Enhanced Recovery After Surgery

(ERAS Society, 2014)
Aims and Methods

Aims

1) Explore perioperative nutrition experiences
2) Identify barriers/facilitators

Methods

• 16 colorectal surgery patients
• Semi-structured interviews
• Ward observations
• Pilot study
• Topic guide (PPI involvement)
• Inductive thematic analysis
### Participants

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>Age</td>
<td>32-83 (median 68) years</td>
</tr>
<tr>
<td>Gender</td>
<td>9 males, 7 females</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Caucasian</td>
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<tr>
<td>Indication for surgery</td>
<td>Colorectal cancer</td>
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<tr>
<td>Length of hospital stay</td>
<td>4-21 (median 6) days</td>
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<tr>
<td>Postoperative complications</td>
<td>5 participants</td>
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</tbody>
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Themes

Preparation
- Mental/emotional
- Physical

Autonomy
- Being a ‘good’ patient
- Resilience
- Active, not passive, recovery

Dynamic Relationship with Food
- Changes with the disease and treatment trajectory
- Normality is an achievement
- Compromising the body’s needs and demands

Hospital Environment
- Challenges
- Patient expectations
- Food and staff: barriers and facilitators
Preparation – Mental Preparation

“I tried not to use the internet because erm it would... it would only frighten me... I think more information about food would be good, nutrition, what we should and shouldn’t be eating...” (participant 13, female)

“...it was all repetitious, to me, I mean, the, half of books were waste of time to what I was having done... I think there was twice I rang them up. But that was because they give me contradictory n-, things.” (participant 8, male)
Summary

- Qualitative interview-based study
- Themes: preparation, autonomy, dynamic relationship with food, hospital environment
- Many areas to target to improve patient experiences
Acknowledgements

• Participants

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• University of Bristol

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