Introduction

It has been described throughout the literature over the last few years that elective colorectal patients and clinical staff currently receive “mixed messages” or inconsistent information about what they can or can’t eat following colorectal surgery. Also – as part of the pre-operative preparation for surgery, patients should be given up-to-date information about their recovery however, this pre-op information can often be dated and in need of updating to keep it in line with current evidence.

With the advent of the Enhanced Recovery after Surgery (ERAS) programme, the current literature supports patients being encouraged to resume a normal diet as quickly as possible after surgery whereas traditional practice has left patients Nil By Mouth or on “Sloppy” or “Light” diets thus causing further confusion resulting in patients not being fed appropriately in many cases. Other evidence available highlights that recovery is enhanced appropriately in many cases. Other evidence available highlights that recovery is enhanced.

Method

We have produced an information booklet (figure 2) for patients to give them advice about what food and drinks should be available and eaten while they are in our unit and also some guidance about what to expect following bowel surgery i.e. tips for symptom management.

The booklet was produced in conjunction with the multi-disciplinary team including stoma team/ dietitians/ colorectal nurses/ ERAS Nurse and lead colorectal surgeon. The aim of this booklet was to improve the patients’ knowledge about diet and to empower the patients to make better decisions about their dietary choices whilst in hospital and following discharge.

A questionnaire (Figure 3) was used prior to and following implementation of the new patient booklet. We intended to sample 20 patients from each group.

Results

A comparison of results from questionnaires given pre (n=20) and post (n=8) booklet are shown in Graphs 1-6. The common findings have been summarised below:

- Dietary information given to patients pre-surgery increased from 55% to 88%. Prior to the booklet, dietary information that was given was not ward based, there was inconsistency in the literature available, for example low fibre diet sheet, ERAS diaries, charity booklets. Most of the literature was not evidence based and out of date. The new ward booklet ensured consistent evidence based information was being given to patients.

- Prior to the booklet only 19% of patients had the confidence to help themselves to the ward snack fridges, many stated they did not know about the ward fridges. This improved with the new booklet as the majority of patients, 74% now had the confidence to help themselves to the ward snack fridges, the booklet made them aware of these.

- There was a slight improvement in patients being offered Oral Nutritional Supplement (ONS) drinks after their surgery; however the results demonstrate this is still an area of poor compliance and only 20-38% of our patients had been offered these drinks that are often prescribed as part of their post operative care pathway.

- There was a slight improvement in discharge advice being given to patients from 43% pre-booklet to 63% post booklet. Some patients stated they also received verbal advice from medical and nursing staff also.

Outcomes

At the time of poster production we had completed 8 post booklet questionnaires. The preliminary results show that providing patients with informative evidenced based information prior to their surgery improves patients understanding and confidence of their dietary choices and overall nutritional care following surgery. Patients report feeling empowered to use ward snack fridges, which should enhance their nutritional recovery. Within feedback received from patients, there remains some misunderstanding from them regarding post operative diet and what they can and can’t eat following surgery. This will require some ongoing education.

Next Steps

Further education is required on staff provision of ONS drinks immediately post surgery as this has not been utilised regularly at ward level.

We shall continue to complete the remaining 12 questionnaires which will give us a better understanding of how patients have responded to the new booklet. From this we can work together to improve patient information on a larger scale within our unit.

This initiative links in with the Quality Improvement programme and also meets some of the recommendations in the Food, Fluid and Nutritional care standards (Standard 5).

References


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