



Torbay & South Devon NHS Foundation Trust

Elective Surgery Information

Please bring this with you every time you come to hospital

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COMING INTO HOSPITAL

INTRODUCTION

This booklet has been designed to provide you and your family with information about your stay in hospital.

This advice is provided to help you prepare for your surgery, your recovery and rehabilitation. You will find helpful checklists and reminders for each stage of your treatment and care. It is recommended that you read this booklet before your hospital visits and write down any questions you may have at each stage. You should then bring it with you when you come to the hospital for any appointments before your operation, on admission for surgery and any follow up appointments.

We think it is better for you to go home as soon as possible after surgery. There is good evidence that doing the things in the list below, as soon as possible, helps people to get better more quickly:

- Getting out of bed
- Eating
- Drinking
- Exercising
- Managing pain

If you do these things you should be back on your feet and home in no time.

CONSENT

You will be asked to sign a consent form before your surgery to allow the surgeon to perform the required surgical procedure.

Please ensure that you understand the procedure, risks and your options prior to signing the form. It is important that you completely understand the information and are an active partner in your care. You will be given several opportunities to ask any questions you may have.

There will be a copy of the signed consent form for you to keep with this booklet. Please ask for it at the time of signing.

COMING INTO HOSPITAL

Seen by consultant (or member of their team)

Decision made as to whether surgery is needed and appropriate in your individual case and you are added to the waiting list

Start thinking about how you will manage when you have had your surgery and need to go home



Seen by nurse in pre-assessment clinic

You may need further tests or need to see a Consultant Anaesthetist



Pre-operative advice group

Depending on the type of surgery you are having you may be seen at a pre-operative advice group



Admission for surgery

For most people this will be on the day of surgery.
Further information is provided in this booklet



Operation

Further information is provided in this booklet



Post operative Care

Further information is provided in this booklet



After you have been discharged from the hospital

Follow up may be needed with your GP, community nurses or may require a return to outpatients to see the specialist team

You will be clearly informed about all necessary arrangements before you leave hospital and your GP will know within 24 hours

COMING INTO HOSPITAL

PRE OPERATIVE ASSESSMENT CLINIC

After you have decided to proceed with surgery you will be asked to arrange a pre-operative assessment appointment. Whenever possible this is carried out on the same day as your surgical outpatient appointment. However, occasionally we may need you to return for a separate appointment.

This appointment may last a couple of hours. Please allow for this when planning your day and for car parking fees.

You will be asked about your general health, medical history and medication.

You may also have other investigations deemed necessary such as a heart trace (ECG), blood and urine tests. This helps your consultant to consider any medical problems which may affect your risks and complications following anaesthetic or surgery.

You will be screened for MRSA. This is a quick, painless and simple procedure. You will be specifically asked about any allergies. As well as medications, other important allergies include peanuts, nickel/metal, elastoplast/specific dressings, latex or rubber.

You will need to bring all of your current medication when you attend the pre-operative assessment clinic. **This must be in its original packaging. Please also bring a copy of your repeat prescription form from your GP (FP10).** This will enable the nurse to make an accurate record of all your medication and complete clinical picture of your health.

Make sure you tell the doctor or nurse everything that you are taking including any herbal or homeopathic supplements and any 'over the counter' medicines from your chemist.

They will then be able to tell you if you need to stop taking any of your medications, and when. This is important because a number of drugs and herbal remedies can potentially cause complications.

If you do not stop the medication as requested you **will more than likely** have your operation cancelled on the day.

COMING INTO HOSPITAL

PREPARING TO GO HOME BEFORE YOU COME INTO HOSPITAL

This form is to be completed at the pre-operative assessment clinic

We ask that you make arrangements for going home BEFORE you come into hospital

We expect you to go home on day _____ after surgery

Who is going to take you home?

How are you getting home?

Who will be able to help you with shopping, cooking and housework?

Start your checklists to prepare you for your hospital visit

Remember to:

1. Pack all your medication in original containers
2. Ensure you have enough medication and you will not run out
3. Move items regularly used to be easily accessible
4. Pack suitable day clothing and toiletries
5. Arrange care for pets and family
6. Arrange discharge plans i.e. lift home
7. Prepare food and meals for your convenience once home
8. Freeze milk and bread for the first few days once home.

COMING INTO HOSPITAL

PREPARING FOR SURGERY

The time before you come into hospital for your operation can be spent usefully by preparing yourself, your home and your family for your recovery.

Lifestyle

During your pre-operative assessment appointment you will be asked to fill in a lifestyle screening questionnaire. Torbay hospital has a 'Lifestyles Team' designed to offer support to patients in improving their health.

Confidential advice and support is offered with:

- Reducing alcohol consumption
- Smoking cessation
- Recreational drugs
- Increasing physical activity
- Diet and weight management

Your Pre-op Assessment Nurse can refer you to the Lifestyles Team or to contact them directly call **01803 604361**.

Diet

You will recover more quickly from surgery if you are healthy beforehand. Try to eat a healthy diet in the time leading up to your operation. If you have concerns about your diet discuss them with your GP or practice nurse; you can be referred to a dietician if necessary. If you are over-weight it is very important to reduce your weight in preparation for your surgery. This will help to reduce any risks associated with anaesthetic and surgery.

Smoking

You are more likely to have a straight forward recovery from surgery if you stop smoking beforehand. This is because smoking reduces the amount of oxygen being delivered to the tissues. Oxygen is vital for the healing process. You are also less likely to develop chest and circulatory problems post operatively. Your body will feel the benefits 24 hours after stopping smoking. However, the earlier you stop the more your body will have recovered from the effects of smoking at the time of the surgery. Patients who are identified as current smokers at pre-operative assessment will be referred to our Lifestyles Team for advice and support, unless this is specifically declined.

Torbay Hospital is a NO SMOKING hospital.

It is recommended that you contact your GP regarding nicotine replacement therapy if you are unable to give up smoking before surgery.

COMING INTO HOSPITAL

PREPARING FOR SURGERY

Alcohol

Regularly drinking more than the recommended 14 Units a week can affect long term health as well as increasing risk of harm around the time of an operation. These affects include an increased risk of bleeding, infection and delays in wound healing and recovery. Cutting down the amount of alcohol you drink before surgery can reduce these risks.

Note: If you are dependent on alcohol stopping suddenly may be dangerous. Cutting down gradually is safer and advice should be sought from the Drug and Alcohol Team or your GP.

Other useful numbers:

Torbay Community teams:

Torbay Lifestyle Team 0300 456 1006.

Torbay Drug and Alcohol Team 01803 604330

NEW Devon Community teams:

Devon Lifestyle Service 'one small step' 0800 298 2654.

Rise Recovery (Devon drug and alcohol team) 01626 351144.

COMING INTO HOSPITAL

If you are unwell

If you have had diarrhoea or vomiting within 48 hours of your admission, please inform us by ringing the Surgical Admissions Unit on 01803 654880.

You should also inform us if you have had a cough, cold or flu symptoms in the immediate pre-operative period. On some occasions it may be necessary to postpone your operation until you are well again.

Personal belongings

Ideally all your belongings should fit into a small case or holdall, including outdoor coats. Please do not bring unnecessary valuables with you. The item containing your belongings will be labelled with your name. It will be on your ward when you are returned from theatre.

Please bring with you:

- A warm dressing gown (it can be cold in the hospital corridors)
- Indoor footwear eg slippers
- Underwear
- Night wear
- Loose day wear
- Toiletries
- Books or magazines
- Your medication (in the original containers)
- The name, address and contact number of your next of kin or nearest friend
- A small amount of money

Please do not bring:

- Cigarettes or tobacco
- Alcoholic drinks
- Large sums of money
- Valuables such as jewellery (other than wedding and engagement rings)
- Perishable food items (other than fruit)

The day prior to surgery

If you have been supplied with pre-op drinks:

- You must drink 3 cartons of nutritional supplements (Fresubin)
- These should be sipped slowly over a 4 hour period to avoid feeling sick (nausea)

Patients with diabetes

Patients with diabetes should not take the 'pre-op' carbohydrate drinks on the day of surgery unless you have been specifically advised to do so by your diabetic nurse or a member of your surgeons team.

DURING YOUR STAY

Day of surgery

If your operation is in the MORNING:

1. Don't eat after 12.00 midnight the night before
2. You may have a cup of tea or coffee with a **small** amount of milk before 06:30
3. Do continue to drink water, squash, black tea or coffee until you arrive at the hospital.
4. One hour before admission you may be asked to drink two cartons of 'pre-op' (carbohydrate drink), which must be consumed within 20 minutes.

If your operation is in the AFTERNOON:

1. Have breakfast before 7am
2. You may have a cup of tea or coffee with a **small** amount of milk before 11:30
3. Drink water, squash, black tea or coffee until you arrive at the hospital.
4. One hour before admission you may be asked to drink two cartons of 'pre- op' (carbohydrate drink), which must be consumed within 20 minutes

Surgical Admissions unit

Please report to the Surgical Admissions Unit (Violet Wills Ward), Zone B, Level 7 (light blue). Most patients who are having an operation are admitted through this unit.



There are no beds on this Unit and you will walk to the operating theatre. There is a large waiting room with a selection of chairs and a TV for your entertainment.

DURING YOUR STAY

Arrival at the unit

You will be seen by a nurse who will:

- Check your details and answer any questions
- May measure your legs and supply you with surgical stockings to wear
- Will show you where to get a drink of water



You will be seen by your anaesthetist who may:

- Prescribe some medication

You will be seen by your surgeon who will:

- Answer any further questions
- Mark your operation site with a pen

Changing for your procedure:

About 30 minutes before you are due to go to theatre you will be taken to a private room so that you can change into a theatre gown.

You can wear cotton underwear provided it will not interfere with your operation site. The nurse will be able to advise you.

Once changed you will be shown to either the male or female pre-operative waiting room until you walk to theatres.

Your belongings will be taken to your designated ward.

DURING YOUR STAY

Pregnancy testing before planned surgery

Female patients between the ages 12-55 will be asked to give a urine sample for a pregnancy test on the morning of the operation. This is something hospitals all across the country are doing and specifically has been recommended as a way of enhancing safety.

Why am I being asked to do this?

Pregnancy testing before surgery is recommended for all female patients aged 12-60 years of age. It has no relation to any individuals' circumstances.

Must I have the test?

Nobody is compelled to have a pregnancy test. However, your surgery may not be able to proceed without one. Occasionally if you do not agree to be tested you may be able to proceed with surgery if you sign a note to say that you have made that decision. We would recommend that even people confident about their contraception check with a pregnancy test.

Why is it important?

The very early stage of pregnancy, maybe even before the pregnancy has been recognised, is the time when an embryo may be most vulnerable to ill effects of medicines, x-rays and anaesthetics. Operations on the abdomen and pelvis can directly affect the womb and even operations (or occasionally complications) on the other parts of the body may involve medicines that can affect pregnancy.

If I'm pregnant, will my operation be cancelled?

Pregnancy is just one factor in your decision to have an operation. If you are pregnant you should talk to the doctors looking after you about whether there are any additional risks involved with your operation. You will be able to decide together whether you should go ahead, consider another treatment or delay treatment.

Anaesthetics

There are a number of options when being anaesthetised and these will be discussed with you by your anaesthetist.

Broadly speaking there are two types of anaesthetic - regional and general, although a combination of these can also be used.

The information leaflets enclosed explain these techniques in detail and the risk and benefits of each of them. **It is important that you read this information before your operation**

The decision as to which techniques will be used will be made on an individual basis between you and your anaesthetist based on:

- The type of surgery to be performed
- The anaesthetist's assessment
- Your preference

DURING YOUR STAY

What is an anaesthetic?

An anaesthetic is a combination of drugs that causes loss of sensation.

- **General anaesthetic** - Causes deep sleep and makes you unaware of what is happening to you or going on around you.
- **Epidural or spinal anaesthetic** - Involves injecting drugs near your spinal cord to give pain relief in certain areas of your body.
- **Local anaesthetic** - Temporarily stops nerves working so that you do not feel pain. The drug can be injected just around the area where the operation is going to take place. It is possible to numb all the nerves to an arm or a leg (called a regional block). Your anaesthetist or surgeon will discuss the options with you and recommend the best form of anaesthesia for you.

However, it is your decision on the type of anaesthetic to have. This document will give you information about the benefits and risks to help you make an informed decision. If you have any questions that this document does not answer, you should ask your surgeon or anaesthetist, or any member of the healthcare team.

Why do I need an anaesthetic?

You may need to have an operation. So that the surgeon can perform the operation safely, you need to be in a state where you do not move and your muscles are relaxed. A safe way to achieve this is to give you an anaesthetic. You may be in pain because you have had surgery or are suffering from a particular condition. Anaesthetic drugs, usually given by an epidural, can give you pain relief and keep you comfortable.

Who will give me an anaesthetic?

If you have a general, epidural or spinal anaesthetic, your anaesthetic will be given to you by an anaesthetist (doctor trained in anaesthesia). The anaesthetist is usually assisted by a specially trained healthcare practitioner (either a nurse or an operating department practitioner). If you have a local anaesthetic, your anaesthetic will be given to you either by your surgeon or anaesthetist.

How is a general anaesthetic given?

Most people are sent to sleep by injecting the drugs through a drip (small tube) into a vein. It takes about 30 seconds to work. The injection can ache a bit at the time but any discomfort will usually be gone when you wake up. For some people, it may be more appropriate to go to sleep by breathing an anaesthetic gas through a face mask. This also takes about 30 seconds to work.

You will be kept asleep for as long as is needed either by giving you more of the same drug into the vein or by breathing anaesthetic gases. When the operation has finished, the anaesthetic wears off, allowing you to wake up again.

How is an epidural or spinal anaesthetic given?

An epidural works by temporarily numbing your nerves to give pain relief. A fine catheter (small tube) is inserted into the epidural space in your back (see figure 1). Most of your nerves pass through this space. Local anaesthetics and other painkilling drugs are injected down the catheter into the epidural space to numb your nerves. The epidural can be maintained by giving extra doses when needed or by giving a continuous low dose (an infusion).

The technique for a spinal anaesthetic is similar. However, a spinal usually involves only one injection, with a fine needle, into the bag of fluid that surrounds the spinal cord (see fig 1 next page).

DURING YOUR STAY

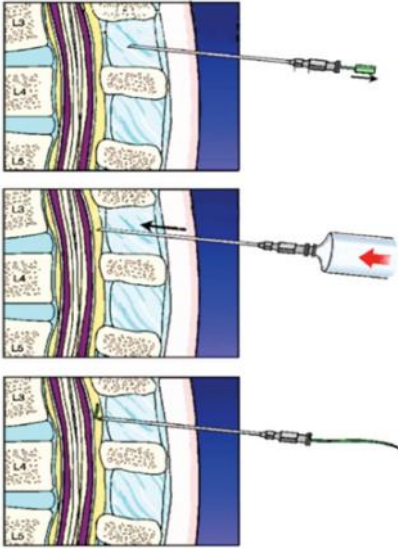


Figure 1

An epidural catheter being inserted.

A needle is inserted into your back

Once the needle reaches the epidural space a test is carried out to check the position

A catheter is placed in the epidural space and the needle removed.

How is a local anaesthetic given?

The simplest form of local anaesthesia is to inject the drug just around the area where the operation is going to take place. This tends to sting or burn for a few seconds and then the area goes numb. For a regional block, the drug is injected close to the major nerves that supply the part of the body to be operated on. It is possible to combine different types of anaesthetic so the operation can be performed with as little discomfort for you as possible. Sometimes a local anaesthetic is given before a general anaesthetic.

Is an anaesthetic safe?

All types of anaesthetic are safe for most people. Death after an operation is almost always because a person's body cannot cope with the surgery. The risk is higher for those with ill health and for emergency surgery. If you are having an operation and need a general anaesthetic, your anaesthetist may need to do some tests before the operation to assess how safe an anaesthetic is for you. The tests will allow your healthcare team to decide if there is anything they might need to do differently. Sometimes your anaesthetist may recommend that you are seen by your GP or another specialist to improve your medical condition before surgery. This happens most with people who have high blood pressure, angina, asthma or anaemia that is not well controlled.

What can I do to help make the operation a success?

- **Keeping warm**

It is important to keep warm around the time of your operation. The hospital may be colder than your home, so you should bring extra clothing or a dressing gown. If you become too cold you may have an increased risk of developing complications such as an infection in the surgical wound, or heart problems. Let a member of the healthcare team know if you feel cold.

Your anaesthetist will take steps to keep you warm when you are having your operation.

DURING YOUR STAY

- **Lifestyle changes**

If you smoke, stopping smoking several weeks or more before an operation may reduce your chances of getting complications and will improve your long-term health. Try to maintain a healthy weight. You have a higher chance of developing complications if you are overweight.

Regular exercise should help prepare you for the operation, help with your recovery and improve your long-term health. Before you start exercising, ask a member of the healthcare team or your GP for advice.

What complications can happen?

The healthcare team will try to make your anaesthesia as safe as possible. However, complications can happen. Some of these can be serious and can even cause death (risk of anaesthesia contributing to death: 1 in 60,000, risk of death directly due to anaesthesia: 1 in 200,000). The possible complications of the various forms of anaesthesia are listed below. Any numbers which relate to risk are from studies of people who have had this anaesthetic. Your surgeon or anaesthetist may be able to tell you if the risk of a complication is higher or lower for you.

General Anaesthetic?

There are a number of possible minor complications (not disabling or life-threatening) such as feeling sick, damage to teeth, sore throat and headache. The following are the possible serious complications.

- **Loss or change of hearing** - (risk: 1 in 10,000). In most cases this gets better on its own.
- **Eye injury** - (risk of short-term blurred vision: 1 in 20, risk of serious damage needing further treatment: 1 in 1,000, risk of loss of sight: 1 in 125,000).
- **Nerve injury** - (risk: 1 in 1,000). Usually the nerve that gets damaged is the ulnar nerve that runs just behind your elbow. Any damage is usually mild and gets better on its own. However the damage may be permanent.
- **Heart attack** - (myocardial infarction). This is unusual in a person who was fit before the operation. Heart attack is more common, but still unusual, in people with heart disease, diabetes or high blood pressure.
- **Stroke** - which is a loss of brain function resulting from an interruption of the blood supply to the brain. This is unusual in a person who was fit before the operation. Stroke is more common, but still unusual, in people with heart disease, diabetes, high blood pressure or a history of strokes.
- **Chest infection and other breathing problems.** Minor breathing problems that get better on their own are common (risk: 1 in 20). Chest infection is less common. The risk increases if you smoke, have a chest or lung disease or are having a chest or abdominal operation.
- **Allergic reaction to the drugs used in your anaesthetic.** Your anaesthetist is trained to detect and treat any reactions that might happen. However, an allergic reaction can be life-threatening (risk: 1 in 10,000). General anaesthetic and associated complications are explained more fully in the information document called 'A01 General Anaesthetic'.

DURING YOUR STAY

Epidural or spinal anaesthetic

The following are the main possible complications:

- **Failure** of the epidural or spinal.
 - **Low blood pressure.**
 - **Headache**, if the bag of fluid around the spinal cord is punctured (risk: 1 in 100).
 - **Infection** around the spine (abscess or meningitis) causing permanent damage (risk: 1 in 50,000).
 - **Cardiovascular collapse** (where the heart stops) (risk 1 in 100,000).
 - **Short-term nerve injury**, which recovers fully (risk: 1 in 50,000 for an epidural, 1 in 2,000 for a spinal).
 - **Blood clot** around the spine (risk: 1 in 20,000 for an epidural).
 - **Paralysis or death** (overall risk: 1 in 60,000).
- Epidural and spinal anaesthetic and associated complications are explained more fully in the information documents called 'A02 Epidural Anaesthetic' and 'A05 Spinal Anaesthetic'.

Local anaesthetic

The following are the main possible complications.

- **Not enough pain relief.** Always let your doctor know if you are in pain.
- **Allergic reaction** to local anaesthetics. This is rare.
- **Bleeding**, if the needle strikes a blood vessel.
- **Nerve damage** (risk 1 in 5,000).

Absorption into the bloodstream

This is rare but can temporarily affect the heart and brain, which can be serious. The dose of local anaesthetic is always limited and care is taken to avoid injecting into the bloodstream. Local anaesthetic and associated complication are explained more fully in the information document 'A03 Local Anaesthetic'.

Please discuss these complications with your anaesthetist or surgeon if there is anything that you do not understand.

Summary

There are different types of anaesthetic that can be used to provide a safe and effective way for you to have your operation. Most people do not have any problems and are satisfied with their anaesthesia. However complications can happen. You need to know about them to help you make an informed decision about your anaesthetic. Knowing about them will also help to detect and treat any problems early.

DURING YOUR STAY

Acknowledgements

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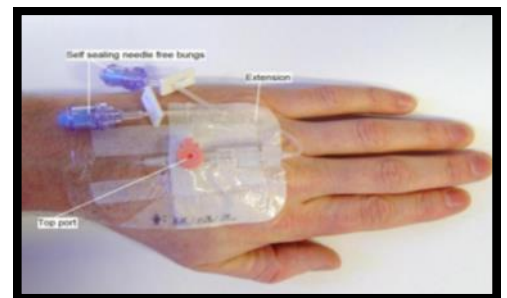
This document is intended for information purposes only and should not replace advice that your relevant health professional would give you.

Cannula

Intravenous cannula

A cannula, which is commonly referred to as a Venflon, is a small flexible plastic tube that is inserted through the skin into one of your veins.

It will be inserted in a very clean way (aseptic)



What are the benefits?

This allows nurses and doctors to give you medications and fluid including pain killing and anaesthetic medications directly into your blood. Some treatments are only designed or are more effective given directly into the blood.

How do staff look after your cannula?

Staff should clean their hands and wear gloves whenever the cannula is used by clinical staff. If you remain in hospital staff monitor and record twice daily the integrity of the cannula.

How do I look after my cannula?

- ◆ Try to keep your cannula and dressing clean and dry. Use a rubber glove or cling film when washing.
- ◆ Only touch the cannula if you need to.
- ◆ Do not pull the cannula or any tubes that may be attached to it.
- ◆ Take care when changing clothing.
- ◆ Report any redness, pain or swelling to a member of staff immediately.

Your cannula must be removed before you go home unless you are informed otherwise by a doctor or nurse.

Once your cannula has been removed there is a risk of infection getting into the hole in your skin. This is most common within the first 48 hours after the cannula is removed. You can reduce this risk by keeping the area clean. If you notice any redness, pain and swelling contact your doctor or nurse immediately.

If you have any questions about the information in this leaflet, please speak to a member of staff.

DURING YOUR STAY

Theatres

Once in theatres, you will be taken into an anaesthetic room where you will be asked to lie on a trolley.

You may be asked to identify if you have contact lenses, false teeth, hearing aid or wig. You may be asked to remove these or spectacles if it is felt they may interfere with your surgical procedure.

You will then be attached to vital monitoring equipment e.g. heart rate, blood pressure etc. This may involve placing equipment on your chest underneath your surgical gown. This is always carried out as discretely as possible and the nurse will explain everything that they are doing. Your anaesthetist will then explain what will happen next.

After surgery you will be transferred to the recovery room and you will stay there until your vital signs (blood pressure, temperature, breathing and pulse) are stable.

You will be taken by trolley to your designated ward where you will be carefully monitored by nursing staff.

You will be encouraged to:

- Get out of bed
- Use the bathroom
- Eat
- Drink

DURING YOUR STAY

Managing your pain

Following your operation your pain will be managed in several different ways. Here are some ways of giving pain relief:

Pills, tablets or liquids to swallow

You will be given some pain killers to take by mouth once you have recovered from the anaesthetic. These are used for all types of pain and are the most important form of pain relief. They include paracetamol, ibuprofen or diclonfenac (voltarol) for most patients. You will often be given the first dose before your operation, in order for it to be working by the time your operation is finished. You should take your tablets regularly, even if you are not in pain at the time. This will ensure you maintain a constant level of pain relief rather than fluctuating between no pain and increased pain. Regular use of these simple pain killers significantly reduces the amount of stronger pain killer you will need (such as morphine) and hence reduces the side effects associated with these stronger drugs.

If the tablets are not controlling your pain, please ask the nurses for stronger pain relief.

Injections

These are sometimes needed in addition to tablets and are given either into a vein for immediate effect or into your leg or buttock muscle. If in a muscle they may take up to 20 minutes to work.

Suppositories

These 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.

Local anaesthetic techniques

During most procedures either your surgeon or your anaesthetist will administer some local anaesthetic to numb the nerves supplying the area of your body which the team are operating upon. The advantage of this is that it provides good relief for a period of time after the procedure (up to 12 hours). You may experience some numbness and muscle weakness in the areas concerned for a few hours after your surgery. It is important that you continue to take your pain killing tablets even when the area is still numb to ensure that you have pain relief already in your system once the local anaesthetic wears off.

DURING YOUR STAY

Patient controlled analgesia

Occasionally you may be attached to a pain pump (PCA) which is controlled by yourself. You can administer your own pain control by pressing a button. The machine is pre-set and will not allow you to overdose.

You will be reviewed on the ward by the pain management team who may give further advice on controlling your pain.

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.

Please ask for help in you are in pain

DURING YOUR STAY

Day 0 (day of surgery)

Many patients will go home today

If you are having surgery which means you need to stay longer you need to:

1. Start your exercise and increase the distance you walk
2. Become more independent
3. Practice going up and down stairs
4. Confirm your plans for going home
5. Ensure your pain is managed

Day 1

Many patients will go home today

If you are having surgery which means you need to stay longer:

1. You will need to continue your exercises and increase your distance to walk
2. You will be encouraged to become even more independent
3. You may practice going up and down the stairs
4. A member of the team will confirm your plans for going home
5. You will need to continue managing your pain

Day 2

Many patients go home today because:

1. You are confident to practice your exercises independently
2. You are walking safely and independently
3. Your pain is well controlled
4. You are able to cope at home

If you can't go home today you will continue with your instruction for day 1 until you are ready to go home.

OTHER INFORMATION

Possible complications after surgery

Deep Vein Thrombosis (DVT)

This is the term used when a blood clot develops in the deep veins in the leg, most frequently below the knee. When you are first seen at pre-admission you will be assessed for your risk of DVT and your treatment in prevention of clots may vary according to your risk factors. For example any previous history of DVT or the type of surgery you are having.

If you need to stay in bed for any period of time, the blood flow to your legs will slow down. This is because your leg muscles are not squeezing the veins as they normally do when you walk. Sometimes the blood flow can get so slow that a clot is able to form. If a clot breaks free, it can move around the body and finally block an important blood vessel elsewhere.

Anti-embolic stockings can help to prevent clots by applying gentle pressure at different parts of your leg copying the simulation that is normally provided by the leg muscles when you walk. This effect speeds up the blood flow in your veins and reduces the risk of the clot forming. You can also carry out deep breathing exercises and foot and ankle exercise to help prevent a DVT.

Pulmonary Embolism (PE)

This can happen when a part of a blood clot formed in your leg breaks off and travels to your lung. The risk of developing a life threatening pulmonary embolism is low. The signs and symptoms of a PE are:

- ◆ **Difficulty in breathing**
- ◆ **Chest pain/discomfort**
- ◆ **Bluish tinge to lips, face, extremities**
- ◆ **Coughing with blood stained phlegm**
- ◆ **Sudden collapse**

Treatment is the same as for DVT but requires a longer hospital stay.

How can you help reduce the risk of clots?

Wear your stocking for 24 hours a day—only have them removed when you are washing. Ensure the stockings are not pushed or rolled down and there are no wrinkles creating tight bands in the stockings

- ◆ **Inform the nurse if your stockings feel tight**
- ◆ **Get up and mobilise as soon as you are advised following your surgery**
- ◆ **Perform your breathing and ankle exercises on a regular basis throughout the day**
- ◆ **Take your medication as prescribed**

OTHER INFORMATION

Wound infection

Your surgery wound can become very inflamed, painful and weep fluid, which may be caused by infection. The majority of wound infections can be treated by a course of antibiotics and often settle down following treatment but may delay recovery.

You can help to prevent infections in the wound, firstly, by ensuring that you are thoroughly showered and clean prior to your surgery. After your surgery the wound will be covered by a simple dressing which must be kept clean and dry. Your nurse will advise you when the dressing can be removed.

MRSA

Micro-organisms (germs, bacteria) are all around us but the only way we can see them is with a microscope. We all carry millions of them, both on the inside and outside of our bodies. They generally do us no harm at all – in fact most bacteria protect us from infections, but some can cause infections. One of these bacteria is called Staphylococcus Aureus and over 30% of the population carry this on their skin and within their noses, causing no problem at all. MRSA stands for Methicillin Resistant Staphylococcus Aureus. This is a bacterium that can no longer be treated by some commonly used antibiotics. MRSA can live happily on the body causing you no problems. This is called colonization but if it gets into a wound it can prove more difficult to treat than some other infections.

It is often difficult to find out how an individual patient becomes colonised or infected by MRSA. Possible routes include:

- ◆ **You have MRSA on your skin or up your nose prior to admission. This is common as it is frequently found in the community**
- ◆ **You may have acquired it through close contact with someone who is looking after you. However careful you are and however much you wash, transfer of bacteria from one person to another can happen**
- ◆ **Frequent prescriptions of antibiotics mean that bacteria you normally carry in or on your body have built up antibiotic resistance.**

Outside the healthcare setting MRSA is not a problem, but in the hospital, there are patients with wounds and sick people who are more susceptible to infection. This is why we may place you in a side room or an alternative ward during your stay to prevent the spread of MRSA.

The staff will not treat you any differently but will wear apron and gloves when caring for you. If they come in to talk to you or deliver your meals no precautions are necessary. However, they will need to wash their hands before entering and when leaving your room. MRSA will not interfere with any care you require—all staff will know the precautions they need to take.

OTHER INFORMATION

Visitors do not need to wear gloves and aprons but **MUST** wash and dry their hands thoroughly on leaving the room and any cuts should be covered. If they are visiting another patient, they should see you last if you have MRSA.

MRSA will not affect your discharge home and you are no more likely to get an infection than anyone else, However, if you do need antibiotics from your GP in the future it is worth mentioning that you have had MRSA previously. Any subsequent inpatient stays in the hospital may require you to have screening tests. If you require further information about MRSA, please contact the infection control department.

What if my screen is positive to MRSA?

If you are identified as carrying MRSA, a 'suppression therapy' pack will be sent to you at home along with instructions on how to use it. **It will not affect your appointment or admission for surgery.** This is the use of antiseptic skin solutions and ointments to the nose to reduce the levels of bacteria before you have your operation or procedure. We may also give you antibiotics immediately before the operation.

Reducing the number of MRSA bacteria on the skin reduces the chances of an MRSA Infection following surgery. It also helps lower the risk of MRSA spreading to other patients undergoing surgery. Some patients may even lose the MRSA completely following suppression treatment, but this is not common and difficult to prove.

If you have any questions you are welcome to contact the Infection Prevention & Control Team, Tel (01803 655757), who can visit you when you come into hospital for your procedure. Any urgent questions can be answered via the telephone.

Torbay Hospital is a *'Clean Hands Partner Hospital'*

Blood Transfusion

Signed consent for transfusion is not required. However, you should wherever possible be informed of the indications for blood transfusion and its risks and benefits. You should also be made aware of possible alternatives were practicable.

Where appropriate you will be provided with the patient information leaflet 'Receiving a blood transfusion' or alternative literature, produced by the National Blood Service and approved for use in local Trusts.

All transfusion leaflets are available. Please ask your nurse if you wish to have one. If you wish to discuss transfusions in greater detail then please contact the Transfusion Practitioner (TP) on 01803 654283 or Bleep 435.

THE FIRST FEW DAYS AT HOME

Wound Care

Once you return home your wound should continue to heal. Please note it is usual for the wound to be warm and reddish in appearance as part of the healing process. Some bleeding or leaking can be expected from the wound initially but should settle in a few days.

Most wounds will not require dressings after this point. The healing process will continue for several months and over that time the scar will fade and reduce in size and may continue to itch from time to time.

Try to resist the urge to scratch it but use a simple moisturiser instead. You can shower or wash and get your wound wet AFTER the dressing has been removed.

Medication

You will be discharged by the hospital with sufficient medication for a minimum of 7 days. Thereafter, you will need to obtain repeat prescriptions from your GP surgery in the usual way. It is important that you take the medication regularly as directed to keep your pain controlled. It is also important that you take plenty of fluids with your tablets to avoid constipation.

Problems

For any concerns regarding your recent surgery, you can get advice by contacting 01803 614567 and asking to speak to the ward that you were discharged from. Please **DO NOT CALL YOUR GP, ON CALL DOCTOR OR DISTRICT NURSE.**

GENERAL INFORMATION

For family and friends

Family and friends are an important part of the caring cycle, before, during and after your procedure. At Torbay Hospital, we are committed to providing the best care for our patients. Family are some of the most important members of the care-giving team.

Enquiries

We understand you are concerned about your friend or relative until you know they are safely back on the ward. The staff can usually advise you what time to phone to find out how the patient is doing. Please remember that most information is confidential and cannot be given over the telephone even if you are immediate family, but you will be provided with basic information that we are able to share. If your relative is not back on the ward when you phone, please try not to worry. Staff will explain the reasons for the delay, but please remember the staff have to respect confidentiality.

Personal bedside phone

Each bedside system has a unique four digit phone extension number – so if a patient gives their personal bedside telephone number (07003 400 008) plus their extension number to friends and family, they will be able to receive incoming calls direct to their bedside. Patients do not need a Pay Card to receive incoming calls.

Outgoing calls are charged at similar rates to a payphone – from just 10p per minute, although calls to mobiles and other networks may vary. Incoming calls are charged at 49p per minute peak and 39p per minute off peak (calling party pays).

If patients wish to use one of our paid services they will require a Premier Bedside Pay Card. These are available from one of the many Premier Bedside vending machines located around the hospital. Patients can also pay by credit or debit card by pressing the 'operator' button. Patients are always given a charge warning on the screen and an option to accept or decline before paying for any service. Free services such as some TV Channels, all Radio Channels and all Hospital Information Channels do not require a Pay Card.

On leaving the hospital, any unused cash credit on a Pay Card may be refunded or donated to the hospital charity. Refunds may be available by contacting a member of the Premier Bedside team.

Mobile phones

We ask everyone to switch off their mobile phone when they enter the hospital building as they can be very intrusive in public areas. In most parts of the hospital, mobile phone use is restricted, for example on the wards. You can, however, use your mobile phone in a designated area away from other patients – but please check with staff first.

GENERAL INFORMATION

Coming by car

The hospital is well signposted on the roads from Newton Abbot and Torquay. There are two entrances to the hospital site; Cadewell Lane and Lawes Bridge. The main car parks are signposted.

There are information boards in the main car parks, telling you the most convenient entrance to use for each ward and department. The hospital is divided into colour coded zones and these colours are used on the signposts within the hospital.

Please remember that the car parks on the hospital site are '**pay and display**'. Disabled parking spaces are provided near each of the hospital main entrances. Please display the appropriate document and stickers. If you have to leave your car in the car park unexpectedly, please tell the nurse. Special arrangements can be made in these circumstances.

Please note that if you have had surgery, you are unlikely to be insured to drive immediately after. We recommend you check this with your insurance company.

Parking

Please note: finding a car parking space can be difficult at busy times. Allow additional time for this or consider using public transport.

Parking at Torbay Hospital is '**Pay and Display**'. If you are planning on bringing your car when you come into hospital or to visit a patient, please check the hospital website for up to date parking charges (excess charges apply). The website address is www.torbayandsouthdevon.nhs.net **OR** ring the hospital switchboard on **(01803) 614567**.

Disabled persons badge holders

Vehicles displaying a disabled person's badge can park free of charge in any Pay and Display parking space. There are designated disabled parking spaces close to all entrances which are also free of charge.

Coming by bus

The hospital is served by several bus routes detail of which can be found on the hospital trust website address (www.torbayandsouthdevon.nhs.net) **OR** ring the hospital switchboard on **(01803) 614567**.

GENERAL INFORMATION

Visiting

If you wish to visit a patient on any of the wards at Torbay we ask that you assist us in protecting our patients from infections by:

- ◆ **Staying at home if you have a cold, infection or stomach upset and only visiting if you have no symptoms for at least 48 hours or – if you feel your visit is essential, ring the ward for advice first**
- ◆ **Washing your hands before and after your ward visit, using soap and water or hospital hand gel dispensers on wards. Although hand gel dispensers are available, research shows that hand washing is far better and we would encourage both staff and visitors to do this**

Using the chairs at the patients bedside for sitting on - not their bed.

Please check what the visiting times are for each ward. Normal visiting times on adult wards are:

Afternoon visiting: 2.00pm to 4.30pm

Evening visiting: 6.30pm to 8.00pm

Restricted visiting times allow for undisturbed patient meal times, patient rest and protected cleaning time. However, there are some patients who require assistance at mealtimes and we actively encourage relatives to come in and help. Please speak to the nurses on the ward for advice.

For your comfort and that of other patients in the ward, please try and restrict your visitors to two at a time.

Children visiting

We aim to reduce the likelihood of children either acquiring or bringing infections into the hospital environment. It is not advisable for babies to visit and the only exceptions should be if either parent is the patient. In all cases advice should be sought from the Ward Manager. Children under 5 years will be limited to 30 minutes visiting. Children aged over 5 years will be limited to a maximum of one hour.

Same sex accommodation

Most wards and our specialist units, such as our Emergency Assessment Units, have separate bays for men and women, with separate toilet and washing facilities. If, in exceptional circumstances, we have to accommodate you in a mixed sex bay temporarily, staff will discuss this with you and explain what steps they are taking to return you to same sex accommodation as quickly as possible.

GENERAL INFORMATION

If you have any anxieties regarding your privacy or dignity in this type of accommodation, please let the nurse who is looking after you know and we will do everything possible to respect your wishes. In a few areas such as Recovery and Intensive Care, we have to accommodate men and women in the same area. Every effort is made to respect the privacy and dignity of patients in these areas by the use of screens.

Catering

Each day we will ask you to make your food choices from the selection found in the Patients' Menu Booklet kept at your bedside. If you have a special diet or find eating difficult please tell your nurse straight away. We can also offer larger portions if you should request it. Meals are served on the wards at the following (*approximate*) times:

Breakfast:	7.30am - 8.30am
Lunch:	12 noon - 1.00pm
Evening meal:	5.30pm - 6.30pm

Tea, coffee or other hot drinks are served with your meals and also mid-morning, mid-afternoon and at about 8.00pm. We are unable to serve drinks on the wards for visitors, but the hospitals restaurants, snack bars and shops are open to you and your visitors.

Bayview Restaurant (Located on level 4 - orange zone)

Monday to Friday (closed weekends and Bank Holidays), 11.45am to 2.30pm - Serves hot dishes, desserts, salads and sandwiches.

Bistro@Bayview (Located on level 4 - orange zone)

Monday to Friday, 8am – 8pm and Saturday and Sunday/Bank Holidays, 10am – 6.30pm - Serves teas, coffees, cold drinks cakes and snacks, sandwiches, panini and bacon/sausage baps as well as breakfasts.

AROMA Coffee Bar (Located in the Hospital's main entrance on Level 4)

Monday to Sunday, 8am – 8pm - Serving a selection of hot and cold drinks, cakes and snacks.

Café at the Horizon Centre (The Horizon Centre is part of the Trust's training hub and is located near the Lowes Bridge entrance to the Hospital)

Monday to Friday 8.30am to 4pm - Serves a selection of jacket potatoes, paninis, club sandwiches and cakes

Butterflies Café (Located on Level 2 – Navy blue, near Outpatient reception)

Open Monday to Friday, 9.30am – 4.30pm -The café run by Torbay Hospital's League of Friends offers a variety of hot and cold drinks, snacks, sandwiches and wraps as well as cakes and buns.

There are also a number of vending facilities with a range of food and beverages located throughout the hospital .

GENERAL INFORMATION

Religious and Spiritual support

The Department of Chaplaincy and Pastoral care supports patients and visitors of all faiths, or no faith, and are available day and night. Staff will be able to provide information on Chapel services or they can arrange for one of the Chaplaincy team to visit the ward.

Visitors and patients are welcome to visit the chapel for prayer or to enjoy the quiet environment.

Useful telephone numbers

Hospital Switchboard	(01803) 614567
PALS (Patient Advice Liaison Service)	(01803) 655838 or 0800 0282037 (24 hour free phone number)

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Alternative formats

This information can be made available in other formats. If you need it in large print, braille, audio, a language other than English, or electronically, please contact the Patient Advice & Liaison Service (PALS) on 01803 655838.

