

# GEARS: Your post surgery recovery programme

*Patient information*



We understand that undertaking cancer surgery might be a stressful period. To alleviate some of the stress on your mind and body, we recommend following the GEARS programme.

GEARS stands for:



**G**et up

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**E**at

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**A**nalgesia

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**R**emove

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**S**peak up

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## Introduction

The process of recovering from surgery can begin before you are even admitted to hospital. There are many things you can do which will improve your ability to recover quickly and strongly following an operation. Alongside this, The Royal Marsden has incorporated several steps into planning your operation which are designed and proven to help you in your recovery. These steps are known as Enhanced Recovery After Surgery or ERAS programmes. As part of this programme, and in an attempt to simplify the information, we have developed GEARS and the GEARS checklist. This is a selection of five elements of ERAS which take place immediately after your surgery and which you will be actively involved with.

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## What is GEARS?

At The Royal Marsden, we have developed GEARS to be used as a standard for developing and delivering ERAS programmes to our patients for each surgical specialty. Different patients can have very different expected courses of recovery, so there is no 'one size fits all' process; therefore it is important that we tailor your GEARS programme to your individual needs.

We will give you information on how long we expect you to stay in hospital for, so that you can start to plan for when you will return home. This is to ensure you have everything you need in place in advance, and helps to avoid a delay in your discharge from hospital.

Part of our aim with GEARS is to empower you to have greater control over your care and recovery.

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## What is the GEARS checklist?

The GEARS checklist is a simple set of targets which will help your team communicate more effectively and decide how best to look after you in the first few days after your operation. Immediately after your surgery, your team will decide which elements are appropriate for you based upon the type of surgery you have had and the expected course of your recovery. These elements are reviewed each day after your operation until you are successfully completing all five. This gives you clear targets to work towards with the healthcare team looking after you, including your doctors, nursing staff, physiotherapists, dietitians and the pain team.

## The five elements of GEARS are:



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### Get up

You should be as active as possible before and after your operation. Our physiotherapy team will see you regularly and will help to tailor an activity programme for you.

- After your operation you should aim to sit out of bed as soon as possible. Soon after this you should start to take gentle steps around the ward with the help of nurses and/or physiotherapists. Being upright is vital for the health of your lungs and helps to reduce the risk of developing a chest infection (pneumonia). Moving around will also improve your circulation, helping prevent blood clots (such as Deep Vein Thromboses) developing, and improve muscle tone, helping you get back to full strength sooner.



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### Eat

It is important that you eat a varied diet that provides all the nutrients that your body needs. The Royal Marsden booklet *Eating well when you have cancer*, provides information and ideas for meals and snacks. This is available via the Trust's online Patient Information library.

- The steps towards a full diet often depend upon the type of surgery you have had. Surgery involving any part of your bowel can often lead to your bowel temporarily slowing down or stopping completely (ileus). Getting back to eating a full diet helps the bowel to keep moving and return to normal, but this may be done in stages. Your surgeon may prefer you to only drink at first and this may be taking sips of clear fluids (water, squash, or black tea/coffee) or free fluids (any liquids including clear soup such as consommé).

After this, you can follow a soft diet (foods requiring little chewing such as cereals, bananas, yoghurt) and finally a normal diet. Your team will often look for certain bodily functions which indicate normal bowel function, before allowing you to progress to the next stage towards a normal diet.

- Depending on your planned operation, we may give you a carbohydrate pre-load drink at your pre-assessment appointment. There is some evidence that the use of these drinks pre-operatively is beneficial for your recovery in terms of faster return of normal bowel function, and a shorter hospital stay. You should take two sachets the evening before surgery (one with your dinner, and one before going to bed). The third sachet should be taken when you wake up and you should ensure this is completed by 6am at the latest. Your nurse will fully explain the preparation, if it is required, at your pre-assessment appointment.
- After your surgery, we may ask you to chew some chewing gum at least three times per day from the evening of your surgery. This is another measure that may help your bowel function to return to normal faster. If you do not like chewing gum, you may prefer to bring some boiled sweets to hospital as an alternative.



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## Analgesia

This is the medical term for pain relief. We need to ensure that you are on the appropriate medication at each stage following surgery to keep you comfortable, but without significant side effects.

- You must be comfortable enough to breathe deeply and cough after your operation, as not doing so can increase your risk of developing a chest infection (pneumonia). Your team will assess your analgesic plan every day with a view to gradually reducing it as you recover. However, you must feel confident to discuss this with them any time if you feel you need more analgesia, or perhaps would like to reduce the dose faster.

- Medications containing morphine can have significant side effects limiting your ability to complete other GEARS targets. There are always alternative medications which can help control these symptoms and keep you comfortable. Pain relief can also be delivered via other methods, which are aimed at keeping you comfortable whilst reducing the amount of morphine-like drugs you require. The best methods of giving you pain relief will be discussed with you before your operation
- Part of your immediate post-operative analgesia regimen may include a ‘Patient Controlled Analgesia’ (PCA) system. This is a pump with a button for you to press. It delivers analgesia when you need it, giving control of your pain relief. This does involve opiate medication, but is usually only needed for the first 24 – 48 hours post-operatively. It is very safe to use, and will be explained to you thoroughly. It is important to be comfortable enough to take a gentle deep breath, and if you are unable to do this you may need to use your PCA more frequently.




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## Remove

This element is a reminder to you and your team to look at anything which should be stopped before your operation or removed afterwards.

- Examples of items which can be removed after surgery include any drip lines or drains. Each day your team will assess any of the lines or drains which are attached to you and establish if they are still required. The sooner these are removed, the sooner you will be more freely able to sit out of bed and move around, helping you regain your strength and independence.
- You may have a urinary catheter when you first return from theatre. We like to remove this as soon as possible to prevent infections and help you move around. When it is first removed, it is called a ‘Trial Without Catheter’ (TWOC).



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## Speak up/ Safe discharge

This element is specifically for you to voice any concerns or questions you have to your team. When they are going through their daily GEARS checklist, they should ask for your input. Your team will have a better understanding and you will feel more engaged with your recovery progress.

- Feel free to ask any questions no matter how trivial you think they are. Patients receive a huge amount of information before and after their surgery and it can be difficult to remember it all. Take this opportunity to tell your team about any concerns or to let them know how you feel you are getting on. This can be extremely useful for the team and may provide information which cannot be obtained from blood tests or heart monitors.
- Planning for when to leave hospital also starts before your operation. If there is anything which you feel may make it more difficult for you to leave hospital or to cope when you get home, please let us know. We will give you our best estimate as to how long you are likely to stay in hospital so that you can plan ahead. We will also discuss your progress with you and any change in your expected date of discharge. The sooner we are aware of any challenges you may face when out of hospital, the sooner we can take steps to help resolve them.
- We will also help you to learn from an early stage how to manage specific elements related to your operation. All operations are different but these elements may include, for example, Tinzaparin injections to be administered for a period of time after surgery. These injections help to prevent blood clots and are required for certain patient groups. If your operation is going to require a stoma after surgery the team will teach you how to use this and how to change it. Your team will ensure you are confident and happy with whatever has been arranged before you go home. Please ensure you speak up if you have any worries or concerns.

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## Contact us

We will signpost you to resources and contact details specific to your tumour type. However, you are always welcome to contact The Royal Marsden Hotline for help and advice.

**The Royal Marsden Hotline: 020 8915 6899**

(Available 24 hours a day, seven days a week)

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This booklet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this booklet are available on request from:

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