What you need to know when coming into Hospital for Surgery

Information for patients, relatives, and carers

For more information, please contact:
The number on your appointment letter or one of the useful contact numbers on page 22

Caring with pride
Caring about what we do • Respecting and valuing each other
Listening in order to improve ● Always doing what we can to be helpful

Contents

Introduction ................................................................................................. 5
Pre-assessment (prior to surgery) ....................................................... 6
Before you come into Hospital for Surgery ................................. 7
What do I need to bring into hospital? .................................. 8
Preparing for an operation................................................................. 9-11
Admissions times and fasting information............................. 12-13
Keeping comfortably warm at all times: ................................. 13
Can someone come with me? .................................................... 13
The Anaesthetist’s role and the types of anaesthesia used .................... 14-16
The Operating Department .................................................. 17-18
The Recovery Room ................................................................. 19
Pain Relief after surgery ............................................................ 20-21
What will I feel like afterwards? ................................................ 21
Getting home ..................................................................................... 22
At home ......................................................................................... 22
Useful contact numbers .............................................................. 22

This publication includes text taken from The Royal College of Anaesthetists’ (RCoA) leaflet ‘Anaesthesia explained information for patients, relatives and friends, 5th Edition, Nov 2015’ but the RCoA has not reviewed this as a whole. The original leaflet can be found at www.rcoa.ac.uk/patientinfo
Caring about what we do ● Respecting and valuing each other
Introduction

We understand that having an operation can be a worrying time for you, your relatives and those who care for you. We have therefore produced this leaflet to help you prepare for your surgery and to answer some of the questions you may have. If you have any worries or questions during your stay with us, do not hesitate to ask our doctors and nurses on the ward. This leaflet gives you more information about how to get ready for your surgery and what to expect on the day of your operation.

You can find more information in other leaflets in the Royal College of Anaesthetists series, and large print copies, from their website www.rcoa.ac.uk/patientinfo.

Further leaflets in the RCoA series include the following:

- Anaesthesia explained (a more detailed booklet)
- Your child’s general anaesthetic
- Having a spinal anaesthetic
- Epidurals for pain relief after surgery
- Headache after an epidural or spinal anaesthetic
Pre-assessment (prior to surgery)

Before your surgery we need to know about your general health. Some hospitals use a form for you to fill in, or you may be invited to a pre-assessment clinic. If you are having an urgent operation, the health check will be done by your doctors and nurses on the ward. If you are sent an appointment for a pre-assessment clinic prior to your surgery you will see a pre-assessment nurse; an anaesthetist may also see you.

The Pre-assessment clinic can be a good time to ask questions and talk about worries that you may have. If the staff in the clinic cannot answer your questions, they will help you find someone who can.

If you are taking any medication please bring with you an up to date repeat prescription list or your medications in the original boxes.

Any tests that you need will be arranged. You may need a blood test, a heart trace (ECG), an x-ray or other tests. Some tests can be done in the clinic, but for others you will need to come back another day.

Having an ECG (Heart tracing)

The ECG is a painless procedure. You will have electrodes attached to your chest to enable the machine to record your heart function and produce a printout for the doctor to review.
Before you come into Hospital for Surgery

Please read the appointment letter you have received carefully; ensuring you then ring the hospital to say you will be coming at the time and day in the letter.

Please follow any instructions given in your letter about when you can have your last food and drink before your operation; it is important that you follow these instructions as we may have to cancel your operation if these are not followed correctly.

Please have a bath/shower on the morning of your admission or the evening before.

Please remove all jewellery and body piercings at home. You do not have to remove your wedding ring, but it will need to be covered with tape once you arrive. If you have been unable to remove your piercings, please tell us when you arrive on the ward.

Please remove all make-up. If your surgery is on your arm or leg, please remove any nail varnish from that limb. Acrylic nails may be left on but check this with nursing staff.

We cannot promise to keep your belongings safe. Please do not bring any valuables or large amounts of money.

We will ask you to sign a form saying that you agree that we cannot promise to keep your belongings safe.
What do I need to bring into hospital?

You will need to bring:

- A warm winter dressing gown and a pair of slippers and additional warm clothing e.g. socks or a sweater
- Books or magazines or something else to keep you occupied
- A mobile phone if you have one (please keep on silent so it does not disturb other patients)
- Any mobility aids that you need
- All medications in the original packaging (not controlled drugs)
- Any hearing aids and/or glasses or contact lenses you use and a container to store them in
- Contact numbers for your relatives/carers and your transport home
- A small amount of money, including change for parking
- If the plan is for you to stay in hospital overnight following your surgery you need to bring a zipped overnight bag to include toiletries, a coloured towel (not white) and some night clothes
- If you suffer from Sleep Apnoea and use a CPAP machine you must bring this into hospital with you.
Preparing for an operation

As soon as you know that you may be having an operation, it is helpful to think about how you can be as healthy and fit as possible.

Smoking

If you smoke, you should consider giving up before your operation. Smoking reduces the amount of oxygen in your blood and increases the risk of breathing and heart problems during and after the operation.

Your surgical wound will heal more slowly and be more likely to get infected if you smoke. On average, smokers stay in hospital longer than non-smokers.

If you plan to quit smoking, it is a good idea to get help from a counsellor or support service. You are four times more likely to give up successfully if you have this kind of help. Free services in your area include:

- **NHS North Yorkshire Stop Smoking Service** – for group or one-to-one help and advice from trained experts **call 0300 303 1603**. Let them know you are going to have an operation so they can give you priority.

- **NHS Smoking Helpline** and website are always there to give free advice, help and support. **Call 0800 169 0169** or visit [www.nhs.uk/smokefree.nhs.uk](http://www.nhs.uk/smokefree.nhs.uk)

- Alternatively your **local Pharmacist or GP Practice** can put you in touch with a registered Stop Smoking Advisor.
Your weight

Many of the risks of having an operation are increased if you are very overweight. Your GP can give you advice about weight loss and put you in touch with an organisation that can help. Slow, supervised weight loss is likely to be most successful.

Alcohol

If you drink more than the recommended amount, you should cut down before an operation. Go to: www.nhs.uk/livewell/alcohol/pages/alcohol-units.aspx for more advice.

Long-standing medical problems

If you suffer from a long standing medical problem such as diabetes, asthma or bronchitis, thyroid problems, heart problems or high blood pressure (hypertension) you should ask your GP if you need a check-up.

Changes in your health before your operation

Please contact the clinic where you had your pre-assessment if you:

- become unwell,
- have started on a new medicine,
- are admitted to hospital while waiting for your operation.
Your teeth

If you are having joint replacement surgery you must have a dental check-up prior to pre-assessment if you have not had a check-up in the past 6-12 months).

Ideally if you have any loose teeth you should visit your dentist to see if they can be secured before an anaesthetic. This reduces as far as possible the chance of any damage to your teeth.

On the day of your operation, your anaesthetist will want to know which teeth are loose, or have crowns or a bridge.
Admissions times and fasting information

When you arrive on the ward you will be greeted by a Nurse before you are seen by the Surgeon and Anaesthetist.

<table>
<thead>
<tr>
<th>Ward</th>
<th>Patient arrival times for morning/day surgery</th>
<th>Patient arrival times for afternoon surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward 27: York</td>
<td>7.30am</td>
<td>11.30am</td>
</tr>
<tr>
<td>Day Unit: York</td>
<td>7.30am</td>
<td>12 noon</td>
</tr>
<tr>
<td>Aspen Ward: Scarborough</td>
<td>7.30am</td>
<td>11.00am</td>
</tr>
<tr>
<td>Kent Ward: Bridlington</td>
<td>7.30am</td>
<td>11.00am</td>
</tr>
<tr>
<td>Lloyd Ward: Bridlington</td>
<td>7.30am</td>
<td>12 noon</td>
</tr>
</tbody>
</table>

If your surgery is scheduled for the morning/day, you must not eat any food after midnight before the morning of your surgery. You can drink clear fluids like water, tea/coffee (no milk) or diluted juice (not fizzy) up to 7am.

If your surgery is scheduled for the afternoon you may eat a light breakfast e.g. a bowl of cereal or a couple of slices of toast with tea/coffee (with milk) before 8am. You can drink clear fluids like water, tea/coffee (no milk) or diluted juice (not fizzy) up to 12 noon.
If the exact time of your surgery is not known or your surgery is delayed nursing staff will let you know what you can eat and drink and when. If you are on an all-day list, your surgery could take place at any time until 5pm. You can leave the ward to go for a walk, but you **must** let nursing staff know you are leaving the ward.

**Keeping comfortably warm at all times:**

Hospital, especially the operating department, is usually colder than your own home. Please try and keep your body and your SKIN as warm as comfortably possible. Your body can lose a lot of heat in theatre. Please tell the nursing staff if you are feeling cold.

Keeping your body and skin warm before surgery can:
- Speed up your recovery from anaesthesia
- Improve healing
- Reduce the risk of serious complications
- Reduce uncomfortable shivering after surgery

**Can someone come with me?**

A relative or friend is welcome to accompany you to hospital however once you are booked in they will be asked to leave, the exception to this if you have a Carer, they will be able to wait with you until you go for your operation. If your operation requires a stay in hospital then your friends and relatives will be able to visit you after your operation.
The Anaesthetist’s role and the types of anaesthesia used

Anaesthetists

Anaesthetists are doctors with specialist training who are responsible for giving your anaesthetic and for your wellbeing and safety throughout your surgery, they will:

- Ask about your health
- Discuss types of anaesthesia with you and find out what you would like, helping you to make choices
- Discuss with you the benefits, risks and your preferences
- Agree a plan with you for your anaesthetic and pain control, to make your experience as calm and pain free as possible

Nothing will happen to you until you understand and agree with what has been planned for you. You have the right to refuse if you do not want the treatment suggested, or if you want more information or more time to decide.
The choice of anaesthetic depends on:

- your operation
- your answers to our questions
- your physical condition
- your preferences and the reasons for them
- If you prefer the anaesthetists will decide for you
- The equipment, staff and other resources at our hospitals

**Risks of your anaesthetic**

A set of 14 articles about specific risks linked to having an anaesthetic have been put together to help you understand ‘anaesthetics’

The risk articles are available on the website www.rcoa.ac.uk/patientinfo.
Some types of anaesthesia

Anaesthesia stops you feeling pain and other sensations. It can be given in various ways and does not always make you unconscious.

**Local anaesthesia** involves injections which numb a small part of your body. You stay conscious but free from pain.

**Regional anaesthesia** involves injections which numb a larger or deeper part of the body. You stay conscious but free from pain.

**General anaesthesia** gives a state of controlled unconsciousness. It is essential for some operations. You will be asleep and feel nothing.
The Operating Department

A typical operating theatre

There may be some waiting around before you go to theatre. Staff will try to keep this to a minimum. It is a good idea to bring something to do.

Most people walk to the operating theatre. If you cannot walk far, a wheelchair may be used. If you have had a pre-med which makes you sleepy, you will go on a trolley or bed.

The operating-theatre department includes the theatres and a recovery room. It is usually brightly lit and often has no natural light. Air conditioning may make it feel quite cold. It is a good idea to wear a warm winter dressing gown or ask for a blanket.
Your anaesthetic may start in the anaesthetic room or in the operating theatre. If you have walked to theatre, you will now be asked to lie on a theatre trolley. This is narrower than a bed and may feel quite firm to lie on.

When you arrive in the department, staff will check your name, your identity band and what operation you are having. If relevant, they will ask you if the operation is on the right or left side of your body. These are compulsory safety checks that make sure you have the correct care.

A member of staff will attach machines to you which measure your heart rate, blood pressure and oxygen levels.

There are two ways of starting a general anaesthetic.

- anaesthetic drugs may be injected into a vein through the cannula which is a small needle in the top of your hand (this is generally used for adults)
- you can breathe anaesthetic gases and oxygen through a mask, which you may hold if you prefer.

Once you are asleep, an anaesthetist stays with you at all times and continues to give you drugs to keep you anaesthetised.

As soon as the operation is finished, the drugs will be stopped or reversed so that you can wake up.
The Recovery Room

Your nurse will work with you to start with; making sure your care is continued to the same high standard we work to.

The nurses aim is to ensure you are comfortable as you come round from the anaesthetic. Depending on what type of anaesthesia you have been given the recovery nurse can provide you with water, tea or coffee and biscuits.

When you are able to breathe easily on your own and are comfortable you will be transferred back to the ward on your bed or a trolley by a nurse.
Pain Relief after surgery

Good pain relief is important and some people need more pain relief than others. It is much easier to relieve pain if it is dealt with before it gets bad. Pain relief can be increased, given more often, or given in different combinations.

 Occasionally, pain is a warning sign that all is not well, so you should ask for help when you feel pain. Here are some ways of giving pain relief:

• **Pills, tablets or liquids to swallow** are used for all types of pain. They take at least half an hour to work. You need to be able to eat, drink and not feel sick for these drugs to work.

• **Injections** are often needed and may be intra-venous (through your cannula into a vein for a quicker effect) or intra-muscular (into your leg or buttock muscle using a needle, taking about 20 minutes to work).

• **Suppositories** are waxy pellets are put in your back passage (rectum). The pellet dissolves and the drug passes into the body. They are useful if you cannot swallow or if you might vomit.
• **Patient-controlled analgesia (PCA)** is a method using a machine that allows you to control your pain relief yourself. If you would like more information ask for a leaflet on PCA.

• **Local anaesthetics and regional blocks** can be very useful for relieving pain after surgery. More details can be found in the leaflet ‘Epidurals for pain relief after surgery’.

**What will I feel like afterwards?**

How you feel will depend on the type of anaesthetic and operation you have had, how much pain relieving medicine you need and your general health.

Having an anaesthetic affects your reaction times and reasoning and you should not drive, operate machinery, climb ladders or sign legal documents for 24 hours after your operation.
Getting home

You must arrange for someone to collect you as hospital transport is not provided. You must not use public transport, or drive yourself within 24 hours of having a general anaesthetic.

At home

You must arrange for a responsible adult you can rely on to stay with you overnight following your operation. Follow any special instructions that the hospital staff may advise about your medication, dressing, mobility etc.

Useful contact numbers

York Hospital patients:
General surgery & urology surgery  01904 725847

York Hospital Patients:
Orthopaedic surgery    01904 726591

Scarborough Hospital patients:  01723 385387

Bridlington Hospital Patients:
Short stay and day surgery   01262 423134

Bridlington Hospital Patients:
Orthopaedic surgery      01262 423110
Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact: Sister Tina Hodgson, Pre-assessment Unit, The York Hospital, Wigginton Road, York, YO31 8HE, telephone 01904 726027 or email tina.hodgson@york.nhs.uk.

Teaching, Training and Research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.