

MORE COMFORTABLE AND SHORTER HOSPITAL STAY

Care, given by any medical team to patients, starts before the surgical intervention and continues after the patient has left hospital. The theoretical duration of hospitalisation varies from a few days to more than two weeks (depending on the situation). Beyond the standard and necessary medical monitoring, the comfort of the patient who underwent the operation during this period is an absolute priority.

It is now proven that a partial change to the care process (before, during and after surgical intervention) could not only **shorten the hospital stay** after surgery, but also reduce the risk of general complications. Your **participation** and compliance are essential for the success of this management approach, the aim of which is to improve the quality of care and reduce the effects of surgical injury.

The partial changes applied will be explained to you before the intervention.

They concern:

1/ The period before the intervention

- Preparation before the intervention which could last 3 weeks with possible correction of any anomalies found on blood tests may be required
- An enema is not necessary.
- Strict fasting, even fluids, the day before the intervention is no longer necessary. You will be offered a sugary drink two hours before the surgical intervention.
- Premedication the day before the intervention will not be given as routine. If you are feeling anxious about the intervention (which would be understandable) you will be able to discuss this with the team and talking to them will help alleviate a large part of the stress you are feeling.

Your
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2/ The surgical intervention and the anaesthetic technique itself

- The least aggressive approach possible (possibly an endoscopic approach with a camera and small incisions) will be prioritised, unless contraindicated.
- If the operation is not performed using an endoscopic approach, an epidural will be given, with your agreement, just before the intervention so you do not feel unwell after the operation.
- In principle, the surgeon does not (or rarely) insert a drain at the end of the operation.
- In principle, naso-gastric tubes (passed through the nose) are not inserted as routine.

3/ The period after the intervention

- You will be encouraged to **get out of bed** on the afternoon of your surgery if you are well enough.
- You will be offered fluids shortly after your surgery without waiting for the recovery of gut function.
- If a catheter has been inserted, it will be removed the day after the intervention for comfort. It is possible (but rare) that you will have difficulties passing urine yourself. The medical team may therefore have to insert another catheter for a few days.
- As soon as **your state of health permits**, and if there are no surgical complications, your **discharge** from hospital will be considered.

Caring for you under the best conditions and ensuring you recover better after your operation are the main priorities throughout the hospital stay.

You therefore become a central player in the care for which you have been prepared: (understanding the principle of the care procedure, drink to take two hours before the intervention, pain self-management, reporting any unusual symptoms after the operation, early feeding and mobilisation, filling in a diary, acceptance of discharge, etc.).

The whole team (surgeons, anaesthetists, nurses, auxiliary nurses, dieticians, physiotherapists) is united around you to ensure the success of this enhanced recovery.



NB: If personal circumstances do not allow for rapid discharge from hospital, all the necessary measures must be taken well before the intervention is scheduled to find a suitable solution. Furthermore, it is now recognised that an unnecessarily long hospital stay is not without risk.