



Torbay and South Devon NHS Foundation Trust Day Surgery Unit Information Pack



Torbay and South Devon
NHS Foundation Trust

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COMING INTO HOSPITAL

INTRODUCTION

This booklet has been designed to provide you and your family with information about your day surgery pathway.

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.

- Eating
- Drinking
- Exercising
- Managing Pain

If you do these things you should be back to your normal routine as quickly as possible.

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

GENERAL PATHWAY TO SURGERY

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 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



Admission for 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 are discharged from 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 any necessary investigations 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 may be screened for MRSA. This is a quick, painless and simple procedure. You will be specifically asked about any allergies. As well as medication, 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 which lists all your current medications. 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 '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 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 Advice

During your preoperative 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 preoperative 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.

COMING INTO HOSPITAL

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 your surgery.

Patients who are identified as current smokers at preoperative assessment will be referred to our Lifestyles Team for advice and support unless this is specifically declined.

Torbay Hospital is a NO SMOKING Hospital.

Alcohol

Regular 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 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

PREPARING TO GO HOME BEFORE YOU COME INTO HOSPITAL

- We ask that you make arrangements for going home BEFORE you come into hospital.
- You will need to be accompanied home by a responsible adult on the day of surgery, who will stay with you for 24 hours.
- Who is going to take you home?
- How are you getting home?
- Who will be able to help you with shopping, cooking and housework?

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 Day Surgery Unit on 01803 655508.

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

Please bring with you:

- Any tablets, medicines or inhalers you are taking
- Dressing gown and slippers
- Name and phone number of relative or friend collecting you after your operation
- Something to read/keep you amused!
- Warm clothes to wear whilst waiting for your operation
- Money to pay for car parking
- Do not bring anything valuable

DURING YOUR STAY

THE DAY PRIOR TO SURGERY

- You may be asked to drink 3 cartons of nutritional supplements (Freusubin)
- These should be sipped slowly over a 4 hour period each to avoid feeling sick

DAY OF SURGERY

If your operation is in the MORNING:

1. Don't eat after 00:00 mid-night the night before
2. You may have a cup of tea or coffee with a small amount of milk before 6:30
3. One hour before admission you may be asked to drink two cartons of 'pre-op' (carbohydrate drink),
4. Do continue to drink clear fluids (water, squash, black tea or coffee) until you arrive at hospital.

If your operation is in the AFTERNOON

1. Have breakfast before 08:00 in the morning
2. You may have a cup of tea or coffee with a small amount of milk before 11.30am.
3. One hour before admission you may be asked to drink two cartons of 'pre-op' (carbohydrate drink)
4. Do continue to drink clear fluids (water, squash, black tea or coffee) until you arrive at hospital.

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

Your arrival

Your admission letter will instruct you whether to come to the Day Surgery Unit or Surgical Admissions Unit (Violet Wills Ward).

It is important that you arrive on time

There are no beds on these units 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.

The Day Surgery Unit is a very busy area with limited spaces for visitors. Parents/carers of children or carers for patients with special needs are encouraged to stay in the unit. However, relatives and friends of all other patients are requested to leave them in the care of the ward staff following their admission to the unit.

To ensure privacy and dignity of patients, we do not allow visitors onto the post operative ward area, unless advised by a member of staff.

Soon after you arrive in the Unit:

You will be seen by a nurse who:

- Will check your details
- May measure your legs and supply you with surgical stockings to wear
- Will show you where to get drinking water
- The nurse will answer any questions you may have

You will be seen by your anaesthetist who may:

- Prescribe some medication

You will be seen by your surgeon who may:

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

Changing for your procedure:

- A short time 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 theatre.
waiting room until you walk to theatres.

DURING YOUR STAY

Pregnancy testing before planned surgery

Females between the age of 12-55 will be asked to give a urine sample for a pregnancy test on the morning of the operation. This is something hospitals 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 12-55 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 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.

WHAT IS AN ANAESTHETIC?

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.

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

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 your 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 anaesthetic?

These are the main reasons for needing 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 my 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 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 pain-killing 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.

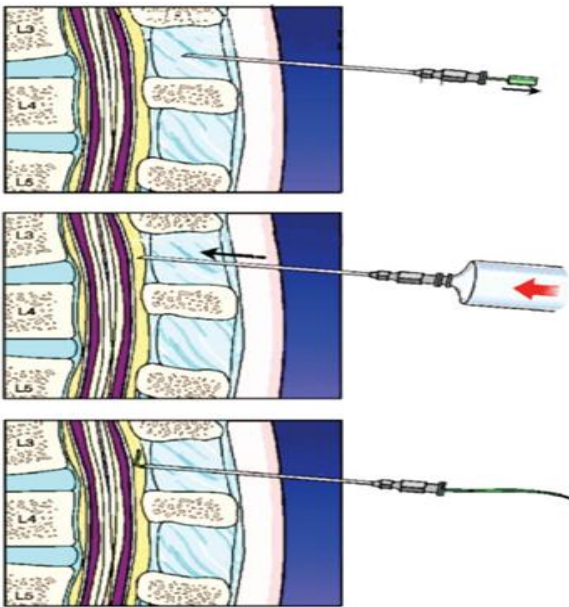


Figure 1

An epidural catheter being inserted

- A) A needle is inserted into your back
- B) Once the needle reaches the epidural space, a test is carried out to check the position.
- C) 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.

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 was 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 to 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.

• 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 will 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'.

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 it into the bloodstream.

Local anaesthetic and associated complications are explained more fully in the information document called 'A03 Local Anaesthetic'. Discuss these possible complications with your anaesthetist or surgeon if there is anything you do not understand.

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 our anaesthetic. Knowing about them will also help to detect and treat any problems early.

Acknowledgements

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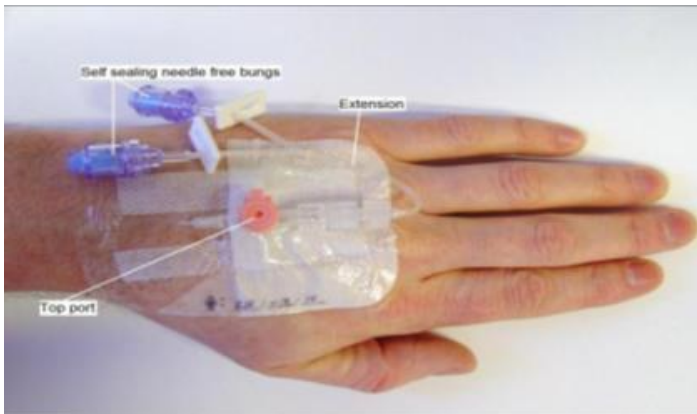
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This document is intended for information purposes only and should not replace advice that your relevant health professional would give you.

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 the 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 and 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

OPERATING THEATRE

When it is time for your procedure you will be accompanied to the operating theatre and taken into an anaesthetic room where you will be asked to lie on a trolley.

You may be asked to identify if you have 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 you are fully awake and comfortable. You will then be taken by trolley to our day surgery ward.

You will then be encouraged to:

- *mobilise*
- *use the bathroom*
- *eat*
- *drink*
- *get dressed*
- *go home!*

Same Sex Accommodation

Our day surgery wards have separate bays for men and women, with separate toilet 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.

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, 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.

AFTER DISCHARGE

GOING HOME

On completion of your surgery your relative or friend will be contacted and informed of the time that you can be discharged and collected from the Day Surgery Unit. After a morning operation you will usually be ready to leave between 12 noon and 2pm (although it may be later following certain operations). Following an afternoon operation you are usually ready between 5 and 7pm.

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 and Ibuprofen 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 painkiller you will need (such as morphine) and hence reduces the side effects associated with these stronger drugs.

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 area 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.

AFTER DISCHARGE

AFTER DISCHARGE

On leaving hospital you are given:

- Advice on caring for dressings
- Pain killers
- Advice and/or pressure stockings and/or injections to reduce blood clots
- A discharge letter with contact details

A friend or relative must collect you directly from the Unit and accompany you home in a Private car or taxi (bus is not appropriate). Hospital cars can be booked on 01803 656777 between 9am and 4.30pm weekdays.

You must have a responsible adult to remain in your house overnight. Patients who are not able to arrange for anyone to stay with them overnight may be able to have a sitter overnight. This is a free service which is not means tested and is available for patients from 18 years and over. A nurse will telephone you the following day to check how you are.

For 24 hours after your operation:

Do not:

- Drink any alcohol/take sleeping medication
- Operate heavy machinery
- Make important decisions or sign legal documents
- Drive after a general anaesthetic or sedation

Do:

- Drink fluids and eat a light diet
- Take it easy on the day of the operation
- Take time off work if advised to do so

POSTOPERATIVE CARE

POSTOPERATIVE CARE

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 dressing 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.

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 few days. Thereafter, you will need to obtain repeat prescriptions of your medication from your GP surgery should you require them in the usual way. It is important that you take the medication regularly as directed to keep your pain controlled and 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 the Day surgery Unit on 01803 654055.

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 simulations 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 exercises to help prevent a DVT.

Pulmonary Embolism (PE)

This can happen when a part of a blood clot formed in your leg vein 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 deep venous thrombosis (or DVT) but requires a longer hospital stay.

OTHER INFORMATION

How can you help reduce the risk of clots?

1. Wear our stockings 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.
2. Inform the nurse if your stockings feel very tight.
3. Get up and mobilise as soon as you are advised following your surgery.
4. Perform your exercises independently once you have been directed to do so.
5. Perform breathing exercises and foot and ankle exercises on a regular basis throughout the day.
6. Take your medication as prescribed.

Wound Infection

Your surgery wound can become 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 your recovery.

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

Any sign of infection please see your GP.

OTHER INFORMATION

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 populations carry this on their skin 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 colonisation, 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:-

1. You have MRSA on your skin or nose prior to admission. This is common as it is frequently found in the community.
2. You may have acquired it through close contact from someone looking after you. However careful you are and however much you wash, transfer of bacteria from one person to another can happen.
3. Frequent prescriptions of antibiotics mean that bacteria you normally carry in or on your body have built up antibiotic resistance.
- 4.

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

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 leaving your room. MRSA will not interfere with any care you require—all staff will know the precautions they need to take.

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.

OTHER INFORMATION

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 on 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.

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 where practicable.

Where appropriate, you will be provided with the patient information leaflet 'Receiving a blood transfusion' or alternative relevant 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 transfusion issues in greater depth, then contact the Transfusion Practitioner (TP) on 01803 654283 or Bleep 435.

GENERAL INFORMATION

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. As family, you 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 and what time they will be ready for collection.

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. You can, however, use your mobile phone in a designated area away from other patients—but please check with staff first.

Coming by car

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

The nearest parking to the Day Surgery Unit is available in Pay and Display Car Park A. Enter the unit through the green door and follow signs up the lift or stairs.

Please note: finding a car parking space can be difficult at busy times. Leave plenty of time, or consider using public transport.

Remember to bring sufficient change for the parking meter

Please tell the nurse if you have to leave your car in the car park unexpectedly. 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.

You must not drive yourself home from hospital after a general anaesthetic.

GENERAL INFORMATION

Disabled person's 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. Current services which come to the hospital site can be found on our website:

<http://www.travelinesw.com>

<http://www.stagecoachbus.com>

<http://www.firstgroup.com>

Refreshments

For relative and friends,. You can choose from the Cafè at the front entrance, the League of Friends Cafè on Level 2 or our Restaurant located on Level 4.

Religious and Spiritual support

The Department of Chaplaincy and Pastoral care supports patients and visitors of all faiths, or none, and are available day and night. Visitors and patients are welcome to visit the chapel or our prayer/quiet/multi-faith room for prayer or to enjoy the quiet environment.

Useful Telephone Numbers

Hospital Switchboard **(01803) 614567**

PALS (Patient Advice Liaison Service) **(01803) 655838**

or

0800 02 82 037 (24 hour free phone number)

Day Surgery Unit **(01803) 655508**

Disclaimer

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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 or the Patient Experience Lead on 01803 654850.

