

# Your Surgery

## Patient Information Booklet



*Hospitality | Compassion | Respect | Justice | Excellence*



**ST JOHN OF GOD**

Subiaco Hospital

# Foreword

**This booklet will assist you and your family to prepare for your operation and provide you with information to actively participate in your care.**

The benefits of actively participating in your care have been shown to include reduced risk of some complications, reduced anxiety and greater satisfaction with your hospital stay.

Thank you for taking the time to read about what to expect with your hospital stay.

The booklet has an area for notes at the back, feel free to write any questions you may have about your operation or hospital stay so that you can speak with your doctor or nurse about them.

Remember to bring this booklet into hospital with you so you can use this as a guide during your recovery period.

**The information presented in this booklet is a guide only and is not intended to be a substitute for the advice given by your surgeon.**

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# Important Information About Your Operation

Your surgeon is: \_\_\_\_\_

Your date of operation is: \_\_\_\_\_

## Your dates and appointments:

### Before your operation

Your Pre-admission Clinic  
appointment

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Your anaesthetist's appointment

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Stop drinking from

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Stop eating from

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Your hospital admission

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Please remember to bring the following with you to hospital

- Scans and x-rays
- Current medications
- Mobility aids you currently use

## Important Instructions:

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### After your operation

You will **NOT** be able to drive yourself home from hospital. Please arrange for a family member and /or friend to pick you up.

Your expected date of discharge

Date: \_\_\_\_\_

**Discharge is before 10 am**

Your follow-up appointment

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Other appointments

Date: \_\_\_\_\_ Time: \_\_\_\_\_

# Informed Consent and Risks of Surgery

As with all operations, there may be some associated risks. Your surgeon would have explained and discussed with you the complete list of potential risks and any complications.

It is important that you understand your treatment options, expected outcomes, the risks and benefits of the options available and are able to provide consent to your procedure that has been informed. If there is anything you don't understand, please speak with your surgeon.

Examples of some potential risks of surgery include:

- Infection
- Deep vein thrombosis – DVT (blood clot in legs)
- Pulmonary embolism – PE (blood clot in lungs)
- Cerebral vascular accident – CVA (stroke)
- Acute myocardial infarction – AMI (heart attack)
- Nerve damage – (depending on the type of surgery)
- Bleeding – (depending on the type of surgery)

- Pneumonia – (depending on the type of surgery)
- Epidural abscess – (depending on the type of surgery and anaesthesia)

Further into this booklet we will outline some activities and suggested measures to take to reduce the potential for blood clots, pneumonia and wound infection.

If you are concerned about any of these risks please speak with your surgeon.

## Smoking

People who smoke are at increased risk of intra and post-operative complications, particularly respiratory complications and delayed wound healing. If you are a smoker, we suggest you try to STOP or cut down prior to your operation. If you need assistance to achieve this, contact the “Quit Line” on 13 18 48 or the National Heart Foundation on (08) 9388 3343 or visit their website at [www.heartfoundation.com.au](http://www.heartfoundation.com.au)

You can also speak to your pharmacist or doctor about nicotine replacement therapy either before or whilst you are in hospital.

Please note that St John of God Subiaco Hospital (SJGSH) is a smoke-free environment.

## Pre-admission Clinic

You will be contacted by a Pre-admission caregiver to arrange a suitable time for your preadmission interview. The interview will be either face to face or a telephone interview. This assists us in preparing you for your operation. At the time of your pre-admission interview, the nurse will ask you questions relating to your health and provide you with information about your operation.

## Medication safety

At your preadmission visit or telephone interview the nurse will ask you about any medications you are taking (both prescription and non-prescription) and will note the following:

- Name of the medication
- Strength of the medication
- Dose
- How frequently you take the medication

During your hospital stay we are unable to use medication delivery devices such as dosette boxes, sachets and Webster packs. If you use any of these types of systems, please bring your medications to hospital in their original packets

or obtain a list of your medications from your General Practitioner (GP).

While you are on the ward your medications will be stored in your bedside locker and dispensed by your nurse. Should you require any new medication or run out of stock during your stay, the hospital pharmacy will dispense those for you. You will be billed for these medications separately and at a cost similar to your community pharmacy.

A hospital pharmacist may visit you during your stay. This service is provided to you free of charge and will assist you in using your medication safely. The hospital pharmacist can also prepare a list of your medications for you and your GP for when you go home. This is important, especially if medications have been added or changed.

Once at home, if you have any queries regarding your medications, please contact the Pharmacy Department at SJGSH, on (08) 9382 6324.

Continue to take your normal medication unless the doctor has advised you to stop. Sometimes you may need to stop taking some medications prior to your operation. It is especially important for you to tell us if you are taking aspirin, blood thinners or non-steroidal anti-inflammatory

medications, for example; warfarin, aspirin, plavix, xarelto. Please check with your doctor when you should stop taking these before your operation.

If you take diabetic medication or insulin please ask your surgeon and anaesthetist what medication to take on the morning of your operation.

## Allergies

If you have any allergies it is very important that you tell the surgeon, nurse and the anaesthetist.

Examples of allergies may include:

- Medication allergies
- Food allergies
- Latex or other substance allergies
- Other allergies eg. Wound dressings or tapes

## Planning for your discharge

It is beneficial to think about the need for possible minor home modifications before your surgery occurs (e.g., handrails in the shower) and before coming into hospital. This will allow time for such measures to be put in place before your discharge. The occupational therapist can visit you at home

before your admission into hospital to advise you on this. A separate bill would be incurred if this is required.

You can prepare for your rehabilitation phase by:

- Identifying equipment needed to manage safely in your home
- Arranging family support
- Identifying your discharge destination i.e. own home or family care
- Stocking up on shopping
- Pre-preparing meals

## Important Pre-admission Note

If you have any questions regarding your pre-operative preparation, please call the Pre-admission Clinic on (08) 9382 6097. Please notify your surgeon immediately if between your pre-admission interview and your admission day, you experience any of the following:

- Any infection, cold/cough
- Scratches, cuts, wounds, abrasions or rashes on your skin
- Urinary infection
- Recent dental work
- Being hospitalised outside of WA

It is possible that these may affect the timing of your operation.



## Personal Support

Having an operation can be stressful. If you or your family are feeling anxious, nervous or emotional, or if you would like further support at any point in your care, our Pastoral Services are available to support you through this time. This service is free and confidential and may be contacted directly by phoning (08) 9382 6200 or accessed through your nurse.

## Preparing for your Admission to Hospital

The type of hospital accommodation offered depends upon the type of care needed, your preference and its availability. During your stay, a room change may be necessary as your needs change. Please discuss your preferences with us and we will make every effort to satisfy your accommodation requests throughout your stay.

## What to Bring into Hospital:

- Medicare card and private health care fund details

- Any pension cards, veterans affairs card, concession card or safety net card
- Medications you are currently taking in their original packaging
- All X-rays and scans
- All forms, letters and requests from your surgeon or anaesthetist
- Small amounts of change for a newspaper or magazines

### In a small overnight bag:

- Loose fitting comfortable pyjamas/nighties/day clothes
- Non-slip low heeled shoes/well-fitting slippers that don't require you to bend over to put on
- Toiletries, including toothbrush, toothpaste, soap, shower cap, shampoo and tissues
- **LEAVE jewellery and valuables at home**

## Day of your Operation

- Do not eat or drink for at least 6 hours before your operation, unless instructed otherwise by your anaesthetist or surgeon
- Please remove all nail polish from fingernails and toenails prior to your shower

- Shower and use a mild antibacterial soap over your whole body and as directed. (This can be obtained from your local pharmacy)
- Do not use deodorant, moisturisers, talcum powder, perfume/cologne or cosmetics
- **Do not shave your operation site**, if required, hair will be clipped by your nurse

## Identification

On admission, an identification (ID) bracelet with your name and hospital number will be placed on your wrist and ankle. If you have allergies you will be given a red coloured bracelet to alert staff.

All health team members should check this ID bracelet before they perform any procedures or give you any medication. Whilst in hospital, you should not accept medications unless the caregiver checks your identification bracelet.

Depending on your operation, preoperatively your surgeon may also mark the site of your operation.

## Anaesthesia

Your anaesthetist may order you medication before your operation. This may make you a little sleepy.

It is important not to try to get out of bed after you have had this medication. Please call the nurse, using your call-bell, for assistance.

You will be transferred to the holding bay of the operating room on your bed and the nurse there will check your ID bracelet and confirm with you and the escorting nurse all the details of your operation, site of the operation and when you last ate or drank.

An intravenous line (IV) will be inserted into your arm to give you fluids and medication. For general anaesthesia you will be asleep and pain free. For general anaesthetic a tube will be inserted down your throat to help you breathe during the operation. For spinal anaesthesia a small needle will be placed into your back near your spinal column. Medication to anaesthetise the operation area will be given through this. You will be pain free.

## Immediately after your Operation

After your operation is completed you will be moved to the recovery room where your heart rate, breathing rate and blood pressure will be closely watched. You will be connected to monitors and have an oxygen mask. Your throat may be a little sore or itchy due to the

breathing tube used during the operation. Once you are awake and comfortable you will be moved back to a ward area.

## Your Recovery and Ward Stay

Once you have returned to the ward after your operation, the nurses will take your observations regularly, monitor your post-operative progress and assist you with all aspects of your care as required. The following sections explain some areas in more detail.

## Thinking Clearly

If you have had a general anaesthetic or you are having pain medication, you may have difficulty with your memory or feel more fatigued. You should not drive, drink alcohol or make any big decisions for at least two days.

## Nutrition

When you wake up from the anaesthesia, depending on your operation you will be able to drink small amounts of water. You will be allowed to eat and drink when you do not feel nauseated or as instructed by your surgeon. If you do experience nausea please tell

your nurse so you can be given some medicine to help. If your surgery was performed in the Day Surgery Unit, you will be required to eat and drink and not be feeling nauseated prior to discharge.

If needed, a dietician is available to provide information on which foods to eat following your operation whilst in hospital and when at home.

## Wound Care

You may have stitches or staples at your operation site or have a dressing covering your wound. The nurse will check your wound regularly during your stay. A small amount of drainage from the incision is normal. Your surgeon will advise when your stitches or staples are to be removed. You will be provided with information on how to care for your wound at home.

### Points to remember:

- Always wash your hands before and after touching near your incision site or near any intravenous lines or drainage tubes
- Shower only, until your stitches or staples have been removed
- Avoid wearing tight or rough clothing. It may rub your incision and make it harder for healing to occur

- Your scar will heal in about 4–6 weeks and will become softer and continue to fade over the next year
- If you have any excessive bleeding, or your wound becomes red or you feel unwell and you are concerned about infection, please contact your surgeon
- Ensure adequate fibre in your diet (unless you have dietary restrictions)
- Avoid straining with bowel movements
- You may need to take a stool softener; your nurse or surgeon will advise which medication you should take

## Hygiene

Nursing caregivers will assist you to shower. If you have tubes and medical devices attached to you, these are fully portable and will be cared for by your nurse. Gradually as you recover you will be able to attend to your own personal needs.

## Urinary and Bowel Elimination

The nurse will assist you to the bathroom as needed. Some operations require you to have a catheter (tube) inserted into your bladder. Your surgeon would have discussed this with you.

Anaesthesia, decreased activity, change in diet and pain medications can cause constipation.

### Points to remember:

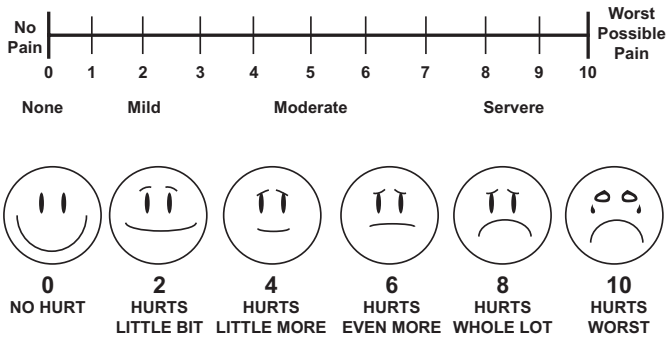
- Remember to drink 8-10 glasses of fluid each day (unless instructed not to)

## Pain and Pain Medicine

The amount of pain experienced is different for each person. The nurse will regularly check with you to measure your pain level. A scale from 0 – 10 will be used. At “0” you do not feel any pain. A “10” is the worst pain you have ever felt. Pain puts extra stress on your body at a time when your body needs to focus on healing. Do not wait until your pain reaches a level of “10”. It is much easier to control your pain before it becomes severe.

It is important to receive regular pain medication in the first few days after your operation to help make it more comfortable for you to mobilise earlier, deep breathe and cough.

There are several ways that pain medications can be delivered. This may be through the IV line in your arm, tablets you take orally or patches that are placed on your



skin. In some instances an epidural or regional block may be used. Depending on your operation the anaesthetist will determine with you the best pain medication.

## Common Medicines to Control Pain

**Narcotics or opioids:** are used for severe pain. Possible side effects of narcotics are sleepiness, lowered blood pressure and heart rate, skin rash and itching, constipation, nausea and difficulty in passing urine. Some examples of narcotics include morphine, oxycodone, and codeine.

**Non-narcotic pain medication:** You may be prescribed a non-steroidal anti-inflammatory (NSAIDs) medication or regular paracetamol to assist in managing your pain. NSAIDs and paracetamol may be used to treat mild pain or combined with narcotics to treat severe pain.

Possible side effects of NSAIDs are stomach upset, bleeding in the digestive tract and fluid retention. These side effects are usually not seen with short-term use. Let your surgeon or anaesthetist know if you have heart, kidney or liver problems, history of gastric or duodenal ulcer or gastroesophageal reflux disease (GORD). Examples of NSAIDs include ibuprofen, ketorolac and naproxen.

**Pain control without medicine:** Hot or cold packs may also assist to relieve pain. Distraction also helps you focus on other activities instead of your pain. Listening to music and engaging in activities can help you cope with mild pain and anxiety.

**Acute Pain Service:** During your stay in hospital our Acute Pain Service Nurse Practitioner and Clinical Nurses may visit you to ensure your pain is well controlled. The Acute Pain Service nurses will also provide you with further information about your pain medications and how to manage your pain at home.

## Reducing your Risk of Pressure Injuries

Pressure injuries can be an unfortunate post-surgery complication and can develop very quickly when you are immobile. After your operation, your ability to move around and get out of bed may be reduced. The nurses will assist you to change your position regularly when you are lying or sitting. If required you will be provided with special equipment to reduce pressure on vulnerable areas.

### Points to remember:

- Change your body position frequently when lying in bed unless you are instructed not to
- Have a good posture when sitting in a chair
- Slowly increase your activity as instructed. Be sure to get up and walk every hour or so, in the beginning you may need your nurse to assist you
- Keep your skin clean and dry and use a moisturiser
- Inspect your skin for early warning signs of redness that will not go away, blistered or broken skin, localised pain, tingling or numbness

## Reducing your Risk of Falls

Following your operation you may be at increased risk of falling due to poor balance, low blood pressure, strong pain medications, physical inactivity, unfamiliar environment and unsafe footwear.

- Please bring into hospital any mobility aids you use at home and your glasses, if relevant
- Wear non-slip shoes with a low heel (shoes may be preferable to slippers)
- Wear comfortable clothing that is not too loose or too long
- Do not walk without footwear if you are wearing compression stockings
- Please make sure you use your call bell when you require assistance
- Take your time to adjust when getting up from a lying position to a sitting or standing position
- Please do not ask visitors or relatives to assist you to mobilise, call the nurse if assistance is required

## Reducing your Risk of Blood Clots and Pneumonia

Moving and deep breathing after your operation can help to prevent potential post-operative complications such as blood clots, fluid in your lungs and pneumonia. Every hour take 5 – 10 deep breaths and hold each breath for 3 – 5 seconds. Cough to clear any phlegm from your airway or lungs.

When you have an operation, you are at risk of getting blood clots because you are not moving during the anaesthesia. This risk is decreased by, getting up and walking 5 – 6 times per day, *after you have been instructed to do this*. You may also be instructed to wear compression stockings and special compression boots on your legs. You will be advised to perform leg exercises in bed and may be given medication that thins your blood and assists in preventing blood clots.

Initially your nurse will assist you in getting up and ensure that you are safe to walk alone. It is also very important that you continue performing your leg exercises and walking after your discharge until you have fully returned to your normal or optimum activity level.

## Post-operative Exercise, Mobility and Activity

At SJGSH, we are committed to safety, both for our patients and our caregivers. Therefore we fully support a “no lift” approach to assisting with patient mobility.

If you need assistance to move in your bed, a “slide sheet” will be used. This ensures a safer, more comfortable move for patients and caregivers. In the interests of caregiver safety and patient comfort, a small mechanical hoist may be used if you require physical assistance to be lifted into or out of bed.

Depending on your type of operation it may take several weeks before you are able to return fully to your normal activities, including return to work, school and driving. You may have restrictions on what you can and cannot do, including lifting heavy items. Please check with your surgeon for advice.

# Exercises after the Operation

## Leg Exercises

Leg exercises keep the leg muscles strong and prepare you for walking.

### (1) Ankle exercises

- Move feet up and down at the ankles. Repeat 10 times every hour.
- Move feet together in circles. Repeat 10 times every hour.



### (2) Quadriceps exercises

Press the back of your knees against the bed. Your heels should lift off the bed at the same time.

Repeat 10 times every hour.



### (3) Gluteal exercises

Tighten your buttocks together, hold for five seconds and relax.

Repeat 10 times every hour.





#### (4) Straight leg raising



Lift the leg off the bed, keeping knee straight. Lift as far as is comfortable. This is important because it will gently stretch the nerve roots. Tighten your quadriceps muscles (see exercise 2), pull your toes upwards and lift your leg as far off the bed as is comfortable.

Repeat 10 times every hour.

## Going Home

### Discharge Information

As previously indicated you will be moving around soon after your operation. Check with your surgeon regarding any restrictions involving diet or physical activities once you go home. This can be discussed with your surgeon during your follow up visit. Be guided by your surgeon's instructions.

Your surgeon would have indicated when you can resume driving and for most people it is once you are no longer taking any strong pain medication (as these medications may cause drowsiness) and are

feeling comfortable. This may need to be delayed if you are still experiencing a lot of pain.

It is important that you pay particular attention to your bowel function when you get home as pain medications and reduced mobility after your operation can cause constipation. Therefore, it is a good idea to increase your fibre and fluid intake during the recovery period to prevent constipation.

If you have any concerns or are uncertain or worried about anything relating to your recovery, make sure you contact your surgeon to discuss or arrange an appointment to speak with your GP.

## Help at Home

After your operation you may need assistance at home. There are a number of people who can advise you about this:

- Your surgeon will advise you when you require a follow up appointment, how long you may have reduced physical mobility, when you can resume driving and work
- Case managers or social workers can provide you with information on community services available for cleaning, assistance with showering, home nursing, meal preparation and transport
- Physiotherapist or occupational therapist. if required you will be provided with information for post discharge occupational therapy and/or physiotherapy and the relevant mobility aids
- Your nurse will provide information and instructions on care of your wound, pain management and follow up appointments, and assist with any other queries you may have.

## On the day of Discharge

- Complete the discharge checklist below
- Discharge time is 10:00am, please arrange for someone to pick you up at this time
- If you are waiting for medications or transport you may be transferred to the discharge lounge. The discharge lounge is located close to admissions, near the Salvado Road main entrance. Facilities include: comfortable seating, television and magazines, light refreshments, easy access to reception and toilet facilities.

# Discharge Checklist

Tick	Tick that you have completed each item
	<b>Personal belongings</b> – Check all cupboards before departure.
	<b>X-rays/scans</b>
	<b>Medications</b> – Ensure you have received a list of your discharge medications if required.
	<b>Pain Medications:</b> Do you have your discharge pain medications?
	<b>Discharge Instructions for:</b>
	Caring for your wound
	Managing your pain
	Taking your medications
	<b>Follow up appointments:</b> Make sure you have any required follow up appointments (surgeon, Acute Pain Service, physiotherapist, occupational therapist as relevant).
	<b>Recommendations:</b> Do you have written information?
	<b>Dietary or physical restrictions:</b> Do you understand these?
	<b>Physical restrictions:</b> Do you understand these?
	<b>Physiotherapy home program:</b> Do you understand your program to follow at home?
	<b>Equipment:</b> Necessary aids need to be arranged and ready for pick up at time of discharge.
	<b>Transport:</b> Is your discharge transport arranged?

## When to Contact your Surgeon

After discharge it is important you contact your surgeon if you have:

- Pain that will not go away
- Pain that gets worse
- A fever
- Continuous vomiting
- Swelling, redness, bleeding or bad smelling drainage from your wound site or the site of any intravenous lines or drainage tubes you may have had during your hospital stay

If you have any concerns or are uncertain about anything relating to your recovery, make sure you contact your surgeon or GP.

## Feedback

You are invited to provide feedback about the care you received during your stay. If you or your family have any concerns whilst in hospital, please speak to the ward Nurse Manager or your caregiver. You can also contact the Customer Quality Coordinator directly on phone number: (08) 9382 6323.

## Privacy and Medical Records

During every visit to your doctor or the hospital, paper and/or electronic records are created. These records combine to form your Health or Medical Record. This information collected about you and your treatment is used to record and communicate your treatment and is protected by the Privacy Act and hospital policies which guide how your information can be shared or released. If you would like further information please ask your nurse.







## About St John of God Health Care

St John of God Subiaco Hospital is a division of St John of God Health Care, a leading Catholic not-for-profit health care group, serving communities with hospitals, home nursing and social outreach services throughout Australia, New Zealand, and the wider Asia-Pacific region.

We strive to serve the common good by providing holistic, ethical and person-centred care and support. We aim to go beyond quality care to provide an experience for people that honours their dignity, is compassionate and affirming, and leaves them with a reason to hope.

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