Oxford University Hospitals **NHS**
NHS Foundation Trust

Preparation for your operation and Theatre Direct Admission

Information for patients

You have been given this booklet to help you prepare for having a surgical procedure under anaesthetic. It gives you information about getting ready to come into hospital for surgery, anaesthesia, risks and benefits, and also suggests where you can find out more information. It has been written by patients, patient representatives, nursing staff, surgeons and anaesthetists, working in partnership.

Theatre Direct Admissions

A Theatre Direct Admission (TDA) means that you will come into hospital on the same day as your operation. You will be asked to come to the Theatre Direct Admissions Unit at either the John Radcliffe Hospital or Churchill Hospital.

Cancelling and re-arranging your surgery

Let your surgeon's secretary or your Pre-operative nurse know if you develop a **cough, cold or high temperature** a few days before surgery. If you are treated for a chest infection requiring a course of antibiotics within a month of your planned operation, please inform us. We will be able to tell you whether your operation can still go ahead.

Pre-operative Assessment Unit

John Radcliffe Hospital
Tel: 01865 220 640
(Monday to Friday, 8.00am to 5.00pm)

Churchill Hospital
Tel: 01865 231 938
(Monday to Friday, 8.00am to 5.00pm)

If you're unable to come to your hospital appointment or you don't feel well enough to have your operation, please let us know as soon as possible. Your admission will be rearranged for another day.

Preparing for your operation and anaesthetic

MRSA

MRSA stands for methicillin-resistant Staphylococcus aureus.

As part of the routine pre-operative process, some patients will be screened for MRSA. This is done by taking a nostril swab. The results will be available after 2-3 days.

If you are found to be carrying MRSA (an MRSA positive result) you will need a course of treatment to reduce the risk of developing a more serious infection. You will need to come for a second visit to the hospital, or arrange to collect your treatment from your GP practice. The Pre-operative Assessment staff will tell both you and your GP whether you will need treatment.

Bathing and showering

Please bathe or shower with soap and wash your hair on the morning of the operation. This reduces the risk of developing an infection.

Smoking

Do not smoke on the morning of your surgery. If possible, try to give up smoking altogether, or cut down before you are due to come into hospital. The longer you can give up beforehand, the better. Smoking reduces the amount of oxygen in your blood and increases the risk of breathing problems during and after an operation.

The hospital has a no smoking policy so you will be unable to smoke before or after your operation. If you need advice or help to stop smoking, please contact the smoking cessation advisor at your GP practice.

Your weight

If you are very overweight, may of the risks of having an anaesthetic are increased. Reducing your weight before the operation will help to reduce these risks.

Here for Health – Health Improvement Advice Centre

The Oxford University Hospitals NHS Trust has a free drop-in centre for advice and support on healthy living, including physical activity, diet, smoking, alcohol and emotional wellbeing.

Tel: 01865 221 429
(Monday to Friday, 9.00am to 5.00pm)

Email: hereforhealth@ouh.nhs.uk

Website: www.ouh.nhs.uk/HereforHealth

Teeth

If you have loose or broken teeth, or crowns that are not secure, you may want to visit your dentist for treatment before your operation. This is because the anaesthetist may need to put a tube in your throat to help you breathe and if your teeth are not secure they may be damaged.

Medical history

If you have long-term medical problems such as diabetes, asthma or bronchitis, thyroid problems, heart problems or high blood pressure (hypertension), you should ask your GP if you need a check-up before your operation.

Health check before your anaesthetic

Before your anaesthetic we need to know about your general health. At the Pre-operative Assessment Clinic we will carry out a health check by asking you questions. You may also need to have some tests, such as an ECG, to make sure you are fit enough to have the anaesthetic.

Eating and drinking

We will give you specific and clear instructions about eating and drinking before your operation when you come for your Pre-operative Assessment appointment. In brief – you must not eat any food, chew gum or suck sweets for 6 hours before a general anaesthetic or sedation. You may drink clear fluids only (such as water or squash) up to 2 hours before having general anaesthetic. Drink plenty of fluids (preferably water) the day before your operation to help keep your body hydrated.

- **If you are asked to arrive between 7.30am and 12 noon** do not have anything to eat, chew gum, suck sweets, or have any drink with milk in it **after midnight the night before**. You can drink water or clear non-milky drinks (e.g. squash, black tea/coffee) up to **2 hours before** admission.
- **If you are asked to arrive after 12 noon** you may have a light breakfast of tea or coffee with a piece of toast **before 7am**. Do not have anything more to eat, chew gum, suck sweets or have any drink with milk in it after this time. You may drink water or clear, non-milky drinks (e.g. squash, black tea/coffee) **until 11am**.

For your own safety it is very important that you do not have anything to eat or drink after the times stated. If there is any food in your stomach when you have a general anaesthetic or sedation, it could come up into the back of your throat and then go into your lungs. This would cause choking or serious damage to your lungs. If you do have something to eat or drink after the times stated, your operation will have to be delayed or even postponed to another day.

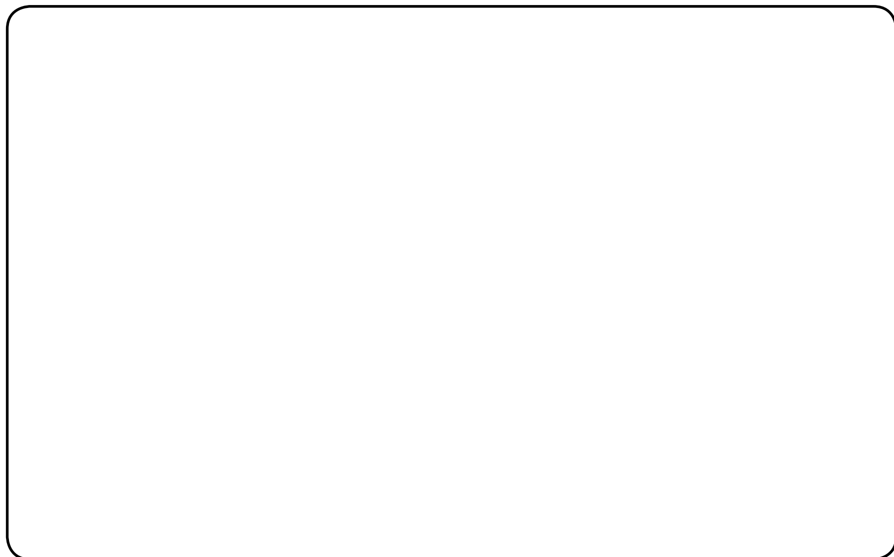
Medicines

Before a general anaesthetic we need to know all about the medicines that you use, including any inhalers or creams and off-the-shelf medicines. You should continue to take your normal medicines up to and on the day of your surgery, unless your anaesthetist or surgeon have asked you not to or you have been told to stop them by the nurse at your Pre-operative Assessment visit.

If you take drugs to thin your blood (such as warfarin, dalteparin, aspirin or clopidogrel), drugs for diabetes, or any herbal remedies, you will be given specific instructions about when to stop taking these at your Pre-operative Assessment visit.

Please bring all your medicines with you to hospital in their original containers and placed in the green bag, which you will be given at the Pre-operative Assessment.

Please make a note when to stop taking your medicines (including any herbal or off-the-shelf medicines) in the box below:



You may wish to buy some paracetamol and/or ibuprofen to help with pain relief after you get home.

Meeting your anaesthetist

You will normally meet your anaesthetist before your operation. Anaesthetists are doctors who have had specialist training in anaesthesia and also in the treatment of pain, intensive care and emergency care (resuscitation).

Your anaesthetist is responsible for:

- your wellbeing and safety throughout your surgery
- agreeing a plan with you for your anaesthetic (if appropriate)
- giving you your anaesthetic
- planning your pain control with you
- managing any transfusions (of medicines or blood) you may need
- your care in the Intensive Care Unit (if this is necessary).

You will be treated by a consultant anaesthetist, another qualified anaesthetist or by an anaesthetist in training. You can ask to talk to a consultant or qualified anaesthetist if you want to – there is always one available for advice and help if needed.

Your anaesthetist will look at the results of your health check and may ask you more questions about your health. They may also need to listen to your chest with a stethoscope, examine your neck and jaw movements, and look in your mouth.

The anaesthetist will discuss with you the choice of anaesthetic methods suitable for your surgical procedure, highlighting the benefits and risks associated with each of them. This will help them to agree with you the best and safest anaesthetic option for your operation. If you have any questions or concerns about the anaesthetic, this is a good time for you to ask the anaesthetist.

What is anaesthesia?

The word 'anaesthesia' means 'loss of sensation'.

Anaesthesia is used to stop you from feeling pain during surgical or diagnostic procedures. It does this by blocking the pain signals that pass along your nerves to your brain.

Not all types of anaesthesia make you unconscious. Anaesthesia can be given in various ways and can be applied to different parts of the body.

Anaesthesia has made much of today's surgery possible and has brought great benefits. Modern anaesthesia is very safe and can be tailored to your individual needs and to the type of surgery you are having.

Types of anaesthesia

There are three main types of anaesthesia:

1. **General anaesthesia**

   This puts you to sleep and means that you remain in a state of unconsciousness controlled by your anaesthetist. For some operations general anaesthesia is essential. You will be asleep and feel nothing throughout the procedure.

   Before your operation starts, anaesthetic drugs are either injected into one of your veins or given to you as anaesthetic gases that you breathe into your lungs. The drugs or gases are carried to your brain in your bloodstream, where they lead to the state of anaesthesia (where you become unconscious). As the anaesthetic drugs/gases wear off, your consciousness and sensations will gradually return.

2. **Regional anaesthesia**

   General anaesthesia is not always necessary or advisable for all operations. Regional anaesthesia can be used to numb

large areas of your body and means that you don’t have to be asleep. There are three types of regional anaesthesia:

- spinal
- epidural
- regional nerve block.

Depending on the type of operation you are having, the anaesthetist can use techniques to completely numb specific parts of your body. Regional anaesthesia is used increasingly frequently to avoid the possible side-effects of general anaesthesia. It can also be useful in people who are too frail to undergo a general anaesthetic.

With regional anaesthesia, a small amount of an anaesthetic drug is injected near to the nerves that connect a part of your body to your brain. The anaesthetic temporarily prevents the nerves from sending any messages to your brain. This is where pain is registered so, by cutting off the signal from the nerves, the part of your body being operated on cannot feel any pain.

Spinal anaesthesia

This is one of the most common types of regional anaesthesia. It involves an injection of anaesthetic into the fluid that surrounds the nerves in the lower part of the spine. It is used for operations below the waist or in the pelvic region. It can make you completely numb from the waist down for up to a couple of hours.

Epidural anaesthesia

An epidural uses a similar technique to spinal anaesthesia, with a narrow plastic catheter (fine flexible tube) left in the place called the ‘epidural space’ near to the nerves in your back. This means that the anaesthetist can give you repeated doses of local anaesthetics and painkillers without having to give you further injections. This makes it useful for longer operations on the lower half of the body.

By being able to increase the dose as needed, the anaesthetist can give you a lower overall dose of medication, so that your pain is controlled without complete loss of feeling.

An epidural can be useful for post-operative pain relief because the catheter can be left in place for several days.

Regional nerve block
Similar techniques can be used to numb other parts of the body. For example, your arm can be numbed with an injection into the side of your neck or armpit, to allow your shoulder or wrist to be treated.

3. Local anaesthesia

For operations on a small area of the body it is possible to simply inject local anaesthetic at the site of the operation. Local anaesthetic numbs just a small part of the body. This technique is often performed by a surgeon or GP in minor surgery units and is usually only used for short, simple operations such as stitching a wound or removing a mole.

Having a regional or local anaesthesia does not lead to the loss of consciousness (will not make you go to sleep); they only stop you from feeling pain. However, it is possible to complement those methods with sedation. This is when we use small amounts of anaesthetic or similar drugs to make you feel sleepy and relaxed during a procedure. Sedation can be also used as the only method of pain relief during procedures that do not require anaesthesia, but may be unpleasant or uncomfortable.

Risks and benefits

The benefits need to be weighed against the risks of the anaesthetic procedure and the drugs used. This balance will vary from person to person.

The risk to you as an individual will depend on:

- whether you have any other illness
- personal factors, such as whether you smoke or are overweight
- whether you are having surgery which is complicated, long or being carried out in an emergency.

Side-effects

Most people have no problems after their operation and anaesthetic. How you feel will depend on the type of anaesthetic used and the operation you have had, how much pain-relieving medicine you need and your general health.

However, you may suffer from side-effects of some sort and almost all treatments, including anaesthetic drugs, have side-effects of some kind. Unpleasant side-effects do not usually last long. Some are best left to wear off and others can be treated with further medicines.

Complications

Complications are unexpected and unwanted events that can happen due to a treatment are rare. Examples would be an unexpected allergy to a drug, or damage to your teeth caused by difficulty in placing a breathing tube.

You are encouraged to discuss any potential side-effects or complications of anaesthesia with the anaesthetist during your Pre-operative Assessment appointment, or with your designated anaesthetist when they visit you before you are taken to theatre.

Very common and common side-effects and complications

Feeling sick and vomiting after surgery

This can be treated with anti-sickness drugs (anti-emetics), but may last from a few hours to several days.

Sore throat

If you have had a tube in your airway to help you breathe, it may give you a sore throat. The discomfort or pain lasts from a few hours to a few days.

Dizziness and feeling faint

The anaesthetic you have may lower your blood pressure and make you feel faint. This may also be caused by dehydration (when you have not been able to drink enough fluids). Fluids or drugs (or both) will be given into your drip to treat this.

Shivering

You may shiver if you get cold during your operation. Care is taken to keep you warm during your operation and to warm you afterwards. We may use a hot-air blanket to do this. However, shivering can happen even when you are not cold, due to the effects of anaesthetic drugs.

Headache
There are many causes of headaches, including the anaesthetic, the operation, dehydration and feeling anxious. Most headaches get better within a few hours and can be treated with pain-relieving medicines.

Aches, pains and backache
This may be from lying still for a long time and from the operation itself.

Bruising and soreness
This may develop around injection and drip sites, as well as the area that has been operated on. It normally settles without treatment.

Confusion or memory loss
This is more likely in older people who have had an operation under general anaesthetic, or if you already have difficulties with your memory. It is usually temporary, but may sometimes be permanent (you may not remember certain memories from just before your operation).

Chest infection
A chest infection is more likely to happen to people who smoke, and may lead to breathing difficulties. It is very important to give up smoking for as long as possible before your anaesthetic, and to give up permanently for your future health.

Bladder problems
After certain types of operation, men may find it difficult to pass urine and women can tend to leak. To prevent these problems, you may have a urinary catheter inserted during the procedure.

Uncommon side-effects and complications

Breathing difficulties

Some pain-relieving drugs can cause slow breathing or drowsiness after the surgery. If muscle relaxants are still having an effect (as they have not been fully reversed), they can make your breathing muscles weak. These effects can be treated with other drugs.

Damage to teeth, lips or tongue during a general anaesthetic

Damage to your lips and tongue happens occassionally, but is not common. Damage to your teeth is also uncommon, but may happen if your anaesthetist needs to place a breathing tube in your windpipe. It is more likely if you have weak or loose teeth, a small mouth, a stiff neck or a small jaw.

An existing medical condition getting worse

Your anaesthetist needs to be assured that you are as fit as possible before your surgery. That is why, if you have any existing medical condition (coronary heart disease, high blood pressure, diabetes, asthma, etc.) you will need to be checked by your GP and in the Pre-operative Assessment clinic to make sure that your condition is under the best possible control. If not, it will have to be treated and brought up to this level before your surgery. However, even then, if you have had a heart attack or stroke, it is possible that it may happen again – as it might do even without the surgery.

Rare or very rare complications

Damage to your eyes

Anaesthetists take great care to protect your eyes from accidental pressure or dryness. Serious and permanent loss of vision can happen, but it is very rare.

Serious allergy to drugs

Allergic reactions will be noticed and treated very quickly. Before the operation your anaesthetist will need to know about any allergies you or your family have.

Nerve damage

Most nerve damage is temporary, but in some cases damage is permanent.

Death

Deaths caused by anaesthesia are very rare. There are probably about five deaths for every million anaesthetics given in the UK.

Equipment failure

Vital equipment that could fail includes the anaesthetic gas supply or the ventilator. Monitors give an instant warning of problems and anaesthetists have immediate access to back-up equipment.

Awareness

Awareness is becoming conscious during part of an operation under general anaesthetic. This is very rare.

What to bring with you on the day

Please remember to bring with you:

- all your medicines (see page 6)
- dressing gown, slippers and toiletries
- something to pass the time while you are waiting for your operation (a book or magazine).

Valuables

Please do not bring valuables or large amounts of money with you. If you wear a wedding band this can be left on and will be taped over before you go into theatre. All other jewellery, including piercings, should be removed before your operation.

Please also remove any make-up and nail varnish (from fingernails and toenails).

The Trust cannot accept any responsibility for valuables whilst you are in hospital.

How to find us

Please ask for one of our 'Information for patients' leaflets which has details and maps for visiting each hospital site.

John Radcliffe:

Please park in Car Park 1 and enter the main hospital building, where you will see signs to Theatre Direct Admissions.

Churchill:

Please park in Car Park 5 and enter the hospital near the entrance to the League of Friends coffee shop. Theatre Direct Admissions is on Level 1.

On the day of your surgery – coming to hospital

You will be asked to arrive at a specific time of day, according to where you are on the surgeon's operating list. It is very important to arrive at the time you have been given. If you arrive too early we may not have room for you to wait, and if you arrive too late your operation may be cancelled.

If you are coming to the John Radcliffe:

Please telephone 01865 221 055 between 9am and 12 noon on the day before your operation to confirm your time of arrival for surgery.

If you are coming to the Churchill:

Please telephone 01865 225 280 between 12 noon and 4pm on the day before your operation to confirm your time of arrival for surgery.

If your surgery falls on a Monday or after a bank holiday, please ring on the Friday before your procedure. Theatre Direct Admissions/Day Surgery are not open over weekends or on bank holidays.

You should only have one person accompany you to hospital, as we have limited space in the TDA/Day Surgery area for people to wait. (The area is not suitable for children, so please do not bring them with you.) If you are having your surgery as a day case, the person accompanying you will be given a telephone number with a time to call to find out which ward you have gone to after your operation.

If you are having a general anaesthetic and leaving hospital on the same day, you will need to have a responsible adult with you overnight and for the next day. If this hasn't been arranged when you come into hospital your surgery may be cancelled. This is because it can be risky for you to be alone after having a general anaesthetic.

Please ask the person accompanying you to take home all non-essential items, such as your coat and bags. Your night clothes, toiletries and medicines will be stored in a locker on the Day Surgery Unit or in Theatre Direct Admissions. If you are staying overnight, your belongings will be collected and brought to your ward. If you know you will be going to the Intensive Care Unit after your surgery please do not bring in any property, apart from your medicines. Your personal items can be brought in later by friends or relatives.

Please note that all wards accommodate men and women but, if you would prefer, we will do our best to give you a bed in a bay with people of your own gender.

The reception staff will book you in, check your personal details and put your identification wristband on. One of the nurses will then record your blood pressure, pulse and temperature and ask you some questions to make sure you are correctly prepared for your operation. The nurses will explain what will happen throughout the day.

If you know you will need a 'fit note' or 'sick note' so that you can have time off work to recover, please ask the nurse so that they can prepare this, ready for when you go home.

Your surgeon will come to see you to talk to you about your operation and to answer any remaining questions you may have. The surgeon will then ask you to sign the consent form, if you have not done so already at the Pre-operative Assessment appointment. This confirms that you understand the risks and benefits of the operation and are happy to go ahead. If appropriate, the surgeon may also mark the operation site on your body with a marker pen. The anaesthetist will also see you before the operation and talk to you about the anaesthetic and pain relief after the operation. **If you have any questions or concerns, this is the time to ask**.

Going to the operating theatre

You may have to wait for a while before your operation. The reception staff will tell you where and when to put on a theatre gown. If you are walking to the theatre you will also need to put on your dressing gown and slippers. Depending on the type of surgery you are having you may be able to keep cotton pants on when you go to theatre, or you will be given a pair of disposable pants. The nurses will be able to let you know what you can wear.

If you have been prescribed a pre-medication by the anaesthetist, the nurse will give this to you before you leave the ward or reception area.

A member of staff will escort you to the anaesthetic room where you will be asked to lie down on a trolley. Theatre staff normally wear blue ‘pyjamas’ (scrubs), paper hats and may already be wearing face masks. Because of this, they all look much the same, but you will probably recognise your anaesthetist and surgeon as you should have met them already.

If you have walked to the anaesthetic room, you will now need to get onto a theatre trolley for your anaesthetic. The trolley is narrower and higher than a hospital bed and may feel quite cold and hard. A member of staff will help you climb onto it.

The nurse will go through a safety checklist with you, checking your identification bracelet, your name and date of birth. They will also ask you about other details in your medical records, as a final check that you are having the right operation, and will re-check your consent form.

If you are having a general anaesthetic, you will probably now need to remove your glasses, hearing aids and dentures to keep them safe. If you would prefer to leave your dentures in place ask your anaesthetist if this would be alright.

To monitor you during your operation, your anaesthetist will attach you to several machines:

- Three small sticky patches will be placed on your chest to monitor your heart.
- A blood-pressure cuff will be placed on your arm which will inflate and deflate occasionally to check your blood pressure.
- A clip will be placed on your finger (a pulse oximeter) to monitor the oxygen level in your blood.

If you are having a general anaesthetic, regional block or sedation, the anaesthetist will use a needle to put a thin plastic tube (a ‘cannula’) into a vein in the back of your hand or forearm. This can be used to give you fluids or medications during the operation. It will be covered with a sterile dressing to stop it from moving.

If you are having a general anaesthetic

Starting the anaesthetic (induction)

To send you off to sleep your anaesthetist will inject the anaesthetic drugs into one of your veins through the cannula in your hand or arm. This is called an induction to anaesthesia. Induction happens very quickly and you will become unconscious (asleep) within a minute.

Following the induction you will be given:

- anaesthetic drugs or anaesthetic gases to keep you asleep during the operation
- pain-relieving drugs to keep you pain-free during and after your operation
- muscle relaxants to relax or temporarily paralyse the muscles of your body to help with the surgery (if required). If this is necessary, the anaesthetist will have to control your breathing during this time. This is done by inserting a plastic tube into your windpipe while you are asleep. The tube is then attached

to a ventilator that is used to breathe for you during the operation.
- antibiotics to guard against infection
- anti-sickness drugs to stop you feeling sick.

The anaesthetist will stay with you throughout the surgery. They will be constantly alert and aware of your condition, checking your body functions by watching the monitors, maintaining the appropriate level of anaesthesia and giving you any fluids or drugs that you need.

Blood transfusions

During most operations, you will lose some blood. If necessary, your anaesthetist will make up for this blood loss by giving you other types of fluid into a vein through a drip. If you lose a lot of blood, your anaesthetist will consider whether you need to have this replaced with donated blood as a blood transfusion. If your anaesthetist expects you to need a blood transfusion they will discuss this with you beforehand, but occasionally you might need blood unexpectedly.

You have the right to refuse a blood transfusion, but you must make this decision clear to your surgeon before the operation. You may be asked to sign a document which confirms that you don't want a blood transfusion. This will give us enough time to discuss the alternative options if you do need a transfusion, as some of them require preparation in advance.

Waking up from a general anaesthetic

At the end of the operation, your anaesthetist will stop giving you the anaesthetic drugs and/or gases and you will wake up gradually. If muscle relaxants have been used, you will be given a drug that reverses their effect. After all but very major operations (such as open heart surgery) you will be breathing normally soon after the operation is over.

When your anaesthetist is sure that you are recovering normally, you will be taken to the recovery room. A designated recovery nurse will be with you at all times and will continue to monitor your blood pressure, oxygen levels and pulse rate. You will be given oxygen through a lightweight clear-plastic mask, which covers your mouth and nose. Breathing oxygen keeps up the levels of oxygen in your blood while the anaesthetic wears off. The staff will remove your mask as soon as the oxygen in your blood stays at the right level without you having to breathe in extra oxygen.

You may temporarily need a urinary catheter. This is a thin soft tube that is put into your bladder while you are asleep, to drain your urine during and after a surgical procedure.

After your operation

After your operation you may spend some time in the Post Anaesthetic Care Unit (PACU) before being taken back to the Day Surgery Unit or to your ward.

The recovery staff must be totally satisfied that you have safely recovered from your anaesthetic, you are comfortable, and all your observations (such as blood pressure and pulse) are stable, before you are taken back to the ward.

The type of operation you have had will affect how long it will be before you can drink or eat. After minor surgery, this may be as soon as you feel ready. Even after quite major surgery you may feel like sitting up and having something to eat or drink within an hour of regaining consciousness.

Preventing blood clots whilst you are in hospital

Blood clotting is vital to ensure that when we cut ourselves a clot forms to stop bleeding. There are times when the clotting process goes wrong and blood clots inside our veins, causing a Deep Vein Thrombosis or DVT. This is more likely to happen when the blood flow around the body is slower or when the blood becomes sticky – for example, when we stay in bed for a few days or when veins are injured during an operation.

A DVT is the name given to a blood clot which forms inside a vein that is deep beneath the skin of your leg, or sometimes in your pelvis. The clot blocks the flow of blood through the affected vein and can cause swelling or pain.

Sometimes, part of the clot breaks off and passes through your circulation until it reaches your lung. This is called a Pulmonary Embolism (PE) and can cause shortness of breath and chest pain.

Venous Thromboembolism (VTE) is the collective name for DVT and PE. VTE can be a very serious and potentially life threatening condition. Typical symptoms are leg swelling and pain, with calf tenderness and redness. Other symptoms include chest pain, feeling short of breath and coughing up blood. However, a VTE can occur without any symptoms.

There are factors which place you at greater risk of a VTE. These include:

- staying still or in one position for long periods of time – especially if you are having an operation or are unwell enough to be confined to bed
- a family or personal history of VTE
- a medical condition, such as heart failure or diabetes
- if you have cancer
- if you take certain medications, such as the contraceptive pill or hormone replacement therapy
- if you are aged over 60.

Before you come into hospital:

- Talk to your GP about medication, especially if you are taking the contraceptive pill or hormone replacement therapy. Your GP may advise you to stop taking these in the weeks before your operation.
- Keep to a healthy diet.
- Stop smoking.

During your stay in hospital:

- Ask your doctor or nurse “What is being done to reduce my risk of a VTE?”.
- Keep moving around, especially after surgery. In many cases this will be the only measure you need to take to reduce your risk of VTE.
- Exercise your legs while you are in bed (see page 25 for leg exercises).
- Drink plenty of water.

If you are considered to be at risk of developing a DVT or PE, your doctor might consider giving you a drug called heparin, which is a small injection that helps to prevent blood clots. Possible side-effects of the injection can be bruising at the injection site and prolonged bleeding if you accidentally cut yourself.

You may be advised to wear anti-embolism stockings (compression stockings). You will be measured for these stockings and shown how to wear them when you arrive at TDA.

You may be asked to wear a special inflatable sleeve or cuff around the lower part of your leg while you are in bed. This inflates automatically and provides pressure at regular intervals, which can help prevent blood clots.

If you develop any new symptoms in your feet and legs please report these to your nurse or doctor.

At home:

Once you get home, it is important to:

- Keep moving around.
- Drink plenty of water.
- Continue with leg exercises (see next section).
- Continue taking heparin if we have recommended that you need to continue the injections at home. You will be given more information about this and we will show you or a family member/friend how to give the injections before you leave hospital. Your risk of developing blood clots can continue for up to 3 months after you have gone home.

Leg exercises

The following exercises are intended to help your circulation and breathing. These can be carried out both sitting up and lying down, but are more effective if you are sitting up.

Ankles: Paddle your feet up and down and circle them around and around.

Knees: Brace your knees so that you can feel the muscle tighten on the front of your thigh. Hold for a count of 3 and gently relax.

Bottom: Clench your buttock muscles together and hold for a count of 3 before relaxing.

Breathing: Place your hands on each side of your rib cage. Take a deep breath and feel your ribs being pushed out to the side as you expand your lungs.

You will need to continue with these exercises until you are fully able to get up and move around.

Further information about blood clots

If you have any questions or concerns about VTE, please contact the Thromboprophylaxis Nurse or Thrombosis Team:

Tel: 01865 857 519 or 01865 225 629

The National Institute of Clinical Excellence (NICE) have produced guidelines on reducing the risk of thromboembolism for people in hospital. Information for patients and carers on this topic can be found at:

https://www.nice.org.uk/guidance/cg92/resources/cg92-venous-thromboembolism-reducing-the-risk-understanding-nice-guidance2

Leaving hospital

Once the doctor has decided that you are able to leave hospital you will need to arrange for the person who is taking you home to come and collect you. If you are having your procedure as Day Surgery, please make sure that this person can be contacted and is available to collect you at any time during the day.

Time and date of leaving

If you have come in for your procedure as an inpatient (so have stayed in hospital for any length of time), we will aim to get you 'Home for Lunch' on your day of discharge.

What we will do:

- Planning for your discharge will start before or when you are admitted to hospital, where possible. We will discuss your estimated date of discharge and will agree a plan with you and your carer/relatives.
- Most people will go back home when they leave hospital but if you need community support services these can be arranged.

- If your care needs can best be met in a community hospital rather than an acute hospital (such as the John Radcliffe or Churchill), we will find and transfer you to the first available bed. There are nine community hospitals in Oxfordshire, so the first available bed may not be the one closest to where you live.

What you can do to help your recovery:

- We will expect you to be fully involved in planning your own discharge, together with a relative, carer or friend, as appropriate.
- We expect you to arrange your own transport home. However, make sure you speak to ward staff about when your relative and/or carer should arrive, as often the hospital will need to organise your medication and appointments, etc. before you are ready to go.
- Hospital transport is for people who meet strict medical criteria only (see page 30 for details). If you feel you may need help with getting to and from hospital, please speak to the ward staff.
- Make sure you have all your belongings.
- Make sure you have outdoor clothing and your house keys.
- Make sure you have food and drink available at home and, if necessary, ask someone to turn on your heating.
- Make arrangements for adults or children you normally care for to be looked after by someone else.
- If you have not done so already, please let us know the day before discharge if you require a medical (sick) certificate.

Medication

Medication which you brought into hospital and still need will be returned to you. If you have started new medication you will be given a supply to take home. Your GP will then prescribe more of this, if required. We will explain any new medications to you before discharge. There will also be written instructions on the packaging and we will give you an information sheet.

For further information about your medication please contact:

Patient Medications Helpline: **01865 228 906**
(Monday to Friday, 9.00am to 1.00pm)

Day of discharge

We may ask you to move from your bed space to a transfer area/lounge or day room; here you can wait in comfort for your relative/carer/transport and medication. This will allow us to use the bed space to start treating another patient.

Before you leave we will give you:

- a discharge letter detailing your hospital stay and further treatment
- medication or equipment, as required.

We will send a discharge letter to your GP explaining the reason for your hospital stay and giving details of any new medication we have prescribed.

Wound care after surgery

You will be given specific advice about caring for your wound by the ward nurse that discharges you.

When you return home, watch out for any signs of infection, such as:

- swelling
- increased redness around the wound
- pus or bleeding from the wound
- the wound feeling warm
- an unpleasant smell from the wound
- increasing pain
- a high temperature (fever) of 38°C (100.4°F) or above
- swollen glands.

If you have any of the above symptoms, speak to your GP or call NHS 111 for advice.

Follow-up appointment

If you need a follow-up appointment or further investigations, we will arrange this before you leave, or you will receive a letter after you have been discharged from the hospital.

Help at home and equipment

If you and your team agree you need help at home, a discharge letter detailing support services will be sent to your GP. Support services and equipment will be arranged before your discharge, if required.

If you feel you may need further support or would like information about equipment once you are at home, please either contact your GP or the County Council Social and Healthcare Team on 0845 050 7666.

General information

Estimated date of discharge: ....

(please fill in for your own information)

If you haven't received your date of discharge or need more information, please speak to the ward staff.

Planning your journey home with relatives and staff

Hospital transport is only available for those who meet the required medical criteria. Talk to your nurse today to discuss your journey home after you are discharged.

Eligibility criteria for hospital transport

It is your responsibility to get yourself to and from your health care appointment or hospital admission. You will need to arrange your own transport, unless you come under one or more of the following criteria:

- You require continuous oxygen or intravenous support.
- You are unable to stand or walk more than a few steps and cannot use public transport or manage in a family car.
- You require a stretcher.
- You have a clearly recognised disability and are genuinely unable to travel by private or public transport.

Please note, if you receive a mobility allowance this does not mean you are eligible for NHS funded transport.

Escorts: A family member/friend accompanying you may travel in the hospital transport only if you fall into one of the following categories:

- You are under sixteen years of age.

- You have significant communication difficulties, including learning difficulties, impaired sight or are hard of hearing.
- You have a mental health problem that prevents you from travelling alone.
- Your medical condition means that you need constant supervision for safety.
- You require a carer to assist you at your destination.

Healthcare Travel Costs Scheme

The Healthcare Travel Costs Scheme (HTCS) is available if you do not have a medical need for ambulance transport but need help with travel costs when coming to hospital for treatment as an inpatient, or for outpatient appointments. You may be eligible for this if you receive any of the following benefits:

- Income Support
- Guarantee Pension Credit
- Job Seekers Allowance (income based)
- Income Related Employment and Support Allowance
- HC2 Certificate (full help) to cover dates attending hospital
- HC3 Certificate (partial help) to cover dates attending hospital
- Working Tax Credit with valid NHS Tax Exemption Certificate
- Child Tax Credit with valid NHS Tax Exemption Certificate

How to claim

Please bring the following documents to the Cashiers Office when you come to hospital – we cannot make any payments without them:

- your relevant award letter or certificate
- completed Healthcare Travel Costs Scheme claim form (available from clinical department or ward), signed by clinic/department/ward staff
- receipts for public transport and/or parking.

In the event that you are not eligible for patient transport, you

will be given the contact number details for the Oxfordshire Travel Advice Line, which provides information and advice on public, voluntary and alternative transport across Oxfordshire.

Tel: **0845 310 1111**
(Monday to Thursday, 8.30am to 5.00pm
Friday, 8.30am to 4.00pm)

Website: www.oxfordshire.gov.uk/cms/content/oxfordshire-travel-advice-line

Email: oxtail@oxfordshire.gov.uk

Patient Advice and Liaison Service (PALS)

PALS offers support, information and assistance to patients, relatives and visitors.

John Radcliffe Hospital: **01865 221 473** or **01865 740 868**

Churchill Hospital: **01865 235 855**

(Monday to Friday, 9.00am to 5.00pm)

Useful information and support

Further information about leaving hospital can be found on our website: http://www.ouh.nhs.uk/patient-guide/inpatients/leaving-hospital.aspx

Supporting someone at home? We can help.

Carers Oxfordshire: 0845 050 7666

Website: http://www.carersoxfordshire.org.uk

Email: carersoxfordshire@oxfordshire.gov.uk

Further instructions to follow before you come in:

Questions or concerns

Your Pre-operative Assessment Nurse today was:

....

If you have any questions or concerns, please telephone the Pre-operative Assessment Unit:

John Radcliffe Hospital

Tel: 01865 220 640
(Monday to Friday, 8.00am to 5.00pm)

Churchill Hospital

Tel: 01865 231938
Or 01865 226 982
(Monday to Friday, 8.00am to 5.00pm)

Your comments

We hope to make your stay in hospital as comfortable as possible. We welcome your views on your experience of our services. Please talk to a member of staff, or write to us after you return home.

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALS@ouh.nhs.uk**

Author: Ruth Spencer, Pre-operative Assessment Nurse
December 2016
Review: December 2019
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www.ouh.nhs.uk/information

OMI 14114P