

Patient Information and Daily Programme for Patients Having Liver Surgery:

Open Extended and Hemi Hepatectomy (with or without Roux-en-Y Hepatico Jejunostomy)

Date of admission	
Date of surgery	
Expected Length of Stay in hospital	We will aim to discharge you within 5-7 days following your operation

Please bring this diary with you when you come in to hospital.

Plymouth Hospitals NHS Trust
Derriford Road
Plymouth
PL6 8DH

Tel: 0845 155 8155
www.plymouthhospitals.nhs.uk



About your Programme/ Diary

This leaflet is for patients having an open extended or hemi hepatectomy, possibly with bile duct removal. These operations are performed for benign (non-cancerous) and malignant (cancerous) disease.

This diary has been designed to help prepare and support you and your family/carers during your stay in hospital.

It outlines what should happen on each day. Sometimes there will be a specific reason why something isn't done but the team should explain this to you. If you have any concerns about what has or has not happened on any day, please let a member of the team know.

The diary advises on what you can do each day to help your recovery after surgery and get you home as soon as it is clinically safe. It is a good idea to start planning for when you go home **before** you come into hospital, so that your discharge is not unnecessarily delayed.

Day of Operation (Day 0)

Before coming to hospital

On the morning of surgery, try to drink as much of the **Nutricia preOp** drink as you can. **Finish** the drinks by

06:30 am if you are coming into hospital at 07:00 am
or

11:00 am if you are coming into hospital at 11:00 am

Coming into Hospital

Please go to the admission ward as advised on your admission letter. You will be checked in by a nurse and seen by members of the surgical and anaesthetic team before you are taken to theatre for your operation.

After your operation

After your operation you might be taken to Pencarrow or Penrose ward (Intensive Care). You will normally stay on this ward for at least 24 hours before going to a surgical ward.

Drips, Drains and Tubes

After your operation you will have several drips, drains and tubes in place:

An intravenous (IV) drip is used to give you fluids until you are able to drink normally.

An abdominal drain is a tube inserted near your abdominal (tummy) wound to help drain off fluid and prevent swelling.

A naso-gastric (NG) tube is a fine tube that passes down your nose into your stomach and allows any fluids to be removed so that you don't feel sick. This helps the area of the operation to recover. The nurses might **spigot** the NG tube which means that a bung is put in it. It will be cleared every 4-6 hours to drain off any excess fluid that may still be in your stomach. **Only**

patients who have their bile duct removed will have an NG tube.

A urinary catheter is a tube (catheter) put into the bladder to drain your urine into a collecting bag

Reducing the risk of developing deep vein thrombosis (blood clots) – DVT Prophylaxis

You will wear TED stockings which help to maintain circulation in the leg and reduce the risk of blood clots forming (DVT – deep vein thrombosis). You will wear them for the whole of your hospital stay. You will also be given a daily injection of a blood thinning medicine (Clexane) which you will need to carry on using for 28 days once discharged from hospital.

Pain Control

It is important that your pain is well controlled so that you can

- walk about
- breathe deeply
- eat, drink and sleep well
- recover more quickly

If at any time you feel your pain is not well controlled, it is important that you tell a member of the team.

On the first few days after the operation, your pain will be controlled by an epidural. You will also be given regular paracetamol through a drip. Once the epidural is stopped, your pain will be controlled by medicine in liquid or tablet form

Sickness

If you feel sick (nausea) let a member of the team know as there are medicines which can help.

Exercise

Moving around as soon as possible after your operation will reduce your risk of developing a chest infection and blood clots and will help you recover from your operation more quickly.

- In bed keep the backrest raised at a slight angle
- Every hour you are awake do some gentle breathing and leg exercises as follows:
 - Cough 2 to 3 times
 - Take 2 to 3 slow deep breaths to help keep your lungs clear
 - Flex your ankles by pointing your toes up towards the ceiling and then down towards the floor, then circle your feet in one direction and then the other
- The nurses will assist you to get out of bed and sit in a chair. Try to sit out in the chair for short periods in the morning and afternoon. Each day you should aim to spend longer periods of time in a chair than the previous day
- The nurses will assist you to gradually start walking. Build up the distance and time spent walking each day
- As well as building up your level of activity every day, you also need to have proper rest periods

Eating and Drinking

You will be encouraged to start eating and drinking as soon as you feel able after your operation. Initially you might prefer to eat little and often.

You may find that your sense of taste is altered and your appetite is less than normal after your operation. It can take several weeks for taste to return to normal.

It is important to eat and drink as your body needs fuel to repair.

Eating and Drinking if you also had your bile duct removed -

You will be encouraged to have sips of water as soon as you feel able but will not be able to start eating until the second day after your operation.

Personal Care

The nursing team will help you to wash yourself until you can manage on your own.

Try to wear your day clothes in hospital as this can help you stay more active and be positive about your recovery.

Review

- A member of the surgical team will see you at least once a day
- If you or your family/carers need additional support or would like to talk to your Liver Cancer Nurse Specialist or the surgeons please speak to a member of the team.

Daily Care

- The next page outlines the routine for each day and includes things that you should do to improve your post-surgery recovery.
- Sometimes there will be a specific reason why something isn't done but the team should explain this to you.

See page 3 for an explanation of drips and drains	Day of operation Day 0	First day after operation Day 1	Second Day after operation Day 2
Monitoring (blood pressure, temperature, pulse, breathing)	Hourly checks (or more if necessary) Heart monitor attached Oxygen given through a mask	2-4 hourly checks (min) Heart monitor removed	4 hourly checks (min)
Pain Control	Epidural in place IV Paracetamol through a drip	Pain control continues as before plus tablets or medicine	Pain control continues as before
DVT Prophylaxis	TED stockings on legs Clexane injection	TED stockings on legs Clexane injection	TED stockings on legs Clexane injection
Abdominal Drain	In place, review day 2		Remove , if appropriate
Urinary Catheter	In place, review day 2		Remove , if appropriate
Central Line	In place, review day 1	Remove , if appropriate	
IV Fluids	In place, review day 2		Stop , if appropriate
NG Tube (BD) *	In place, review day 2		Remove , if appropriate
Exercise	In bed: - keep the head of the bed slightly raised - do your leg exercises - do your deep breathing exercises You'll be assisted to sit out in a chair for a short time (<i>dependent on time get to ward</i>)	You'll be assisted to: - sit out in the chair in the morning and afternoon - start walking Continue your leg and breathing exercises hourly	Sit out in a chair in the morning and afternoon for a little longer than yesterday. You will be assisted to walk 2-4 times during the day Continue your leg and breathing exercises
Drinking and eating (BD)* see below	You can start drinking and eating as soon as you feel able. Sips of water, NO food.	Try to eat and drink normally. You might prefer to eat little and often. Sips of water, NO food.	Try to eat and drink normally. You might prefer to eat little and often. Eat and drink freely
Wound Care		Surgical wounds checked and dressings changed if necessary	If wound dry, dressing can be removed
Personal Care		You'll be assisted to wash yourself	If necessary, you'll be assisted to wash
Investigations	Chest X-Ray	Blood Tests	

Coloured text with **(BD)** only relates to patients who have also had a bile duct removal.

	Third Day after operation Day 3	Fourth day after operation Day 4	Fifth – Seventh Day after operation Days 5-7
Monitoring (blood pressure, temperature, pulse, breathing)	4 hourly checks	6 hourly checks	You will be discharged if you meet the criteria specified on the next page
Pain Control	Epidural removed Continue pain control tablets or medicine	Continue pain control tablets or medicine	Continue pain control tablets or medicine
DVT Prophylaxis	TED stockings on legs Clexane injection	Staff will show you how to inject Clexane	Continue injecting Clexane for 28 days once discharged
Exercise	Sit out in a chair in the morning and afternoon for a little longer than yesterday You should be able to walk without assistance. Try to walk further than yesterday Continue your leg and breathing exercises	Sit out in a chair in the morning and afternoon for a little longer than yesterday Try to walk more often and further than yesterday Continue your leg and breathing exercises	Sit out in a chair in the morning and afternoon for a little longer than yesterday Try to walk more often and further than yesterday Continue your leg and breathing exercises
Eating and Drinking	Try to eat and drink normally. You might prefer to eat little and often.	Try to eat and drink normally. You might prefer to eat little and often.	Try to eat and drink normally. You might prefer to eat little and often.
Personal Care	Dress in your day clothes	Dress in your day clothes	Dress in your day clothes

Fifth to Seventh Day after Operation (Days 5-7)

You will be discharged today, if:

- Your blood pressure, temperature, pulse and breathing are all stable
- Your blood test results are at acceptable levels
- Your wounds are healing well
- Your pain is well managed
- You are able to walk
- You have someone to support you at home
- None of the team have concerns about your fitness

When you go home

Check with the team to see if you need to be seen by your practice or district nurse.

If you had this operation to treat cancer, the cancer nurse specialist will ring you, normally within 7 days of discharge, to check on your recovery.

Surgical Follow Up Appointment

Once discharged, you will receive an outpatient appointment. This appointment will normally be 4-6 weeks after discharge. If you don't receive an appointment please ring the consultant's secretary on 01752 432070 or 01752 432071

If you have any concerns or problems, please ring:

Stonehouse Ward	01752 431488
Claire Downing, Cancer Nurse Specialist	01752 517905
Derriford Hospital Switchboard	0845 155 8155

Notes:

**This leaflet is available in large print and
other formats and languages.
Contact: Patient Services
Tel: 01752 437035**

Date issued: March 2013

For review: March 2015

Ref: A-208/surgery/FH/open extended and hemi hepatectomy