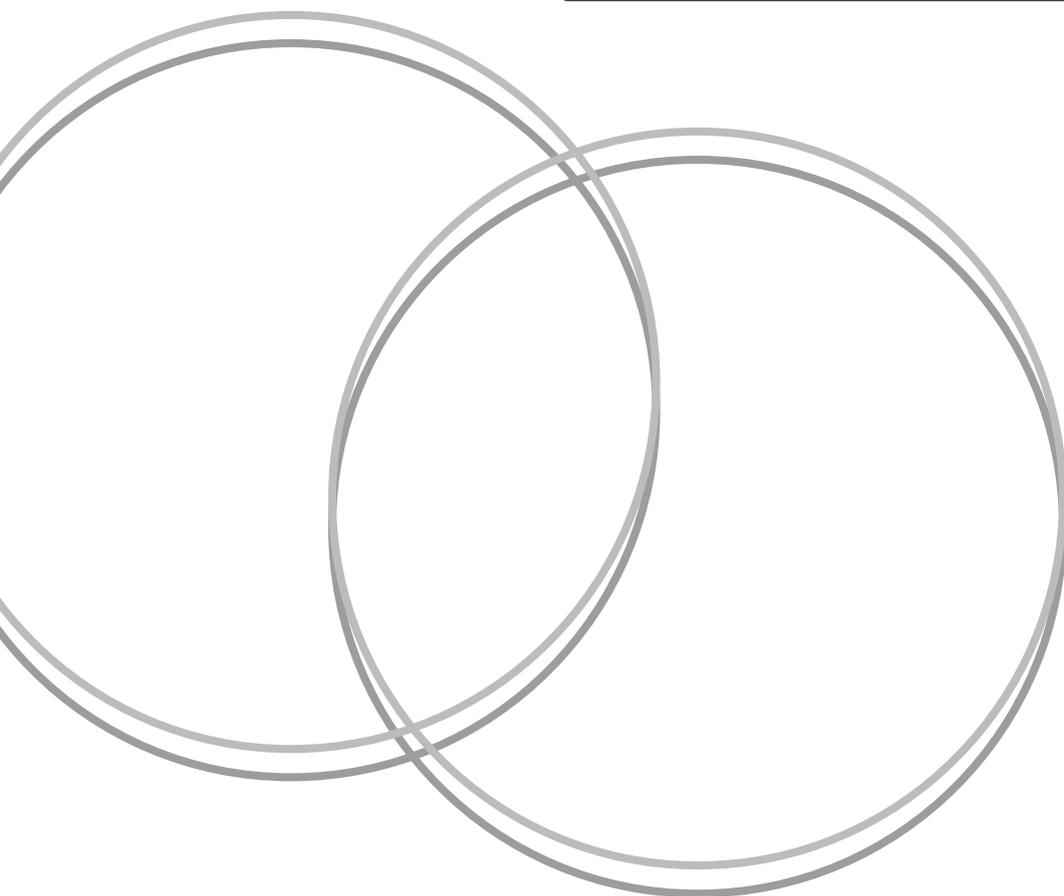


# Enhanced Recovery After Surgery (ERAS)

## Partial Glossectomy or Buccal Resection

**Information for patients**



# What is Enhanced Recovery?

Enhanced recovery is a way of improving the experience and wellbeing of people who need major surgery. The programme focuses on making sure that you are actively involved in your recovery, to help you recover more quickly and get you home sooner.

There are four main stages:

- planning and preparation before admission (including improving your nutrition and physical fitness before surgery)
- reducing the physical stress of the operation
- a structured approach to pre-operative (before surgery), intra-operative (during surgery), and post-operative (after surgery) management, including pain relief and early nutrition
- early mobilisation (getting you moving as soon as possible).

The Enhanced Recovery programme is a guideline for all the professionals involved in looking after you (the multidisciplinary care team). The programme may not be suitable for everyone. If this is the case for you, the team looking after you can make changes. We will make sure that the care you receive is not only of the highest quality, but is also designed around your specific needs.

We will give you a patient diary to record your thoughts and feelings and to note down your progress during your time in hospital after your operation. Whilst we hope you will complete this, it will not affect your care if you choose not to.

## Before your operation

You will be seen in an outpatient clinic to discuss what is planned for your surgery. You will have the operation explained to you, including the risks and benefits.

**It is important that you tell us as early as possible if you have any concerns about managing your daily recovery at home following your discharge from hospital or your circumstances change during your admission.**

You will meet one of our Macmillan Head and Neck Specialist Nurses. Their role is to support you throughout your treatment and answer any questions you may have. They work closely with the surgeons and other members of the multidisciplinary team. They also have links to the Macmillan Benefits team at Oxford Citizens Advice – Macmillan Benefits advice team Bureau, who may be able to assist with any financial questions.

If you would like to speak with one of the Macmillan Head and Neck Specialist Nurses, including during your hospital stay, please let your ward nurses know or telephone or email them.

Telephone: **01865 234 346**

(Please leave a voicemail if there is no answer and they will call you back)

Email: **[headandneck.specialistnurses@ouh.nhs.uk](mailto:headandneck.specialistnurses@ouh.nhs.uk)**

You will receive an appointment to be seen at the Pre-operative Assessment clinic before your operation. This is to make sure you are fit for an anaesthetic and surgery.

You will see a nurse, who will check your general health and take a summary of your medical history. They will do tests, such as blood tests, and an electrocardiogram (ECG) if you are over 50 years old. They will also talk with you about the pain relief you will need after the operation. You will have the opportunity to ask any questions you might have.

Please bring along a list of all your regular medications (it may be easier to bring your repeat prescription with you and your general practitioner (GP) and next of kin details. We will use the information we gather to plan your care in hospital and to plan for any adjustments at an early stage. You may be seen by or referred to an anaesthetist, to discuss the anaesthetic you will have for the operation.

# What can I do to prepare myself for the operation?

## Lifestyle changes

### Keeping active

To help you prepare physically for your operation, it is important to keep active as you can and, where possible, increase your activities levels. The current recommendations is 150 minutes of moderate intensity exercise a week (such as exercise that raises your heart rate, make you breathe faster and feel warmer), in at least 10 minute sessions. For example, 30 minutes of moderate exercises, 5 times a week.

Improving your fitness could be achieved through simple changes to your routine, such as increasing the speed and frequency of your daily walking.

### Stop smoking

If you smoke, it cannot be emphasised enough that it is in your best interests to stop smoking as soon as possible before your surgery.

The longer you are smoke-free before your operation the better. Continuing to smoke before surgery can increase the risk of complications involving your heart, lungs and surgical wounds, all of which may result in you having a slower recovery and a longer stay in hospital.

There are several places where you can find information about stopping smoking:

### **Here for Health - Health improvement Advice Centre (hospital based)**

Oxford University Hospital's health improvement advice centre offers a range of tailored support for healthy living and wellbeing including giving up smoking, reducing alcohol consumption, healthier eating and becoming more active.

Please speak to your surgical team about a referral or drop into the centre to self refer for:

- In-depth behavioural support via one-to-one virtual consultation (phone or video call).
- Referral to your local community service on your behalf for nicotine replacement therapy.

Telephone: **01865 221 429**

Email: [\*\*hereforhealth@ouh.nhs.uk\*\*](mailto:hereforhealth@ouh.nhs.uk)

Monday to Friday, 9.00am to 5.00pm.

### **Stop for Life Oxon**

Offers community-based behavioural support and nicotine replacement products.

Telephone: **0800 122 3790**

Website: [\*\*www.stopforlifeoxon.org\*\*](http://www.stopforlifeoxon.org)

### **Outside of Oxfordshire**

Call the National Smoking Helpline number below to find out where your nearest support is available.

### **National Smoking Helpline**

Telephone: **0300 123 1044**

Website: [\*\*www.nhs.uk/smokefree\*\*](http://www.nhs.uk/smokefree)

## **Reducing alcohol intake**

Alcohol consumption of 3 or more units a day (for example, a large glass of wine (250ml) or a pint of beer above 5.2% in alcohol strength) can lead to multiple complications after surgery and weaken your body's immune system.

Ideally, no alcohol should be drunk in the days leading up to your surgery, especially the night before surgery. If you feel you need to, please speak to any of the team looking after you about your alcohol intake and how to access support to reduce your intake.

**If you think you may be physically dependent on alcohol, or start to experience signs of withdrawal (e.g. tremors, moist palms, nausea or agitation), it is very important that you seek medical advice to manage your withdrawal. It can be harmful to stop drinking alcohol suddenly and the effects of sudden withdrawal can be severe and sometimes life threatening.**

There are several places where you can find information and seek support for reducing your alcohol intake:

- Contact **Here for Health - Health improvement advice centre** for support in finding the best options for you, including access to local support, if required.  
Telephone: **01865 221 429**  
Email: [\*\*hereforhealth@ouh.nhs.uk\*\*](mailto:hereforhealth@ouh.nhs.uk)
- Make an appointment at your **GP's practice or health centre** for advice on alcohol reduction and local support.
- Contact **Drinkline**, the national alcohol helpline. If you're worried about your own or someone else's drinking, you can call this free helpline in complete confidence.  
Telephone: **0300 123 1110**  
(Weekdays 9.00am to 8.00pm, weekends 11.00am to 4.00pm)

- **Drinkaware** is an organisation working to reduce alcohol misuse and harm in the UK. They have an alcohol self-assessment test available.

Telephone: **0207 766 9900**

Email: **[contact@drinkaware.co.uk](mailto:contact@drinkaware.co.uk)**

Website: **[www.drinkaware.co.uk](http://www.drinkaware.co.uk)**

(a Drinkaware app is also available via the Apple store or Google Play)

- **Alcoholics Anonymous (AA)** is a free self-help group. Its '12-step' programme involves getting sober with the help of regular support groups.

Telephone: **0800 9177 650**

Email: **[help@aamail.org](mailto:help@aamail.org)**

Website: **[www.alcoholics-anonymous.org.uk](http://www.alcoholics-anonymous.org.uk)**

- **Al-Anon** is a support group for anyone whose life is or has been affected by someone else's drinking.

Telephone: **0800 0086 811**

Website: **[www.al-anonuk.org.uk](http://www.al-anonuk.org.uk)**

- **NHS** tips on reducing alcohol intake:

Website: **[www.nhs.uk/live-well/alcohol-support/tips-on-cutting-down-alcohol](http://www.nhs.uk/live-well/alcohol-support/tips-on-cutting-down-alcohol)**

- **Turning Points Oxfordshire** have service hubs in Oxford, Banbury, Didcot and Witney, and are dedicated to promoting wellbeing and recovery from addiction.

Telephone: **01865 261 690**

Website: **[www.wellbeing.turning-point.co.uk/oxfordshire](http://www.wellbeing.turning-point.co.uk/oxfordshire)**

If you are still physically dependent on alcohol at the time of your operation, or wish to seek support whilst in hospital, please speak to your ward nurse or surgical team about support from the Alcohol Care Team.

## **Nutrition and hydration**

It is important that you are as well-nourished as possible before your operation. You may have been seen and assessed by a specialist dietitian at your outpatient clinic appointment. If you have not, and have recently unintentionally lost weight, are struggling to eat and drink, or are experiencing difficulty swallowing, please speak to your Specialist Nurse or pre-operative assessment nurse. They will refer you to the specialist dietitian, if required.

We advise you drink water or other clear fluids (e.g. water, squash or black tea) on the morning of your surgery. Research has shown that drinking clear fluids up to two hours before surgery can reduce the stress of the operation on your body.

## **Oral care**

Research suggests that a build up of bacteria in your mouth can increase the risk of infection in your lungs following major surgery. Practicing good oral care can reduce this bacteria and help towards your recovery after surgery.

Before you come into hospital, we recommend you:

- brush your teeth or dentures twice a day, using fluoride toothpaste
- rinse your mouth with an alcohol-free, antiseptic mouthwash 30 minutes after brushing.

Please speak to you Surgical team if you have any trouble completing oral care.

Bring your toothpaste, toothbrush and mouthwash with you when you come into hospital. You will be told when you can start your oral care again after your surgery.

## **Swallow and speech exercises**

After your surgery your speech, swallowing and chewing will feel different. As part of your recovery you will need to complete some exercises to strengthen the muscles and help them work together and build your confidence. You may find it useful to practice a few of the below exercises before your surgery, to help you prepare.

Take your time with these exercises. Stop if you are experiencing any pain.

### **Saliva swallows**

You might find you have more saliva than you can manage straight after surgery. This will reduce with time. Aim to **swallow regularly**. This is a natural movement, but you may need to make a conscious effort to start again.

### **Jaw stretch**

Your speech therapist may ask you to carry out jaw stretches if appropriate after your surgery. This would require opening your mouth and holding a gentle stretch for 7 seconds. Repeat this exercise 7 times on each attempt and then do this exercise 7 times in the day.

### **Tongue exercises (if you are planned for a Partial Glossectomy surgery)**

Repeat each exercise below 7 times. Aim to repeat the exercises 7 times a day.

- Push your tongue out as far as possible, hold and release.
- Put your tongue out and move it as far as possible to the left, repeat on the right side.
- Put your tongue out and lift it up as far as possible.
- Put your tongue out and then down.
- Lick your top and bottom lips.
- Touch each tooth with your tongue in turn, starting from the back.
- Try saying front of tongue sounds: ttt, ddd, lah lah lah.
- Try saying back of tongue sounds: kkk, ggg.

# What happens after the operation?

## **Intra-operative (during surgery) and post-operative (after surgery) management, including pain relief and early nutrition.**

You are likely to have several tubes attached to you after your surgery, including:

- a urinary catheter (to drain and measure your urine)
- drains in your neck (to allow fluid to drain away following neck dissection)
- a tube up your nose into your stomach (to give you a special liquid feed, medication and fluids)
- a tube in your neck (to give you medications and fluids into your bloodstream).

These tubes and attachments will be removed when it is safe to do so, usually from day 2 onwards.

The following is an example of what to expect after your operation:

### **Day of surgery to post-operative day 1**

Depending on your surgery, you will be transferred to either the Intensive Care Unit (ICU) or Blenheim Ward to start your recovery. If your surgery does not involve tongue reconstruction, you will be transferred to the Recovery Unit after your operation and then straight to the ward.

You will be monitored closely overnight on either ICU or Blenheim Ward. You may have difficulty talking, but your healthcare team will support you in communicating your needs. **You may find it useful to bring in your own notebook and pen, to write down messages.**

The day after your surgery you will be helped to sit out of bed and go for a walk with assistance. You may have a feeding tube placed (thorough your nose into your stomach) if you need additional nutritional support after surgery. If you are on ICU, you will be transferred to the ward.

## **Post-operative day 2**

You will be helped to sit in the chair and go for two walks. Your nutritional intake will be monitored, to make sure you are receiving enough calories and nutrition whilst you are have either limited or no food by mouth.

Please note, for your safety you won't be able to eat and drink until you have been assessed as safe to do so by your surgical team. This means you may have nothing to eat or drink by mouth (also known as 'nil by mouth') for several days.

Your nurse or Speech and Language Therapist (SALT) will assist and prompt you to complete your speech and swallowing exercises. These exercises are an important part of your recovery and should be carried out regularly on a daily basis.

## **Post-operative day 3 to 5**

You will be encouraged to sit in the chair and go for more regular walks. Your surgical team will review you daily to decide which tubes can be removed and when you will be able to start eating, if you have not already done so. You will be given neck, shoulder and forearm exercises, which you can start to do after your neck drains have been taken out. Your physiotherapist will guide you on these.

## **Post-operative day 5 onwards**

You should be more confident in walking without help and with your speech and swallowing exercises. Your surgical team will continue to advise you on re-starting or increasing food and drink. You will be discharged from hospital when you are managing to eat and drink enough calories and are confident with your exercises.

You will be given a patient diary before your operation, which explains what to expect and includes goals for you to achieve during your hospital stay, to prepare for leaving hospital.

Further information can be found in the following patient information booklets; these will be given to you by the Specialist Nurse or in the Pre-operative Assessment Clinic. They can also be found on our website: [\*\*www.ouh.nhs.uk/patientinformation\*\*](http://www.ouh.nhs.uk/patientinformation)

- Pre-operative assessment preparation for your operation.
- Oncology: Neck dissection.

## **Early mobilisation and exercises after surgery**

You will need to get moving (mobilise) soon after your surgery. This is one of the most important parts of the Enhanced Recovery programme. It can help to prevent complications, such as chest infections, pneumonia and blood clots (e.g. deep vein thrombosis (DVT) or pulmonary embolism (PE)).

We will give you a mobilisation plan after surgery. The purpose of this is to get you moving soon as possible. It will involve getting you out of bed the day after your surgery (if you are well enough) and helping you to walk increasing distance on the ward every day until you are discharged home. If you have problems walking, we will develop a personalised, realistic mobility plan with you during recovery.

Moving around will also get your gut working, which will help to stop you from feeling sick, especially once you are able to eat and drink.

If your surgery included neck dissection or tongue reconstruction, you will be given some exercises by the physiotherapist to do after your neck drains have been taken out. These exercises help prevent stiffness and discomfort in your neck, shoulders and forearm.

The exercises will be tailored to your individual needs by your physiotherapist and will also be explained in a patient information leaflet. If you need further physiotherapy after you have left hospital, an appointment will be made for you to attend an outpatient physiotherapy clinic.

### **During the day**

After the majority of your tubes and drains have been removed, you will be encouraged to dress in your usual clothes during the day and nightwear during the night only. Please make sure you have some clean, loose-fitting clothing with you and well-fitting slippers with good grip.

## Useful resources

### **Maggie's Cancer Caring Centre**

(based at the Churchill Hospital)

Telephone: **01865 751 882**

Website: [www.maggiescentres.org](http://www.maggiescentres.org)

Free practical, social and emotional support for cancer patients and their family and friends.

### **Macmillan Cancer Support**

Website: [www.macmillan.org.uk](http://www.macmillan.org.uk)

Cancer care and support charity.

### **Heads2gether**

Website: [www.heads2gether.net](http://www.heads2gether.net)

National head and neck cancer support group.

### **Oxford University Hospitals NHS Foundation Trust**

Website: [www.ouh.nhs.uk](http://www.ouh.nhs.uk)

Information about the hospital services.

### **British Pain Society**

Website: [www.britishpainsociety.org](http://www.britishpainsociety.org)

Information for people living with pain.

### **Royal College of Anaesthetists**

Website: [www.rcoa.ac.uk/fitterbettersooner](http://www.rcoa.ac.uk/fitterbettersooner)

Online resources and information to help you become fitter and better prepared for your operation.

## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)



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