Information for your planned bowel operation

Nottingham Colorectal Service

You must bring this booklet with you when:
- You come to your pre-assessment visit
- You come to the hospital for your operation

This document can be provided in different languages and formats. For more information please contact:

Nottingham Colorectal Service
F Floor West Block, QMC, Derby Road, Nottingham
Contents

Introduction 3
Pre-assessment clinic 4
Preparing for a bowel operation with bowel preparation 5
Preparing for your operation without bowel preparation 6
Hospital admission 8
Acupuncture for post-op nausea & vomiting 9
Preventing blood clots in hospital 10
After your operation: pain control 12
What is ‘Enhanced Recovery after Surgery’? 13
Milestones for a laparoscopic operation 14
Milestones for an open bowel operation 15
Eating and drinking 17
Exercise after your operation 20
Preparing for your discharge 21
The discharge lounge 21

Feedback
We appreciate and encourage feedback. If you need advice or are concerned about any aspect of care or treatment please speak to a member of staff or contact the Patient Advice and Liaison Service (PALS):

Freephone: 0800 183 0204
From a mobile or abroad: 0115 924 9924 ext 65412 or 62301
E-mail: pals@nuh.nhs.uk
Letter: NUH NHS Trust, c/o PALS, Freepost NEA 14614, Nottingham NG7 1BR

www.nuh.nhs.uk

If you require a full list of references for this leaflet please email patientinformation@nuh.nhs.uk or phone 0115 924 9924 ext. 67184.

The Trust endeavours to ensure that the information given here is accurate and impartial.

Printed as a service by Coloplast Limited.
Freephone: 0800 220 622 Ref: QMC18
Acknowledgements

Thanks to:
- Coloplast Limited, Ostomy manufacturers
- Jeanne Watts, Colorectal and Stoma Care Nurse Specialist
- GSPAOU staff members
- Helen Scrimshire, ERAS Project Lead
- Charles Maxwell-Armstrong, Colorectal Consultant
- Regan Bushell, Physiotherapist
- Patient Advice and Liaison Service, Nottingham University Hospitals NHS Trust
- Medical Photography Department, Nottingham University Hospitals NHS Trust
- Beverley Brady, Acute Medicine

Introduction
This booklet gives you some information about your planned bowel operation. It will explain what happens now with your treatment, what you need to do and where you can find out more.
BEFORE YOUR OPERATION

Pre-assessment clinic

Once a date for your operation has been decided an appointment will be made for you to attend our pre-assessment clinic. This allows us to assess your fitness for having a general anaesthetic and to provide you with specific information about your hospital admission. Please bring a urine sample and your medication with you.

You will see a:

- Pre-assessment nurse who will provide you with information about your stay in hospital;
- Healthcare Assistant who will complete various tests including an ECG, blood sugar and MRSA screen.
- Junior doctor who will carry out your medical assessment and arrange any necessary tests.
- Colorectal Specialist Nurse if you are going to have a stoma fashioned.

Notes/questions to ask:

- .......................................................... 
- .......................................................... 
- .......................................................... 
- .......................................................... 
- .......................................................... 
- .......................................................... 
- .......................................................... 
- .......................................................... 
- .......................................................... 
- .......................................................... 
- .......................................................... 
- .......................................................... 
- .......................................................... 
- .......................................................... 
- .......................................................... 
- .......................................................... 
- .......................................................... 
- .......................................................... 
- .......................................................... 
- .......................................................... 
- ..........................................................
Useful websites

- NHS smoking helpline
  0800 169 0169 www.gosmokefree.co.uk

- www.eatwell.gov.uk
  for advice on maintaining a healthy weight

- www.eidoactive.co.uk
  for information on how exercise can help you recover after surgery

- www.aboutmyhealth.org
  for support and information you can trust

- Royal College of Anaesthetists and Association of Anaesthetists of Great Britain and Ireland
  www.youranaesthetic.info

Do you need to take bowel preparation?

Yes □
No □ (please continue to number 2, page 6)

1. Preparing for the operation with bowel preparation

You will be asked to take a bowel cleansing agent (Picolax) which will ensure your colon is totally empty ready for your operation. You will experience loose stools/diarrhoea; ensure you drink plenty of clear fluids so that you do not become dehydrated.

You will be given 2 sachets of Picolax at your pre-assessment appointment.

On the day before your operation you can have a light breakfast and your tablets at 6am before taking the first sachet of Picolax. Follow the instructions on the packet to dissolve. The solution may become hot so allow it to cool before drinking it. It can be mixed with cordial or squash if you do not like the flavour. Drink it slowly over about 15 minutes.

1st sachet of Picolax at 8am on ..................  
2nd sachet of Picolax at 2pm on ..................

The medicine may not affect your bowels immediately but it would be unwise to plan any activity that takes you away from the close proximity of a toilet.
Throughout the preparation, until you have to starve for your planned surgery you can consume the following clear fluid and food items only:

- Still soft drinks such as squash or sports drinks, but nothing fizzy (this may give you wind) and no fruit juices
- Black tea or coffee (no milk in it but you can have sugar)
- Clear jelly (any flavour)
- Beef/yeast extract type drinks or consommé (but make sure there are no ‘bits’ in it)
- Boiled sweets

It is important to drink plenty of fluids until you are required to starve for your surgery, ideally 250-300mls (the volume of an average mug) of fluid every hour (whilst you are awake).

You should have your last drink at…………………………

2. Preparing for your operation without bowel preparation
On the day of your operation you must follow these instructions:

Last solid food at ..............................................

Last drink at ....................................................

Note: The drink should be either still soft drinks such as squash or sports drinks (nothing fizzy and no fruit juice), or tea or coffee made with semi-skimmed milk. After the time stated, please do not eat sweets, mints or chew chewing gum.

How to get to the Queen’s Medical Centre
Limited car parking is available. Ask the nurses at your pre-operative appointment if you’re interested in purchasing a weekly ticket (£15) or monthly ticket (£20).

You may find it easier to use public transport or our free ‘park and ride’ Medilink bus service.

The Medilink service links the two main hospital sites and the park and ride sites at Wilkinson Street and Queen’s Drive. It is free and runs every ten minutes from Monday to Friday, 7:40am to 6pm. Visit www.nuh.nhs.uk for more information about parking and transport.

There is designated disabled parking available in the following areas:

- Main entrance
- Eye, Ear, Nose and Throat (EENT) building
- Adjacent to the fracture clinic entrance (near Emergency Department.

If there are no official spaces available, blue badge holders may park anywhere on site, provided they do so in a safe and proper manner.
Hospedia
You will have access to a bedside telephone and television. If you decide to register with this service you will be given your own personal telephone number which you can then give to your friends and family.

Mobile phones
You may bring your mobile phone into hospital but please make sure to keep it on silent to minimise disturbance to other patients.

WiFi
You can access pay-as-you-go WiFi when you are in range of one of the many WiFi hotspots around our hospital. Visit http://www.nuh.nhs.uk/ to find out more.

Emergency contact details
Out of hours
Please contact the on call general surgical registrar via the switchboard on (0115) 924 9924. Or telephone your GP.

If you feel it is becoming an emergency then the Emergency Department at QMC campus is open 24 hours and will be able to make sure you are reviewed by the appropriate doctor.

Monday to Friday 8am to 4pm (approximately)

- Colorectal Nurse Practitioners’ mobile: 07713097030

Pre-op drinks
Having an empty stomach before an anaesthetic is important because it makes it less likely that food or fluid from the stomach can be regurgitated (come back up), which can be dangerous.

Unless you are diabetic, you will be given a special lemon flavoured drink called Nutricia preOp. It is specially formulated to help your body cope with the stress of surgery. Nutricia preOp can make you feel more comfortable and less anxious before your operation. It can also make you feel a lot better after your surgery. To get the most benefit it is important that you drink the full amount of Nutricia preOp as directed.

- 4 x 200ml cartons preOp the day before surgery (date:..................)
- 2 x 200ml cartons preOp before 7am on the day of surgery (date:.............)
Hospital admission
When you arrive at the hospital for your operation report to the Elective Admissions Lounge on ward C32, C Floor, East Block.

Please arrive on:
_______________ (date) at _____________ (time).

You will see your surgeon and your anaesthetist on the morning of your operation. The nurse will then check you in and prepare you for transfer to the operating theatre.

If you have a relative or friend with you they can wait with you until you go to the operating theatre and they can visit you on the ward after your operation.

Bring a small bag for your personal possessions, clothes, wash bag, glasses case, all your medication etc. The staff will make sure your property is safely transferred to your ward. Avoid bringing valuables.

Contact information for visitors

<table>
<thead>
<tr>
<th>Ward/department</th>
<th>Telephone number</th>
<th>Visiting hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Queen's Medical Centre Switchboard</td>
<td>0115 9249924</td>
<td></td>
</tr>
<tr>
<td>General surgical pre-admission unit</td>
<td>Ext. 63160 / 61968</td>
<td>8-4:30pm (Opening hours)</td>
</tr>
<tr>
<td>Elective admissions lounge</td>
<td>Ext. 62608 / 67374</td>
<td>7:00am-3:00pm (Opening hours)</td>
</tr>
<tr>
<td>E14</td>
<td>Ext. 69014</td>
<td>2:30-8:30pm</td>
</tr>
<tr>
<td>E15</td>
<td>Ext. 69015</td>
<td>2:30-8:30pm</td>
</tr>
<tr>
<td>Surgical High Dependency Unit</td>
<td>Ext. 69012</td>
<td>2:30-8:30pm</td>
</tr>
<tr>
<td>Adult Intensive Care Unit</td>
<td>Ext. 62758</td>
<td>2:30-10:30pm</td>
</tr>
<tr>
<td>Patient Advice and Liaison Service (PALS)</td>
<td>0800 1830204</td>
<td></td>
</tr>
</tbody>
</table>

For updates about your day to day progress, please try to nominate one family member or friend who can ring the nursing staff after 10am, but avoid telephoning at meal times (12-1pm and 5-6pm).
Follow up after discharge

Your surgeon will arrange:

- to see you three to four months after your operation
- a CT scan one year and again at three years after your operation (if necessary)
- to see you after your scan to discuss results and your progress

You will then have yearly follow-up appointments for up to five years after your operation. Some patients may need to have a colonoscopy every few years.

If you need chemotherapy or radiotherapy after your operation, you will receive an appointment to see a cancer specialist (oncologist) within six weeks after the operation.

Acupuncture for post-operative nausea and vomiting

What is acupuncture?
Acupuncture involves placing fine needles into specific points of your body. It has been shown to be useful in treating many different medical problems including postoperative nausea and vomiting.

What does acupuncture involve?
The pre-operative nurse will place a small acupuncture pin into the inside of your wrist and cover it with a plaster. For it to work you will need to press gently on the acupuncture pin when you are feeling sick post-operatively. You do not need to do it all the time but there is no limit on how much you do it.

Does acupuncture work?
Research studies have shown acupuncture to be at least as good as the anti-sickness medicine. It can also be used safely alongside those medicines if acupuncture is not controlling your sickness.

How will acupuncture feel?
You may feel some tingling, itching, warmth or aching at the site of the acupuncture needle.

Are there any risks involved?
Acupuncture for postoperative nausea and vomiting is generally simple and safe but sometimes it can cause problems such as pain, swelling or allergic reaction to the pin (tell the nurse if you are allergic to nickel). If you experience any of these, please tell your nurse.
Preventing blood clots in hospital

Why can blood clots be harmful?

Blood clotting is a natural, protective mechanism that is triggered by the body when you cut yourself. It is essential to prevent you from bleeding too much.

Being unwell, and being less mobile when you are in hospital can mean you develop a harmful clot in the deep veins of the leg, called a deep vein thrombosis or DVT. Symptoms can include swelling, pain, tenderness and redness in your calves. If this blood clot stays in your leg it may not cause serious problems, but if it becomes dislodged, it can travel through your veins to the blood vessels in your lungs. This is called a pulmonary embolism or PE and can be very serious.

People who have a PE may have sharp pains in their chest, become short of breath or cough up blood.

What will increase my risk of developing a clot?

- Age (over 60 years);
- If you are pregnant or have given birth in the last 6 weeks;
- If you are overweight/have a BMI greater than 30;
- If you are taking oral contraceptives, HRT and/or chemotherapy;
- If you have a diagnosis of cancer;
- If you have had a DVT/PE previously or if a close member of your family has a history of clots;
- If you smoke;
- If your mobility is reduced for any reason;
- If you become dehydrated;
- If you have chronic medical conditions;
- If your surgery is going to last longer than 90 mins.

Please contact us if:
- your wound is becoming inflamed (red), painful or swollen
- your wound is starting to discharge pus/green fluid

Bowel functioning

Please contact us if:
- your bowels have not worked since your operation and your stomach is feeling hard and swollen.
- your bowels have not worked and you are feeling sick or being sick.

General advice regarding bowel functioning

Your bowel habit may alter after your operation. You will usually notice an improvement in the first few weeks. It can take 18 to 24 months for your bowel to reach its best functioning. It is important to eat regular meals, drink fluids and take exercise.

If your bowels are constipated, try:
- increasing your fluids
- drinking fresh fruit juices
- eating some fruits and fibrous vegetables (e.g. green vegetables, beans)

If your bowels are loose try:
- reducing the amount of fibrous fruits and vegetables
- avoiding fizzy drinks
- eating biscuits, pasta, rice or toast to solidify the stools.
Transport home
Please arrange for a relative or friend to collect you. Wheelchairs are available from Main Entrance for a £1 returnable fee. If you need to use a taxi, you can get them from the main entrance of the hospital.

Ambulance transport will only be provided for patients with specific needs.

Problems when you’re at home
Problems happen rarely but it is important that you know what to look out for. During the first two weeks after the operation, if you are worried about any of the following please contact us using the information at the back of this booklet. If you cannot contact the people listed, then ring your GP.

Abdominal pain
It is not unusual to have griping pains/spasms during the first week following your bowel operation.

Please contact us if:
- you have severe pain/spasms lasting for more than one to two hours.
- you have a fever and feel generally unwell.

Wound redness and/or discharge
It is not unusual for your wound to become slightly red or uncomfortable during the first 1 to 2 weeks.

How can my risk of developing a clot be reduced?
Your medical team will assess your risk and one or more of the following preventative options may be offered to you:
- An injection to thin your blood;
- Mechanical foot pumps;
- Antiembolic stockings.

What can I do to reduce my risk of clots?
- Simple lifestyle changes such as losing weight and stopping smoking;
- Keeping mobile if it is safe for you to do so;
- Complete any exercises as advised;
- Drink plenty of fluids (unless advised otherwise) as keeping hydrating helps keep the blood flowing.

What about when I leave hospital?
Before you leave hospital, please check if you are to continue any treatment you have been prescribed. You need to continue to move about as much as you can, drink plenty of fluids (unless advised otherwise) and continue to wear stockings if you have been given them. Sometimes you will need to continue the blood thinning injections at home, and you will be given information about this from your nurse or doctor.

If you develop any signs or symptoms of DVT or PE as described opposite when at home then please seek medical advice immediately, either from your GP or your nearest hospital emergency department.
DURING AND AFTER YOUR OPERATION

Pain control
You will be given an anaesthetic for your operation. You can discuss in detail with your anaesthetist about the type of anaesthesia that you will be given during the operation.

Your nurse or anaesthetist will be able to tell you which forms of pain relief are suitable for you. However, it is your decision which to use. If you normally suffer from chronic pain, please let us know.

It is important that your pain is controlled after the operation so that you can:
- Walk about
- Breathe deeply
- Eat and drink
- Feel relaxed
- Sleep

Please see the EIDO leaflets that you should have been given separately for more information about anaesthesia, pain relief after your operation and reducing your risk of developing a blood clot.

Preparing for your discharge
We will start planning for your discharge as soon as you come into hospital. If you think there may be any problems about you returning home after your operation, please inform your nurse as soon as possible.

Your ward nurse will:
- Ask you about your transport arrangements;
- Explain if you need any equipment or services at home;
- Give you written information about your operation, medication and wound care. There will be a copy for you, your GP and your district nurse;
- Give you your medication and explain how to take it. (Please note it may take Pharmacy up to four hours to dispense your medication);
- Train you (or a family member or friend) to give you anti-blood clotting injections. If this isn’t possible the ward nurse will make alternative arrangements.

The discharge lounge
Once the doctors decide you are medically fit to return home, we will transfer you to the discharge lounge to wait for your medication and transport. The discharge lounge is situated on ward A44, South Block.

Opening times: Monday to Friday 9am to 8pm Saturday 9am to 5pm
Contact the discharge lounge on: (0115) 9249924 ext. 66422 or 66434.
Exercise after your operation

Breathing exercises
After you wake up from your operation it is important that you start deep breathing exercises as this helps to reduce the risk of developing a chest infection. Breathe in as deeply as possible and then gently let the breath out. Do this three times and then ‘huff’ with your mouth as if trying to clean your spectacles or, hold on to your abdomen, and cough strongly. The process should be repeated each hour that you are awake. If it is too painful for you to either breathe deeply or cough then you must tell your nurse as soon as possible.

Leg exercises
Point your feet up and down and circle your ankles to reduce the risk of developing clots in your legs.

Sitting out of bed and walking
The staff will help you out of bed the day after your operation. If you return to the ward early enough you may be able to sit out of bed on the day you have your operation.

After your operation you will be encouraged to spend several hours out of bed each day and to walk around.

When you are sitting upright or standing your lungs can work more effectively and there is less chance of a chest infection.

What is Enhanced Recovery?

Patients who are undergoing major bowel surgery may be part of the enhanced recovery programme. The nurses or doctors will be able to inform you if you are or not.

The aim of enhanced recovery is to improve your recovery from surgery enabling you to return to normal activities earlier than you would otherwise be able to. The enhanced recovery process needs to be planned out very carefully. The different stages of enhanced recovery can be found on the next few pages.

The key principles of enhanced recovery are that:
- you should be able to drink on the same day that you have the operation, and sometimes even eat.
- you will get out of bed and start walking around the following day after your operation.
- you will be able to return home earlier than usual (anytime from one day after your surgery).

Providing you don’t need hands-on medical care, we believe your recovery is improved when you are in the comfort of your own home. If you develop any complications after your operation it may be necessary for you to stay in hospital a little longer. However, forward planning for an early discharge does need to be considered in advance of coming into hospital.
The following information tells you what you can expect throughout the enhanced recovery programme if you are having laparoscopic (key-hole) surgery or open surgery:

**ERAS milestones for laparoscopic bowel operation**

<table>
<thead>
<tr>
<th>Day of planned bowel operation</th>
<th>Sit on edge of bed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1</td>
<td>Sit out of bed</td>
</tr>
<tr>
<td></td>
<td>Walk the length of the bay x3</td>
</tr>
<tr>
<td></td>
<td>Drip stopped in the morning</td>
</tr>
<tr>
<td></td>
<td>Eat and drink</td>
</tr>
<tr>
<td></td>
<td>Urinary catheter removed</td>
</tr>
<tr>
<td></td>
<td>Begin stoma education (if you have one)</td>
</tr>
<tr>
<td>Day 2</td>
<td>Sit out of bed</td>
</tr>
<tr>
<td></td>
<td>Walk the length of the bay x3</td>
</tr>
<tr>
<td></td>
<td>Pain relieving pump removed</td>
</tr>
<tr>
<td></td>
<td>Start oral pain relief</td>
</tr>
<tr>
<td></td>
<td>Eat and drink</td>
</tr>
<tr>
<td></td>
<td>Continue stoma education (if you have one)</td>
</tr>
<tr>
<td></td>
<td>Ensure everything is organised for you to go home tomorrow</td>
</tr>
<tr>
<td>Day 3</td>
<td>Continue walking around the bay</td>
</tr>
<tr>
<td></td>
<td>Continue to eat and drink</td>
</tr>
<tr>
<td></td>
<td>Complete stoma education (if you have one)</td>
</tr>
<tr>
<td></td>
<td>Go home</td>
</tr>
</tbody>
</table>

**Loose stools**

Your body will take time to recover from your bowel operation and initially you may experience loose stools. This may make you dehydrated and you might feel weak.

The following may help to rehydrate your body:
- Still sports drinks—these contain salts and sugars
- Any full sugar carbonated drinks which have been allowed to go flat, plus salted crisps to replace salts.

If you think that you may be dehydrated, it is important to tell your doctor as you may need some medication to help thicken up your stool. This is particularly important if you have a stoma and you are draining your pouch more than eight times per day.
**Food**

You will usually be allowed to eat on the first day after your bowel operation. However, it takes time for your appetite to return to normal. You will need to eat nourishing foods little and often. It is a good idea to reintroduce food gradually, starting with foods which are easy to digest.

When choosing your meals try to include:
- Protein foods such as lean meat, fish, cheese and eggs
- Small portions of well-cooked root vegetables (e.g. carrots)
- Starchy low fibre foods such as potatoes, white rice, pasta, white bread, cornflakes and rice krispies.

When choosing desserts look for:
- Milk pudding
- Thick and creamy yoghurt
- Tinned fruit
- Creamy ice-cream
- Jelly
- Custard
- Sponge

As your body starts to recover, you can gradually start reintroducing these foods and drinks into your diet and see how they suit you.

**Little or no appetite**

If your appetite is poor, have smaller meals with snacks in between such as sandwiches, cheese and biscuits, yoghurts and milky drinks.

### ERAS milestones for an open bowel operation

<table>
<thead>
<tr>
<th>Day of planned bowel operation</th>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sit on edge of bed</td>
<td>Sit out of bed</td>
<td>Sit out of bed</td>
<td>Sit out of bed</td>
<td>Sit out of bed</td>
<td>Sit out of bed</td>
</tr>
<tr>
<td>Allowed to drink</td>
<td>Walk the length of the bay x3</td>
<td>Walk the length of the bay x3</td>
<td>Continue to walk around the bay</td>
<td>Continue to walk around the bay</td>
<td>Continue to walk around the bay</td>
</tr>
<tr>
<td></td>
<td>Drip stopped in the morning</td>
<td>Continue to eat and drink</td>
<td>Continue to eat and drink</td>
<td>Continue to eat and drink</td>
<td>Continue to eat and drink</td>
</tr>
<tr>
<td></td>
<td>Eat and drink</td>
<td>Continue stoma education (if you have one)</td>
<td>Continue stoma education (if you have one)</td>
<td>Continue stoma education (if you have one)</td>
<td>Continue stoma education (if you have one)</td>
</tr>
<tr>
<td></td>
<td>Urinary catheter removed</td>
<td>Pain relieving pump removed</td>
<td>Start oral pain relief</td>
<td>Pain relieving pump removed</td>
<td>Pain relieving pump removed</td>
</tr>
<tr>
<td></td>
<td>Begin stoma education (if you have one)</td>
<td>Start oral pain relief</td>
<td>Start oral pain relief</td>
<td>Start oral pain relief</td>
<td>Start oral pain relief</td>
</tr>
<tr>
<td></td>
<td>Allowed to drink</td>
<td>Continue stoma education (if you have one)</td>
<td>Continue stoma education (if you have one)</td>
<td>Continue stoma education (if you have one)</td>
<td>Continue stoma education (if you have one)</td>
</tr>
<tr>
<td></td>
<td>Go home</td>
<td>Go home</td>
<td>Go home</td>
<td>Go home</td>
<td>Go home</td>
</tr>
</tbody>
</table>

Please ensure everything is organised for you to go home tomorrow.
Tubes and drips
During your operation, you may have a catheter put into your bladder so that we can check that your kidneys are working well and producing urine. You will also have a fluid drip in your arm. These should usually be removed the day after your operation.

Sickness
Sometimes after an operation a person may feel sick or be sick. This is usually caused by the anaesthetic or drugs we use. If you feel sick tell the ward nurse who will offer you medication to reduce/stop your sickness as this is important for you to be able to eat and drink. You may have chosen to have an acupuncture pin to reduce sickness.

Monitoring
After your bowel operation we will monitor:
- Your temperature, pulse and blood pressure
- Any fluids taken in and passed out of your body
- Your pain
- Your wound/s
- Your ability to move around independently or with help or with an aide
- When you pass wind (some patients do not have their bowels open or pass wind until they are at home)
- Your stoma (if you have one)

Note: The nurses and doctors may be recording all their observations on iPads and iPhones.

Eating and drinking
You tend to have more wind (flatus) after a bowel operation. Wind can cause discomfort, therefore it is advisable to avoid certain foods and drinks until your bowel function has become more settled. As the amount of wind lessens, gradually re-introduce your usual foods with the aim of achieving a healthy balanced diet in the long term.

Drinks
Your ward nurse or doctor will advise you when to take unlimited drinks (often referred to as ‘free fluids’). This means you can drink as much as you want of any of the following:
- Water
- Tea or coffee
- Milk
- Fruit squash (not pure fruit juices)
- Build up drinks
- Soup

If you have a stoma and you are draining your pouch more than usual (eight times or more) don’t forget to tell your ward nurse or specialist nurse.