hospital



Questions & Notes				

