Planned admission for day surgery

You are due to be admitted for a day case procedure. A registered nurse or doctor may have given you information about your particular operation. This booklet has been designed to provide you and your family with general information about your stay in hospital and your recovery.

You will be admitted and discharged on the day of your surgery providing you are medically fit. Evidence suggests that it is better for you to go home as soon as possible after surgery to recover in your own environment. There is good evidence that doing things such as getting out of bed, eating, drinking, exercising and managing pain helps people to recover more quickly after surgery.

You may have been given a date for your operation or procedure when you attended your outpatient appointment. If not, we will add your name to a waiting list and contact you when a date can be made.

This guide will help you prepare for your day surgery. Please keep it in a safe place so that you can refer to it to prepare for your admission. We plan to make your stay as comfortable as possible. In order for us to achieve this it is important that you read the following instructions.

Your proposed date and time of admission is: ____________________________________

You will be told whether your admission is in the morning or the afternoon. Please make sure you follow the relevant fasting instructions below.

Fasting instructions
For morning admissions - 7.15am
● Have nothing to eat after midnight (including sucking sweets and chewing gum)
● You should drink plain, still water until 6am
● Take all your usual medications at or before 6am unless you have been advised otherwise

For afternoon admissions - 12.15pm
● Have an early, light breakfast by 7.30am and then nothing further to eat (including sucking sweets or chewing gum)
● You should drink plain, still water until 11am
● Take all your usual medications unless you have been advised otherwise

Medication to stop before your operation

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<th>Medicine</th>
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Please note: if you develop a cough, a cold or any other illness before the planned operation date, you may not be fit for anaesthetic. If you need to postpone or cancel your operation date for any reason, please telephone 01202 448366. Please do this as soon as possible so that someone else can take your place. We will offer you a new operation date. Please contact us if you no longer require or want the operation.

Preparing for admission for day surgery
- Follow any preparation instructions that you have been given.
- Arrange for someone responsible to collect you by car. You will not be able to go home on public transport or unaccompanied in a taxi.
- Please make arrangements for someone to stay with you for 24 hours following surgery. You may want to ask someone to help you for the first few days. If you normally care for children or dependent adults, you will need to make arrangements for their care.
- Make sure that you have a supply of painkillers such as paracetamol or ibuprofen available for after your operation.
- Check whether your car insurance is affected by your operation.
- Remove false nails and nail varnish from toes and fingers.

Things you need to bring with you
- Dressing gown and slippers or flat/low-heeled soft shoes. You do not need to bring any other nightclothes.
- A book or newspaper, or something to do while you wait.
- All of your medication in the original packages, including inhalers.
- Case for glasses and/or hearing aid if worn.
- Container for dentures.
- Contact numbers for the person collecting you.
- Any other items that you need to assist you with your daily routine.
- Do not bring electrical items, sharp objects, alcohol or valuables including laptops, tablets.
- Please note mobile phones cannot be used in ward areas.

Smoking
We advise that you do not smoke for 24 hours before your anaesthetic. Smoking increases the risk of complications during and after surgery. We will have discussed this with you already if you are a smoker. For free, practical advice and support to stop smoking, telephone 0300 30 38 038. Please be aware that this is a non-smoking hospital.

Being overweight and exercise
If you are overweight, many of the risks of having an operation are increased. Reducing your weight will help. Your GP or practice nurse will be able to give you advice about this. In the weeks before you are due to come into hospital, try to increase the amount of exercise you do. This will be different for each person. However, just increasing the amount of exercise will help to improve your recovery after your operation.

Alcohol
Try to reduce your alcohol intake. We do not expect you to stop drinking altogether. However, if you drink heavily (i.e. over the recommended three units per day for men or two units per day for women), you are at more risk of having problems in the first few days following your operation. Please avoid drinking alcohol the day before your operation. Alcohol will increase your risk of dehydration and will slow your recovery from surgery.

On the day
- You should continue taking all your regular medications unless you have been advised not to.
- Follow the fasting instructions that have been discussed with you (see page one).
- Have a bath or shower on the day or evening before your surgery.
Do not wear make-up, hairspray, body oil, acrylic nails, nail varnish, body-piercing or jewellery. Wear loose-fitting, comfortable clothes.

Arrive at the hospital at the time advised.

**Directions to the Day of Surgery Unit**
If coming from the car park or drop-off area, enter the hospital at entrance 8. Come to the second floor and check in at the day case reception.

If using the Longfleet Road entrance (entrance 10), head directly along the corridor and turn right. Continue ahead through the swing doors to the stairwell. Take the lift or stairs to the second floor.

**Arrival**
Please arrive promptly. Your arrival time is not the same as the time of your operation or procedure. We allow time for preparation and safety checks before the start of the operating list. You should expect to be in hospital for a period of up to six or seven hours from admission to discharge.

When you arrive our staff will welcome you, check your details and register your arrival on the computer system. We will ask you to take a seat in the waiting room. If someone is accompanying you, we will ask them to leave at this time. This is to respect the privacy of all patients.

A member of the nursing team will collect you from the waiting area and take you to a private room. The nurse will ask a few questions and make sure you are prepared for your operation.

Your anaesthetist and surgeon will see you before your operation and answer any further questions. We must by law obtain your written consent to any operation beforehand. Staff will explain the risks benefits and alternatives before they ask you to sign a consent form. If you are unsure of any aspect of the treatment proposed, please do not hesitate to speak with a senior member of staff.

After this you will be able to relax in one of our single-sex waiting areas. The length of time you wait depends on your place on the operating list. We will be able to give you an estimate of how long this will be.

You will usually walk to the theatre suite where your anaesthetist and anaesthetic assistant will be waiting for you. They will ask you to get onto a trolley. They will give you your anaesthetic and then you will go through to theatre for your operation.

**Information about your anaesthetic**
Anaesthesia will stop you feeling pain and other sensations during the operation. It can be given in various ways and does not always make you unconscious:

- Local anaesthesia (LA) involves injections, gel or cream which numbs a small part of your body. You stay conscious (awake) but free from pain.
- Regional anaesthesia (RA) involves injections which numb a larger or deeper part of the body. You stay conscious but free from pain.
- General anaesthesia (GA) gives a state of controlled unconsciousness. It is essential for some operations. You are unconscious and feel nothing.
- Sedation is the use of drugs given through a needle in a vein (a drip) to make you feel sleepy and less anxious. The drugs may make you sleepy, but you will remain conscious. Often the drugs make you forget what has happened. Sedation is often used with local anaesthetic.
- Anaesthetic drugs and techniques are often combined to achieve the best anaesthetic for your type of surgery.
The anaesthetist

The anaesthetist is a specialist doctor who gives the anaesthetic and looks after you during your operation. You may have two anaesthetists caring for you.

Before your operation you will be visited by the anaesthetist, who will discuss with you the type of anaesthetic he or she is going to give. You may discuss any concerns you have about the anaesthetic, for example previous anaesthetic experiences, needle phobia, sickness and anxiety. Anaesthetists are used to patients being worried about the anaesthetic. If you tell them how you are feeling, there are many ways they can help.

Occasionally, your anaesthetist might find something about your general health that could increase the risks of your anaesthetic or operation. It might then be better to delay your operation until the problem has been reviewed. The reasons for any delay would always be discussed with you and your surgeon at the time. Your anaesthetist’s main concern is your safety.

Consent for anaesthetic

Having talked about the benefits, risks and your preferences, you can then decide with your anaesthetist what would be best for you. Alternatively, you may prefer to ask your anaesthetist to decide for you. Nothing will happen 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.

During your anaesthetic

- The anaesthetist and anaesthetic assistant will attach monitoring equipment so that your pulse, blood pressure and oxygen levels can be monitored throughout your operation.
- A cannula (small plastic tube) will be placed into a vein in your hand or arm. The anaesthetic medicines are given through this cannula.
- The anaesthetist may ask you to breathe oxygen through a face mask before you go off to sleep.
- The anaesthetist and anaesthetic assistant remain with you throughout the operation.
- Following the operation the anaesthetist will take you to the recovery ward, a large ward within the theatre department.

Side effects and complications

With modern anaesthetics, serious problems are uncommon. Risk cannot be eliminated completely, but modern equipment, training and drugs have made anaesthesia a much safer procedure in recent years. The risk to you will depend on whether:

- You have any other illnesses or chronic conditions
- You smoke or are overweight
- The surgery is long or complicated

Key to abbreviations in table below:  
RA = this may occur with a regional anaesthetic  
GA = this may occur with a general anaesthetic

Common and very common side effects

<table>
<thead>
<tr>
<th>Side effect</th>
<th>RA</th>
<th>GA</th>
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</thead>
<tbody>
<tr>
<td>Feeling sick and vomiting</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Sore throat</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Dizziness, blurred vision</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Headache</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Itching</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Aches, pains and backache</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Pain during injection of drugs</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Bruising and soreness</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Confusion or memory loss</td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>
Uncommon side effects and complications

<table>
<thead>
<tr>
<th></th>
<th>RA</th>
<th>GA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest infection</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Bladder problems</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Muscle pains</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Damage to teeth, lips or tongue</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Slow breathing (depressed respiration)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>An existing medical condition getting worse</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Awareness (becoming conscious during your operation)</td>
<td>✓</td>
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</tbody>
</table>

Rare or very rare complications

<table>
<thead>
<tr>
<th></th>
<th>RA</th>
<th>GA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Damage to the eyes</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Serious allergy to drugs</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Nerve damage</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Death</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Equipment failure</td>
<td>✓</td>
<td>✓</td>
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</tbody>
</table>

Deaths caused by anaesthesia are very rare, and are usually caused by a combination of four or five complications. For every million anaesthetics in the UK there are probably about five deaths.

Understanding risk

Where we discuss risk with you we will use the following terms:

<table>
<thead>
<tr>
<th>Term</th>
<th>Numeric ratio</th>
<th>Equivalent</th>
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</thead>
<tbody>
<tr>
<td>Very common</td>
<td>1/1 to 1/10</td>
<td>A person in a family</td>
</tr>
<tr>
<td>Common</td>
<td>1/10 to 1/100</td>
<td>A person in the street</td>
</tr>
<tr>
<td>Uncommon</td>
<td>1/100 to 1/1000</td>
<td>A person in a village</td>
</tr>
<tr>
<td>Rare</td>
<td>1/1000 to 1/10,000</td>
<td>A person in a small town</td>
</tr>
<tr>
<td>Very rare</td>
<td>Less than 1/10,000</td>
<td>A person in a large town</td>
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</tbody>
</table>

The recovery ward

This is where you will ‘wake up’ after general anaesthetic. Waking up can feel strange as you will have no sense of time passing. The recovery nurse will care for you until you ‘recover’ from the immediate effects of the anaesthetic and surgery. You may be given oxygen via a clear face mask. Your pulse, oxygen levels, blood pressure, temperature and wound will be monitored. You can be given medicine for any pain or sickness. The amount of time you spend in recovery varies. You will return to your ward when you are ready to be cared for in the ward environment.

After your operation

Once you are back on the ward the nursing staff will continue to observe you closely. You will be offered some water, followed by light refreshments. You will be discharged from hospital as soon as you are medically fit.

Recovery from your operation continues at home and you will be advised accordingly. You will need a responsible adult with you for at least 24 hours following anaesthetic. The type of operation you have had will determine the duration of your recovery. We advise you get help at home, especially if you normally care for children or dependent adults.

For the remainder of the day

- You need to rest at home
- Do not use power tools or appliances that may injure you
Do not sign legal documents or make important decisions
Do not drink alcohol
Do not drive for at least 24 hours or until safe to do so

It is sensible to make sure that you have appropriate painkillers at home. We will give you any additional medications you may need. You will also be given written instructions and contact numbers if required. If you need any further appointments, we will give you the details.

Time off work is dependent on your operation. You will be given a sick certificate as necessary. Your general practitioner will continue your care once you have been discharged from the hospital. Your GP can also give you any further certificates if needed.

We will also give you advice about driving or flying after your operation but we advise you to check with your own travel insurance company.

**Medicines for pain relief**

Following your operation you may feel uncomfortable but you should not be in pain. If your operation is under general anaesthetic, you may be given painkillers via a cannula in your vein. It is important that pain is under control to allow you to get better quicker. It is better to take painkillers on a regular basis so that pain does not become a problem. Before you go home your nurse will discuss this with you and advise you. However, every person's pain level is individual and will determine how much and how long you will need to take painkillers.

**Paracetamol** is an effective painkiller. You can take two tablets (1 gram) every four to six hours. The maximum dose is eight tablets in 24 hours.

**Ibuprofen** is a non-steroidal anti-inflammatory drug (NSAID). Ibuprofen can be taken on its own or with paracetamol. Take 400mg three times a day with food (a glass of milk and a biscuit is enough). Ibuprofen is not suitable for everyone. This will be discussed with you by the nurse or doctor.

**Oral morphine solution (Oramorph)**

You may be prescribed oral morphine. If you are taking paracetamol and ibuprofen regularly and they are not controlling the pain, you can take 5ml of morphine every four hours if this has been prescribed for you. Oramorph is a strong painkiller and may make you feel drowsy. It is very important that you do not drink alcohol, drive or use machinery while taking this medicine. Morphine can make you constipated or feel sick. Taking morphine with food and drinking water can help reduce these problems.

If you are still in pain after taking these medications, please contact the ward or your general practitioner.

**Reducing the risk of venous thromboembolism (VTE) or blood clot**

It is normal for blood to form a clot at the site of an injury or after surgery to stop bleeding. However, blood clots in the veins of circulation can cause potentially serious problems. A VTE is a clot that forms in the deep veins, such as those in the calf or thigh, or occasionally in other veins in the body. If a blood clot breaks off and travel to the lungs, it can cause a pulmonary embolism.

Some conditions or situations may increase your risk of developing VTE:

- People over 60 years of age – the older you are the higher the risk
- A personal or family history of VTE
- Pregnancy
- Certain surgical procedures
- Acute illness such as severe heart failure, chronic respiratory disease, major infections or cancer
- Taking the contraceptive pill or hormone replacement therapy (HRT) or other hormone treatments
- Obesity
- Immobility

What can you do to prevent a VTE occurring?
It is advisable to stay as mobile as possible by walking a short distance frequently. You may be given compression socks which improve the blood flow in your legs. You may also need anticoagulation injections if you have an underlying health reason.

It is sensible to eat a balanced diet, keep to a healthy weight and keep hydrated by drinking plenty of water. If you are confined to bed, regular foot exercises are beneficial.

References and further information
This information was compiled using information from the Royal College of Anaesthetists (RCA). Patient information from the RCA is available online www.rcoa.ac.uk/patients-and-relatives.

Further reference: Venous thromboembolism - reducing the risk. NICE 2010

Contact details
If you have further questions, please contact the nurses on the numbers below.

Day Surgery Unit
Telephone: 01202 442150

Pre-operative Assessment
Telephone: 01202 442034

For further general health-related information, please ask the relevant department for an Information Prescription or contact:

The Health Information Centre
Poole Hospital NHS Foundation Trust
Longfleet Road
Poole
Dorset
BH15 2JB
Telephone: 01202 448003

www.poole.nhs.uk

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Ward sister/head of department: Sarah Morris

We can supply this information in other formats, in larger print, on audiotape, or have it translated for you. Please call the Patient Advice and Liaison Service (PALS) on 01202 448499, text 07758 272495 or email pals@poole.nhs.uk for advice.

If you wish to make any comments or to ask about any research evidence used to write this leaflet, please contact the Patient Information Team confidentially: phone 01202 448003, write to the Health Information Centre (address above), or email patient.information@poole.nhs.uk.