

Pre Assessment Inpatients



This leaflet is for patients who are preparing to come in, and stay in hospital for their surgery. It provides information about to prepare for your surgery, such as nil by mouth and medication information, what you should bring into hospital, anaesthetic and pain management information.

If you have a sore throat, productive cough, cold, sickness or diarrhoea during the week prior to surgery please contact the pre assessment centre on 01234 795903 and leave a message.

Date of publication: November 2011

Date for review: November 2013

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Points to remember

Your personal checklist

You must have **NOTHING TO EAT** from:.....including chewing gum and sweets

You may drink **WATER ONLY** up until:.....

Pink blood test:.....

If you do have anything to eat or drink after the above times, your operation will be cancelled. This is because the stomach needs to be empty to avoid the contents going into your air passages during the anaesthetic.

You may want to have a snack at about 10pm on the night before your operation.

You are strongly advised not to **smoke** from midnight – as this will add to the dangers of your anaesthetic.

- Please have a bath or shower on the day of your operation.

- Please remove all jewellery and body piercing. Wedding rings may be worn, unless you are having an operation on your left hand, in which case they must be removed. Nail varnish must be removed from fingers and toes. Please do not wear any make up.
- Ward visiting times are 2pm to 8pm.
- Visiting is not allowed during mealtimes to allow patients to relax and enjoy their meals. The mealtimes are: 7.45am to 8.15am, 12.30pm to 1.15pm and 5.15pm to 6.15pm.
- No more than two visitors are allowed at any time. Children are only allowed at the discretion of the ward sister.
- If you will be having friends or relatives enquiring about your recovery - try to nominate one person to ring rather than lots of people. Confidential information (this includes diagnosis) will not be given over the telephone.
- You will be able to receive personal telephone calls on your bedside telephone - pre-pay cards are available outside the wards.
- Please try not to bring in valuables and large quantities of money.
- Unfortunately the wards do not allow flowers due to infection control.

If you have a productive cough or cold during the week before your operation please contact the pre assessment centre (number below) and leave a message.

Should you have any further questions or queries please contact the Pre-Operative Assessment Centre on 01234 795903

Nurse to ask for:.....

Medication

If you take any tablets to control your blood pressure please take it as you would normally with a tiny drop of water. However if you take any of the following blood pressure tablets please DO NOT take these on the day of your operation.

Captopril	Candesartan
Cilazapril	Eprosartan
Enalapril	Irbesartan
Fosinopril	Losartan
Imidapril	Olmesartan
Lisinopril	Telmisartan
Moexipril	Valsartan
Perindopril	
Quinapril	
Ramipril	
Trandolapril	

Please stop the following drugs from:

Aspirin.....

Clopidogrel.....

Warfarin.....

Other.....

What you can bring into hospital

You are advised to bring in:

- Prescribed medicines, tablets and lotions;
- Soap or shower gel;
- Deodorant;

- Face flannel and towel;
- Two pairs of pyjamas or nightdresses;
- Toothbrush and toothpaste (denture pot and denture tablets);
- Hairbrush/comb;
- Paper tissues;
- Dressing gown;
- Slippers;
- Shaving equipment (with adaptor if electric/safety razors only);
- Small change for telephone and television cards;
- Glasses/hearing aid – if you wear them

You may also like to bring:

- Small mirror;
- Lip balm/salve;
- Mouthwash;
- Shampoo;
- Baby wipes;
- Eye mask;
- Ear plugs;
- Books or magazines.

You and your anaesthetic

Information to help patients prepare for an anaesthetic.

Further information about anaesthetics is available from www.youranaesthetic.info

You will also have an opportunity to discuss your anaesthetic with the anaesthetist before your operation.

Types of anaesthesia

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

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

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

General anaesthesia gives a state of controlled unconsciousness. It is essential for some operations. You are unconscious and feel nothing.

Anaesthetists

Anaesthetists are doctors with specialist training who:

- Discuss types of anaesthesia with you to find out what you would like and help you to make choices.
- Discuss the risks of anaesthesia with you.
- Agree a plan with you for your anaesthetic and pain control.
- Are responsible for giving you your anaesthetic and for your wellbeing and safety throughout surgery.
- Manage any blood transfusions you may need.
- Manage your care, if needed, in the Critical Care Complex (Intensive Care Unit).
- Make your experience as pleasant and pain free as possible and discuss your pain control plan in the post—operative period. The pain service will follow up and ensure any problems with your pain control are addressed once you are back on the ward.

Before coming to hospital

Here are some things that you can do to prepare yourself for your operation:

- If you smoke, giving up for several weeks before the operation reduces the risk of breathing problems. The longer you can give up beforehand, the better. If you cannot stop smoking completely, cutting down will help.
-

You could speak to your GP and ask to be referred to the Stop Smoking Service (01234 792043).

- If you are very overweight, reducing your weight will reduce many of the risks of having an anaesthetic.
- If you have loose teeth or crowns, treatment from your dentist may reduce the risk of damage to your teeth if the anaesthetist needs to put a tube in your throat to help you breathe.
- If you have a long-standing medical problem such as diabetes, asthma, thyroid problems, epilepsy or high blood pressure (hypertension) your GP should give you a check up and control it if necessary.

On the day of your operation

Nothing to eat or drink—fasting (nil by mouth)

The hospital should give you clear instructions about fasting. It is important to follow these. If there is food or liquid in your stomach during your anaesthetic it could come up to the back of your throat and damage your lungs. Please do not chew gum for at least four hours before your operation.

Remove all jewellery, decorative body piercings and false nails before admission. You may wear a wedding ring. Please ensure you are not wearing any nail varnish.

If you are taking medicines, you should continue to take them as usual, unless your anaesthetist or surgeon has asked you not to. For example, if you take drugs to stop you getting blood clots (anticoagulants), aspirin, drugs for diabetes, certain blood pressure lowering drugs or herbal remedies, you will need specific instructions. The hospital should clarify this prior to your admission.

If you are having a local or regional anaesthetic, you can bring an MP3 player or CD player with you to listen to music through your headphones during your operation.

If you feel unwell or have any other concerns regarding your hospital stay before you are due to come in, please telephone the ward or the pre assessment nurse for advice.

Your anaesthetist will meet you before your operation and will:

- Ask you about your health
- Discuss with you which types of anaesthetic can be used
- Discuss with you the benefits, risks and your preferences
- Decide with you which anaesthetic would be best for you

Nothing will happen to you until you understand and agree with what has been planned for you. You have the right to refuse if you do not want the treatment suggested.

Pre-medication

We do not usually give pre-medications as they make you drowsy and can delay your recovery.

When you are called for your operation

- A member of staff will go with you to theatre.
- Most people go to theatre on a bed or trolley. You may be able to walk. If you are walking you will need your dressing gown and slippers.
- You will be greeted by a member of the anaesthetic team (an anaesthetic nurse or an operating department practitioner). This member of staff will check your identification bracelet, your name and date of birth, and will ask you about other details in your medical records as a final check that you are having the right operation.

The operating department (theatres)

Most anaesthetics are started in the anaesthetic room– which is next to the operating theatre.

A member of the anaesthetic team will attach machines which measure your heart rate, blood pressure and oxygen levels.

You will also have a fine plastic tube put into the back of your hand—called a cannula. Oxygen which helps to oxygenate your blood will be given to you by a mask that is gently applied to your face before receiving the anaesthetic drugs through the cannula.

When the anaesthetic has started, you will drift into sleep and then go through to the operating theatre for the operation.

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

He/she is present throughout your operation—looking after your vital functions (heart, brain, kidneys and lungs).

As soon as the operation is finished, the drugs will be stopped or reversed so that you regain consciousness. The anaesthetist will also ensure that you are comfortable and pain free when you are taken into the recovery area.

The recovery room

After the operation, you will be taken to the recovery room. You may have an oxygen mask on when you wake up.

When the recovery team are satisfied that you have recovered safely from your anaesthetic and you have had enough anti-sickness and pain relieving medicine and you are comfortable, you will be taken back to the ward. **It is important that you tell a member of staff if you have pain. Please do not grin and bear it.**

What you will feel like afterwards

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

Understanding risk

In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely, however modern equipment, training and drugs have made it a much safer procedure in recent years.

To understand a risk, you must know:

- How likely it is to happen
- How serious it could be
- How it can be treated

The risk to you as an individual will depend on:

- Whether you have any other illness
- Personal factors, such as smoking or being overweight
- Surgery which is complicated, long or done in an emergency

Side effects and complications

People vary in how they interpret words and numbers. The information below is provided to help:

- Very common 1 in 10
- Common 1 in 100
- Uncommon 1 in 1,000
- Rare 1 in 10,000
- Very rare 1 in 100,000

Very common and common side effects

	Anaesthetic type	
	Regional	General
Dizziness, blurred vision	√	√
Feeling sick and vomiting	√	√
Headache	√	√
Itching	√	√
Aches, pains and backache	√	√
Pain during injection	√	√
Pain during injection	√	√
Bruising and soreness	√	√
Confusion or memory loss		√
Sore throat		√

Uncommon side effects and complications

	Anaesthetic type	
	Regional	General
Bladder problems	√	√
Slow breathing	√	√
An existing medical condition getting worse	√	√
Awareness (becoming conscious during operation)		√
Chest infection		√
Muscle pains		√
Damage to teeth, lips or tongue		√

Rare or very rare side effects of complications

	Anaesthetic type	
	Regional	General
Serious allergy to drugs	√	√
Nerve damage	√	√
Death*	√	√
Equipment failure	√	√
Damage to eyes		√

*Deaths caused by anaesthesia are very rare, and are usually caused by a combination of 4 or 5 complications together. There are probably about five deaths for every million anaesthetics in the UK.

Questions you may like to ask your anaesthetist

Q: who will give my anaesthetic?

Q: do I have to have a general anaesthetic?

Q: what type of anaesthetic do you recommend?

Q: have you often used this type of anaesthetic?

Q: what are the risks of this type of anaesthetic?

Q: do I have any special risks?

Q: how will I feel afterwards?

Pain management

This information is provided by the inpatient pain service.

Help yourself to feel more comfortable

Assessment and treatment of pain is a vital part of your care whilst in hospital. Please follow the three points below to help improve your pain control.

- In pain? **ASK FOR HELP**
- Ask for pain relief as soon as the discomfort starts. Do not wait for it to get really bad.
- Don't feel that you are bothering the staff by telling them you are in pain– they are here to keep you as comfortable as possible.

It may not be possible to remove your pain completely however, we will endeavour to reduce the pain so you can move without too much discomfort.

Pain team

The inpatient pain team may see you during your hospital stay. If this does not happen and you wish to see a member of the team please ask the ward nurses to contact them.

Different types/ methods of pain relief

There are guidelines which the doctors and nurses follow in order to meet your individual requirements for pain control.

Paracetamol

Pain killer/reduces temperature, works well in combination with other forms of analgesia (painkillers) and can be given orally or intravenously.

Opioids

These particular strong painkillers have a wide variation in the dosage requirements between patients. Morphine, oxycontin and tramadol are the main tablets used. They can also be given by injection.

Nsaids

Analgesia (pain killer)/anti-inflammatory/reduces temperature. Given initially following certain operations for pain relief. Ibuprofen or diclofenac are normally used. These can be given orally.

Entonox

50% oxygen and 50% nitrous oxide (gas and air). Used for short/painful procedures such as dressing changes, re-positioning and physiotherapy. Inhalation via mouthpiece.

PCA (patient controlled analgesia)

This is a pump that is attached to a drip which allows you to give yourself a painkilling drug when you need it. If this method is chosen for you the nurses will show you how to use it. This approach safely enables you to be in control of pain management. This is for severe pain. Morphine or oxynorm are normally used.

Epidural

These are used for certain types of operations. The epidural administers pain relieving medication through a fine tube into your back. The pump is designed to continuously deliver medication at a rate which is based on your levels of pain. You may be given a choice of patient controlled delivery to top up your pain relief yourself. This will be discussed with you by an anaesthetic doctor.

Pain buster

This device delivers a continuous infusion of local anaesthetic into your wound following surgery. It is placed during the operation and continues for three to five days until removed by ward nurses.

This will be discussed with you by your surgeon/anaesthetic doctor.

Assessment of pain score

Severe pain	3
Moderate pain	2
Mild pain	1
No pain	0

Three key points in your recovery

- **Try to take five deep breaths every hour**– if pain stops you from doing this ask for help.
- **Try to cough**-if you cannot clear your chest because of pain ask for help.
- **Make sure you can move without too much discomfort**– if you get moderate to severe pain when you move ask for help.

Physiotherapy

As highlighted in this leaflet there are many different pain killers that can aid recovery. Following surgery it is important to become mobile as soon as possible.

Initially after the operation you may require additional pain killers on top of the regular medication given to you. This is known as PRN/ breakthrough analgesia.

It is advised that you ask for this medication 30 minutes before physiotherapy.

Anti sickness medication

Anti sickness medication is prescribed to patients who have had surgery and those who are on strong pain killers. If you feel sick or have nausea please ask for help.

Preventing pressure ulcers

Who is at risk

Any adult can be at risk; however people at an increased risk of developing a pressure ulcer are those:

- Having problems moving and are unable to change their own position;
- Cannot feel pain over part or all of their body;
- Are incontinent;
- Are seriously ill or undergoing surgery;
- Have had pressure ulcers in the past;
- Have a poor diet;
- Don't drink enough fluids;
- Are very old or very young;
- Suffer with anaemia;
- Have poor circulation.

What you can expect from your healthcare professional / nurse

An assessment, within six hours of your hospital admission, will be used to identify your risk of developing a pressure ulcer. Bedford Hospital uses a care bundle approach in line with national best practice.

If you are deemed to be at risk, strategies implemented to prevent pressure ulcers may include:

- Pressure relieving bed mattresses and chair cushions.
- Regular re-assessment of your skin and any changes in health status.
- Advice on how often you need to move or be moved.
- Establishment of a repositioning regime.
- Advice/placement of correct sitting and lying positions.
- Assessment of your nutritional requirements.
- Discussions of your concerns/needs.

How you can protect yourself

Help by taking responsibility/ownership for prevention strategies. You can do this by:

Keep moving

One of the best ways of preventing a pressure ulcer is to reduce or relieve pressure on areas that are vulnerable to pressure ulcers (bony parts of the body) by regular changing of position.

This can be as simple as standing up for a few moments, or being assisted in a new laying position dependent upon your needs.

Maintain a good diet

Eating well and drinking sufficient water is essential. It is particularly important for people at risk of developing a pressure ulcer or those already with a pressure ulcer.

Further reading and useful websites

NHS Choices pressure ulcer information
<http://www.nhs.uk/Conditions/Pressure-ulcers/Pages/Introduction.aspx>

European Pressure Ulcer Advisory Panel guidelines
www.epuap.org/guidelines

Royal College of Nursing – Pressure Ulcer Prevention guidelines
www.rcn.org.uk/development/practice

National Institute for Clinical Excellence (NICE)
www.nice.org.uk

Written by the pressure ulcer nurses