






DAY	-1	0	1	2	3	4
DATE	___/___/___	OPERATION	___/___/___	___/___/___	DISCHARGE	___/___/___
	Be active Exercise to raise heart rate	Deep breathing Do not lie flat Avoid turning for 12 hours Flowtron boots/ bair hugger / Tinzaparin injection	Sit out of bed for minimum 1 hour Consider chest physio Mobilise to toilet	Mobilise with physio Exercise as per instructions	Mobilise as much as tolerated, including stairs if safe	Freely mobilise
	Clear Fluid only after midnight	Clear Fluids only postoperatively	Normal diet after team review Stop IV fluids	Consider laxatives	Consider laxatives	Eating and drinking normally
	Tinzaparin injection 18:00 (buttock/thigh) Continue regular meds	Regular paracetamol PCA / IV analgesia	Stop PCA Regular paracetamol NSAID (if appropriate) Breakthrough analgesia	Pain team review if required		Comfortable on oral analgesia TTOs administered
				Optimise analgesia Prepare TTOs	TTOs ready	
	Smoking cessation as per pre-op appointments Shower well before coming to hospital	Flap checks as per protocol	Flap checks as per protocol Remove catheter (if safe to mobilise) Remove flowtrons / bair hugger	Flap checks as per protocol. Consider drain removal Remove catheter Remove abdominal microfoam if in situ Shower thoroughly	Flap checks as per protocol Remove drains if surgeons happy	Ensure all drains / cannulas removed or plan for drain removal after discharge
	Call to check arrival time Bring supportive underwear	Wear supportive bra Start discharge plans	Learn to give Tinzaparin injection Wear support bra & pants if no drains	Independent with Tinzaparin injection Wear supportive underwear	Discharge – if SAFER CCD achieved Teach wound care / drain management if discharge with drain/ confirm Tinz technique	Discharge – if SAFER CCD achieved
		Voice any concerns or questions at any time, Plan Discharge (SAFER CCD)				



Get-up

Eat

Analgesia

Remove

Speak up

Early mobilisation

Early enteral feeding

Multimodal, opioid-sparing analgesia; medications

Timely line/drain removal

Encourage questions/timely discharge planning

SAFER Clinical Criteria for Discharge (CCD)

1. Mobilising freely
2. Eating and drinking adequately
3. Pain well controlled with oral analgesia
4. All lines / drains removed; or plan for removal as outpatient
5. All concerns addressed, contact details given, follow up arranged

RS – Rectus sheath; PCA – patient-controlled analgesia; NSAID – Non-steroidal anti-inflammatory drug eg Ibuprofen; NGT – nasogastric tube; CVC – central venous catheter; TTOs – “To take out” medications prescription; Tinz – Tinzaparin injection