MY SURGERY Journey

GETTING READY TO STAY

Healthy RECOVERY

FASTING WHAT YOU NEED TO KNOW

DOWNLOADING The Surgery App
This information magazine has been written with the kind assistance of our clinical teams from across the District. We thank every one of them for their hard work. And a special thank you to the patients and their families who helped us in making this magazine. You are at the centre of every decision we make. All the stories, names, characters, pictures, and incidents in this magazine are fictitious.

ACKNOWLEDGEMENT OF COUNTRY
Ilawarra Shoalhaven Local Health District acknowledges the people of the many traditional countries and language groups of our District. It acknowledges the wisdom of Elders both past, present and future. We pay respect to all Aboriginal communities.

ABOUT THE DIVISION OF SURGERY - Our Story
The Division of Surgery provides elective and emergency surgery for adults and children in our community. This includes Wollongong, Shellharbour, Shoalhaven, and Milton Ulladulla hospitals. Our hospitals are accredited by the Australian Council on Healthcare Standards (ACHS).

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About This Magazine
The “My Surgery Journey” magazine provides information about the time before and after surgery. You should read it together with your family and talk about the information. Ask your local doctor or surgeon if you have any questions. There are pages in the magazine for you and your family to fill out before surgery. This will help the hospital keep you safe by providing us with as much up to date information as possible. Please make sure you tell us about the type of medicines you take and any medical problems you have. Bring this magazine with you when you come to each hospital visit.

Stay Up to Date
You and your family should download the “My Surgery Journey” smartphone app. The app will help you get ready for surgery, remind you of important dates and help you get to the hospital. The app will help you stay up to date. It covers the same information as this magazine, so don’t worry if you don’t have a smart phone.

www.mysurgery.mobi
If you have a QR Scanner on your phone you can scan these codes throughout the magazine for more information:

Need an interpreter?
Professional interpreters are available if you need help to communicate in English, or if you are Deaf. Our staff can also ask for an interpreter. The staff will book an interpreter for you. Interpreter Services are free and confidential. You can bring a family member or friend with you to the appointment, if you need help to communicate it should be through a professional interpreter. You can also call the Translating and Interpreting Service on 131 450 if you need to speak to us before your appointment.
Our hospitals have coffee carts, cafés and lounge areas. Your family is encouraged to sit in the café or lounge while they wait for your surgery. They will not be allowed into the operating theatre. The doors are closed to keep our theatres clean and private.

**WOLLONGONG HOSPITAL**

**GETTING THERE**
- The Main Entrance with a space for patient drop off is via Loftus Street, Wollongong.
- Public buses stop just outside our Crown Street entrance.
- Wollongong train station is a 9 minute, 800m walk.

**WHERE TO GO**
- The Day Surgery Unit and Operating Theatres are on Level 2 in the A Block, near the Loftus Street Main Entrance.
  - There is a lift.

**PARKING**
- There are two ways to get into the car park off Dudley Street.
- There are also two ways to get into the car park off New Dapto Road.
- There is a fee to park with the price displayed at the entrance. Disabled and concession parking up to 3 hours is free - check at the entry and at the ticket machine on Level 4 for more information.
- Very little free parking is available on the streets around Wollongong hospital. Please check the signposts as there are strict time limits.

**SHELHARBOUR HOSPITAL**

**GETTING THERE**
- The Main Entrance with a space for patient drop off is via 15-17 Madigan Boulevard, Mount Warrigal.
- Public buses stop just outside Madigan Boulevard or Lake Entrance Road, Mount Warrigal.
- There is a short walk to the hospital.
- Oak Flats train station is 4km away.

**WHERE TO GO**
- The Day Surgery Unit and Operating Theatres are through the Main Entrance.
- Go to the chairs at Day Surgery waiting area before surgery.

**PARKING**
- You can access the hospital car park via Madigan Boulevard, Mount Warrigal.
- Disabled parking is available.
- There is limited street parking near the hospital. Check signposts – as there are strict time limits.

**IMPORTANT NUMBERS**
- **24 hour Switchboard:** 4222 5000
- **Day Surgery Unit:** 4265 1290
- **Pre Admission Clinic:** 4265 1210

**SHOALHAVEN HOSPITAL**

**GETTING THERE**
- The Main Entrance with a space for patient drop off is via Scenic Drive, Nowra.
- Public buses stop just outside our Scenic Drive entrance.
- Nowra (Bomaderry) train station is 3km away.

**WHERE TO GO**
- The Day Surgery Unit and Operating Theatres are near the Main Foyer on the Ground Floor.

**PARKING**
- You can access the hospital car park via Scenic Drive.
- Disabled parking is available.
- Some parking is available on the streets around the hospital. Please check the signposts as there are time limits.

**IMPORTANT NUMBERS**
- **24 hour Switchboard:** 4423 9717
- **Pre Admission Nurses:** 4423 9571 (Monday – Friday 1:30pm-3pm enquires about illness, medications, surgery preparation)
- **Day Surgery/ 24 Hour Ward:** 4423 9717 (urgent afterhours contact)

**MILTON ULLADULLA HOSPITAL**

**GETTING THERE**
- The Main Entrance with a space for patient drop off is via 104-106 Princes Highway, Milton.

**WHERE TO GO**
- You can access the hospital car park via Princes Highway.

**PARKING**
- You can access the hospital car park via Princes Highway.
- Disabled parking is available.
- Some parking is available on the streets around the hospital. Please check the signposts as there are time limits.

**IMPORTANT NUMBERS**
- **24 hour Switchboard:** 4495 1333
- **Theatre Bookings:** 4423 9225 or 4423 9446 (enquires about surgery dates and postponements)
- **Pre Admission Nurses:** 4423 9571 (Monday – Friday 1:30pm-3pm enquires about illness, medications, surgery preparation)
- **Day Surgery/ 23 Hour Ward:** 4423 9717
- **Patient Flow Managers:** 4423 9738 (urgent afterhours contact)

Elective surgery bookings are made many months in advance. Occasionally delays may occur on the day of your operation due to other peoples’ urgent medical conditions. Your booking time for surgery may change throughout the day due to unplanned or emergency surgery. If you have any concerns or questions, please don’t hesitate to ask the staff.
Everyone is different, but we should all aim to do some regular exercise. It helps to improve your fitness, control weight and keep your muscles and joints healthy before surgery. Staying active before your surgery will help you to avoid putting on weight.

Being at a healthy weight before surgery lowers your risk of problems. It also helps you to have a faster recovery.

**TRY TO:**
- Be active on most days. Doing any physical activity is better than doing none.
- Build up to 30 minutes or more of moderate intensity physical activity each day.
- Do muscle strengthening activities on at least 2 days each week.

**FOR JOINT SURGERY:**
Exercising before joint surgery keeps your muscles strong and your joints lubricated, moving and more stable. Reducing weight will also put less stress on your joints.

Do activities that put less pressure on your joints like:
- Swimming or exercises in water
- Stretching and gentle strengthening
- Balance exercises
- Cycling.

Exercise when your pain medicines are having their biggest effect.

**FOR HERNIA, BOWEL OR STOMACH SURGERY:**
Walking or swimming at a comfortable effort is helpful and safe for most people.

**DO NOT:**
- Do heavy lifting or pushing that makes you strain or hold your breath; or stomach muscle exercises like sit-ups or planks.

For more information go to:
- Active and Healthy
- Exercise and Sports Science Australia
- Australian Physiotherapy Association
- Exercise Right.

www.activeandhealthy.nsw.gov.au
www.essa.org.au
www.physiotherapy.asn.au
www.exerciseright.com.au

Keeping fit and strong before your surgery will help your recovery. More active people also have less risk of problems during surgery. If you need to stay in hospital until your surgery ask to see a physiotherapist for help.

You will need advice about what exercise is best for you. This depends on the type of surgery you are having and how soon it is. It can be beneficial to see an exercise physiologist or physiotherapist before starting exercises. Ask your local doctor or surgeon about what to be most careful with. It is important to be comfortable with the type of exercise you do. If something feels uncomfortable you should stop doing it.

**WE NEED TO TALK…**

The hospital may contact you in the days and weeks before your surgery. Please help us by answering the phone in the days before your surgery. If we call you, the number might be shown as “External Number”, “No Caller ID” or “Caller ID Blocked” - Don’t worry - this is because our hospitals use large computerised telephone systems.

If you’d prefer contact on your mobile phone, please make sure we know the number. If you change phones; tell us. If you don’t own a mobile phone, it helps us if you give a phone number of a close relative or friend.

Sometimes we send messages out via SMS. Please read the message very carefully as it might tell you what to do on the day of your surgery.

Some patients will need to get ready for surgery by coming to one of our Pre Admission Clinics. The Pre Admission Clinic will organise tests and help plan your care after your surgery. We will tell you if you need to come to the Pre Admission Clinic.
Leading Up To My Surgery?

Good nutrition is important for health. It is very important in the time leading up to your surgery. Your body is in its best state to deal with the stress of surgery when you eat a healthy, balanced diet. It may also help with a faster recovery process. Poor nutrition can lead to poor outcomes after surgery. Patients who do not eat well are more likely to have problems after surgery. Your wounds may take longer to heal, you may get infections and have a longer stay in hospital.

What does a healthy diet look like?

Eating from the 5 food groups is important to ensure your body gets all the nutrients it needs. This includes protein, vitamins and minerals. It is best to eat a wide variety of healthy foods. It is also important to drink plenty of water and avoid drinking too much alcohol. More than 2 alcoholic drinks a day can increase your risks.

Staying in a healthy weight range is also important. Speak with your local doctor about seeing a dietitian if you are concerned about your weight. Being overweight increases the chance of diabetes. Diabetes can cause difficulties before, during and after surgery. Have you talked to your local doctor about your weight?

What if I’m having trouble eating?

Poor food intake can lead to problems after surgery. Your wounds may take longer to heal, you may get infections and have a longer stay in hospital. If you are having difficulty eating due to a poor appetite, or have recently lost weight without trying, please let your local doctor or nurse know. A visit with a dietitian might help you. If you are underweight, increasing both protein and total energy (kilojoules or calories) may help you gain weight.

Lean meat and poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans

It is important to keep up healthy food and drinks after surgery to help your wound to heal.

FOR MORE INFORMATION GO TO:
- Australian Dietary Guidelines
  www.eatforhealth.gov.au
- Dietitians Association of Australia
  www.daa.asn.au

TO FIND OUT MORE SCAN QR CODE

WHAT SHOULD I BE EATING?
In general before your surgery:

- **Preoperative oral fluids** can include:
  - Water
  - Apple juice, other pulp free fruit juice or cordial
  - Clear lemonade with no pulp
  - Black tea or coffee with no milk
  - Commercial rehydration fluids such as “Hydralyte”
  - Fat-free, protein-free nutritional supplements such as “preOp” brand drink
  - Sports drinks such as “Gatorade” - light colours only
  - Ice blocks made from any of the above clear fluids
  - Fat-free clear soup like chicken broth

Preoperative oral fluids **must not** include:

- Alcohol - never just before surgery
- Fat
- Protein
- Insoluble fibre such as “Metamucil”
- Prune juice, tomato juice or orange juice
- Nectar, canned and fresh fruits
- Thickened fluids
- Milkshakes or smoothies
- Drinks that are red, blue or purple in colour - even if these drinks are clear
- Cream, milk or soy protein
- Salt and pepper

**Fasting means going without all food and liquid.** Sometimes in hospital we call this “Nil By Mouth”. It is a medical instruction to stop food and fluids. Experts have researched safe fasting times for patients.

Fasting or being Nil By Mouth also applies to patients who have special nutrition feeding tubes into the nose or stomach. This is called “Nil By Tube”. Fasting is needed before general anaesthesia or sedation medicine. This will minimise the risk of vomiting and breathing in food or fluid into the lungs.

Adult patients can have special fluids (called Preoperative oral fluids) until 2 hours before surgery.

This should be no more than 2 cups or 400mls.

In general before your surgery:

- You can have solid food until 6 hours before surgery - this should be a light meal.
- Patients need tube feeding can continue until 6 hours before surgery.
- There are many ways to make stopping smoking easier and less stressful. Some are medicines that are available only by prescription, so talk to your local doctor.

**HERE ARE SOME TELEPHONE NUMBERS WHERE YOU AND YOUR FAMILY CAN GET HELP:**

Ilwarrar Drug And Alcohol Service (iDAS) • Mon-Fri 8.30-4.30 • 1300 652 226 (Includes stimulant treatment program).

iDAS is a free specialist drug and alcohol service that provides:

1. Assistance to reduce or stop your drug or alcohol use
2. Counselling for adults and young people
3. Support for family members and significant others
4. Group programs
5. Specialised indigenous workers to meet the needs of the indigenous community
6. General information and advice
7. Health education to the community
8. Drug and alcohol consultant liaison services (available at Wollongong and Shellharbour Hospitals) which can assist you with accessing the service.

**AFTER HOURS STIMULANT SUPPORT 1800 101 188**

- Quiltine (Call 137 848)
- Quitline (Call 1800 30 40 50)
- (Call 1800 368 186)
- 13 285 6788

For the sake of your own health, you are encouraged to quit smoking before surgery.

**OUR HOSPITALS ARE SMOKE FREE FOR YOUR HEALTH AND THE HEALTH OF OTHERS. THERE IS NO SMOKING ALLOWED INSIDE ANY OF THE BUILDINGS OR ON HOSPITAL GROUNDS BY PATIENTS, VISITORS OR STAFF. THIS INCLUDES THE HOSPITAL STAIRWELLS, TOILETS OR OUTSIDE THE FRONT OF OUR BUILDINGS.**

If you are a smoker, for the sake of your own health, you are encouraged to think about quitting.

Please talk to your local doctor about the choices that are available to support your decision to quit.

To avoid complications you should avoid smoking. Think about quitting at least 60 days before any surgery.

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If you drink alcohol regularly, talk with your medical team. It can affect your recovery from surgery.

Heavy alcohol use can cause bleeding during surgery and affect healing afterwards. More than 2 alcoholic drinks each day increases your risk.

If you use illicit drugs, please tell your medical team. This can affect your anaesthetic during surgery and your recovery afterwards. Drugs can change the way your body responds to pain medicines after surgery. We have specialist teams to help people who use drugs.
WHAT IS Anaesthesia?

The word anaesthesia means ‘loss of sensation’.

It can be a simple injection that numbs a small part of the body. It can also involve using powerful medicines which cause unconsciousness. This makes it possible for your body to go through a surgical procedure. The medicines work by blocking the signals that pass along your nerves to your brain. When the medicines wear off, you start to feel normal sensation again.

As well as the brain, these medicines also affect the heart and the lungs. As a result, general anaesthesia is only given under the close supervision of an anaesthetist. This doctor is trained to decide the best way to give you an effective anaesthetic, while keeping you safe and well.

Your anaesthetist will:

• Check if you are fit enough to have the anaesthetic for your operation
• Talk to you about which type of anaesthetic might be best and get your permission (consent) for it.
• Give the anaesthetic and organise any other medication.
• Look after you straight after the operation in the recovery room or in an intensive care unit.

WHAT DIFFERENT TYPES OF ANAESTHESIA ARE THERE?

General anaesthesia

A general anaesthetic is a state of controlled unconsciousness during which you feel nothing. You will have no memory of what happens while you are anaesthetised.

Local anaesthesia

A local anaesthetic numbs a small part of the body. It is used when the nerves can be easily reached by drops, sprays, ointments or injections. Having teeth removed and some common operations on the eye often use local anaesthetic. You stay awake, but free from pain.

Regional anaesthesia

A regional anaesthetic is when medicine is injected near to the nerves which supply a larger or deeper area of the body. The area of the body affected becomes numb. You stay awake, but free from pain.

Spinal and epidural anaesthesia

Spinal and epidural anaesthetics are the most common regional anaesthetics. These injections can be used for operations on the lower body, such as Caesarean section, bladder operations, or replacing a hip. You stay awake, but free from pain.

Sedation

Sedation involves using small amounts of anaesthetic medicines to produce a ‘sleep-like’ state. It makes you physically and mentally relaxed, but not unconscious. You will be free from pain.

GENERAL ANAESTHETIST

• Insert a thin plastic tube called an intravenous cannula into one of your veins, often on the back of your hand.
• Attach monitors including a blood pressure cuff, heart monitor, and finger probe to measure your oxygen levels.
• Give you oxygen from a face mask.
• Most general anaesthetics are started by injecting medications through your cannula. You may feel slightly light-headed at first. As the medicines work, you will become unconscious very quickly.

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Sometimes you can breathe a mixture of anaesthetic gases and oxygen through the facemask to start. The gases smell quite strong, and it usually takes two or three minutes to become unconscious. This is the most commonly done with children.

ARE THERE ANY RISKS WITH ANAESTHESIA?

As with all medical processes, nothing is completely risk-free. Anaesthesia is very safe – the risk of death due only to anaesthesia causes is about 1:13000. Anaesthetists are trained to prevent complications. They can treat them quickly if they happen.

It is important to tell your anaesthetist as much information about yourself as possible, including the following points:

• About every medical condition you have. Even if it is well treated, no matter how big or small a problem it is for you, we need to know.
• About all medications that you are on. You will be able to continue taking most of these normally. There might be some special instructions for some types of medication.
• Your weight and your level of fitness are very important to help your body manage the stresses associated with surgery, anaesthesia, and hospital admission. Anything you do to improve your fitness will help you during and after your procedure.
• If you smoke, drink alcohol, or take any other recreational drugs. Cutting down or stopping these leading up to surgery will keep you safer during the procedure and help your body recover afterwards.

WHAT WILL THE ANAESTHETIST DO TO START?

• Insert a thin plastic tube called an intravenous cannula into one of your veins, often on the back of your hand.
• Attach monitors including a blood pressure cuff, heart monitor, and finger probe to measure your oxygen levels.
• Give you oxygen from a face mask.

Place an X on this chart of your weight and height to see what your BMI is:

WEIGHT (lbs) WEIGHT (kg)
85 50
93 60
104 70
110 80
121 90
132 100
143 110
154 120
165 130

40 50 60 70 80 90 100 110 120 130
IMAGE USED WITH PERMISSION FROM DIABETES.CO.UK

Write a list of any questions or issues that you would like to discuss with the anaesthetist:

Write a list of all the medications you take here:

If you have the results of any recent blood tests, write them here (either you or your GP):

Hb ______ WCC ______ Pt ______ Na ______ K ______ Ur ______
Cr ______ eGFR ______ Alb ______ Glu ______ HbA1c (if diabetic) ______

These websites have useful information:
www.anzca.edu.au/patients/information-sheets www.rcoa.ac.uk/patientinfo

RISKS WITH ANAESTHESIA. This scale is provided to help.

Very common
1 in 10, someone in your family will feel sick after the operation
1 in 100, someone in a street will have a sore throat
1 in 1000, someone in a suburb will have breathing difficulties
1 in 10,000, someone in a large town will have a serious allergy to drugs
1 in 100,000, someone in a large town will have equipment failure or damage to nerves in spine

Common
1 in 100, someone in a street will have a sore throat
1 in 1000, someone in a suburb will have breathing difficulties
1 in 10,000, someone in a large town will have a serious allergy to drugs
1 in 100,000, someone in a large town will have equipment failure or damage to nerves in spine

Uncommon
1 in 100, someone in a suburb will have a sore throat
1 in 1000, someone in a large town will have breathing difficulties
1 in 10,000, someone in a large town will have a serious allergy to drugs
1 in 100,000, someone in a large town will have equipment failure or damage to nerves in spine

Rare
1 in 100, someone in a suburb will have a sore throat
1 in 1000, someone in a large town will have breathing difficulties
1 in 10,000, someone in a large town will have a serious allergy to drugs
1 in 100,000, someone in a large town will have equipment failure or damage to nerves in spine

Very rare
1 in 100, someone in a suburb will have a sore throat
1 in 1000, someone in a large town will have breathing difficulties
1 in 10,000, someone in a large town will have a serious allergy to drugs
1 in 100,000, someone in a large town will have equipment failure or damage to nerves in spine

My Surgery Journey
PERSONAL SUPPORT FOR YOUR SURGERY

Being in hospital can be a difficult and stressful time. You may feel very anxious or have worries. This is all part of adjusting to the changes that surgery and being in hospital can bring.

SOME COMMON WORRIES YOU MAY HAVE INCLUDE:
- Doubt about the future and the outcome that surgery may bring
- Feeling anxious, angry, frightened, depressed or confused about your surgery
- Worried about your family, home or work while in hospital
- Finding it hard to talk freely with your family or friends
- Confused about your situation
- Not knowing who can answer your questions

Psychology, social work and counselling services are also available in the community. You may wish to speak to someone before you come into hospital. Ask your local doctor for more information. Social workers are available to provide free, confidential support when you are in hospital.

COUNSELLING AND PERSONAL SUPPORT
- Support to adjust after surgery
- Support with self-care (including family carers)
- Plans to manage anxiety and depression
- Referral to long-term counselling services
- Referral for legal advice

DO YOU HAVE HELP AFTER SURGERY?
If you are cleared to go home, you must have someone stay with you the night after your surgery.
If you have had a General Anaesthetic or sedation you will need to have a responsible adult take you home and stay overnight with you. This is for your own safety as you may be lightheaded and drowsy. Your ability to do tasks may be affected. A small amount of anaesthetic may still be in your body.
You must not drive home after surgery. It is not safe.
If you don’t have a family member or friend able to pick you up and stay with you please tell the hospital staff. We want you to have your surgery but we also want you to be safe afterwards.

WHEN IN HOSPITAL IT IS COMMON TO HAVE LOTS OF QUESTIONS LIKE:
- Can I get a Centrelink payment? How do I do that?
- Where can I go to get some financial aid?
- What community help is available to me?
- What accommodation options are available to me?

ARE YOU A CARER FOR SOMEONE ELSE?
- For carer information, support and counselling contact Carers NSW between 9am to 5pm
- Free call 1800 242 036
- For carers needing emergency respite call: 1800 062 222

What should I do if I am feeling unwell?

If you are unwell within 3 days before your surgery you will need to call the hospital (see pages 4-6 for phone numbers) or contact your local doctor for advice.

If you are too unwell for surgery, it may be postponed until you are feeling better and it is safer for you to have an anaesthetic.

Also, with early notice, someone else waiting can be contacted to have their surgery.

IF YOU HAVE ANY OF THE FOLLOWING PLEASE CALL US:

IN THE 3 DAYS BEFORE YOUR SURGERY
- Temperature or fever - feeling hot or cold
- Sore throat
- Rash or swelling
- Feel unwell
- A cut, break or tear in your skin
- Any infected wounds
- Diarrhoea or vomiting
- A recent unplanned visit to the Emergency Department or local doctor

TELL US AS SOON AS POSSIBLE IF
- You are unable to attend the hospital due to work or family commitments
- You are newly pregnant
- There is a new medical problem we don’t know about
- If you don’t have anyone to take you home after the surgery
- You don’t have anyone to stay with you after the surgery
- You have changed your mind about the surgery
- You have changed your mind about where you want to have your surgery
- You have any concerns about your surgery

www.carersnsw.org.au
FILLING UP YOUR TANK before surgery

Your body needs iron to make more red blood cells when needed. Having enough iron in your blood is like having a full tank of petrol. You wouldn’t plan a road trip with an empty tank. Make sure you’ve got enough iron in your tank before major surgery.

Your health care team want to:

- help your blood to work better
- reduce your chance of bleeding
- reduce your chance of needing a blood transfusion

This will help you have:

- lower risk of complications;
- faster recovery after surgery;
- shorter stay in hospital.

IRON:

You can help increase your iron stores by eating iron-rich foods. The best sources of iron are from red meat, chicken, pork and fish. You can also get iron from plants, like green leafy vegetables, nuts and whole grain cereals. Eat these foods together with foods rich in vitamin C to help your body absorb the iron better (e.g. citrus fruits, berries, tomatoes and broccoli). Please tell your doctor if you are a vegan or vegetarian. For more information, see a dietitian.

Your doctor may suggest you have an iron infusion if your iron levels (e.g. ferritin) are very low, or your surgery is planned very soon.

An iron infusion involves an injection of iron into your vein. This appointment may take about 1-4 hours - depending on the type that your doctor prescribes for you.

Afterwards – you should be able to return to normal activities; however look out for common side-effects like nausea, headaches, dizziness, and skin reactions or staining; and less commonly – allergic reaction.

ANAEMIA:

Anaemia is having a low number of red blood cells (haemoglobin). It can be caused by many things. Red cells are important for carrying oxygen around your body, and are particularly important to help you recover after an operation. If your red cells are low, you may feel tired, dizzy, short of breath, have an irregular heartbeat, and perhaps even chest pain.

If your red cells are low or abnormal - your health care team may run additional blood tests (e.g. iron, B12, folate). They may arrange investigations. They may also offer you treatment.

BLOOD LOSS:

Bleeding may happen:

- if your blood is not working properly
- if you are taking certain medications
- if you have medical problems
- or because of the nature of your surgery.

We can minimise the amount of blood you lose by preparing your blood in the weeks leading up to your surgery; and by managing it during your operation.

Please tell your doctor if you:

- have any current or past medical problems (e.g. chronic kidney disease, cancer)
- are currently on, or have recently taken blood-thinning medications, including over the counter supplements and complementary therapies.

Depending on the type of surgery that you are having, there may be additional options available to you during or after your surgery that can reduce the amount of blood lost or requirement of a blood transfusion, for example:

- Medication
- Reinfusion of own blood lost during surgery

Ask your surgeon and anaesthetist if any of these options are suitable for you.

TRANSFUSION:

Despite our best efforts, it is possible you may still need a blood transfusion. Please tell your doctor if for personal or religious reasons you refuse to have a blood transfusion.

There are a few different types of blood products. Your doctor will prescribe the particular type of blood that your body needs to work better.

A blood transfusion involves:

1. your doctor to explain the reason, benefit and risks of the transfusion to you;
2. you to sign a consent form;
3. you to have a blood test to see what your blood type is. This makes sure the right blood type is available to give to you;
4. an injection of blood into one of your veins through a cannula or “drip”. This may take a few hours to complete.

Doctors and nurses will ask you every time they do a procedure what your full name and date of birth is. This is for your safety - so we can perform the right procedure on the right person (e.g. blood tests, blood transfusion, X-Ray, and surgery).

If you need a transfusion, you should receive only what is needed to relieve your symptoms. Your health care team will check you after each bag of blood to see if you are feeling better. The Australian Red Cross Blood Service ensures that the blood they supply for transfusion is as safe as it can possibly be. Blood transfusion is an organ transplant that still comes with risks.

Common risks:

- Mild reactions - a temperature, or skin rash
- Having too much fluid in your body which may give you breathing difficulties

Less common risks:

- Getting blood that is not ‘matched’ to you
- Severe reactions - allergy, or lung injury
- Serious infection

It is important for you to tell us if you:

- notice any details are wrong when we check your name and date of birth
- feel unwell at any time during, or after your transfusion.

This content has been adapted from resources from the NHS and CEO Blood Watch.

See next page for information on putting together your Iron Plan.
Some surgery has a higher risk of bleeding. Talk to your local doctor if you are having:
- Aortic aneurysm repair
- Spine surgery
- Kidney surgery
- Abdominal surgery
- Both knee joints replaced
- Prostate surgery
- A long operation taking more than 45 minutes

**WHY IS IRON IMPORTANT?**

You need iron to make haemoglobin. Haemoglobin carries oxygen from your lungs to your body.

If left untreated low iron levels and anaemia can:
- Delay your surgery.
- Increase your chance of needing a blood transfusion.
- Increase your chance of complications.
- Slow down your recovery after surgery.

Having anaemia before you go in for surgery puts you at a higher risk of needing a blood transfusion.

Blood is a precious commodity and should not be used lightly. A blood transfusion is an organ transplant and comes with inherent risks.

**IRON DEFICIENCY: THE FACTS**

About 1 in 10 people in Australia have low iron levels also called iron deficiency.

3 in 10 people having elective surgery have low iron or anaemia – this puts you at a much higher risk of transfusion.

**CAUSES OF ANAEMIA**

- Blood loss
- Dietary deficiency (iron, B12)
- Gastrointestinal problems
- Chronic disease

**PREPARING FOR SURGERY**

<table>
<thead>
<tr>
<th>Iron studies results</th>
<th>Iron studies results</th>
</tr>
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<tbody>
<tr>
<td>Treatment</td>
<td>Treatment</td>
</tr>
<tr>
<td>Date</td>
<td>Date</td>
</tr>
</tbody>
</table>

**ACTION**

Your GP will assess your blood to see if you have low levels of iron or if you have anaemia. If they find you do you may need treatment.

There are other information leaflets available that will give you more information about what you need to do now that you are on the surgery waiting list. Ask your GP for the link to these resources.

**BLOOD THINNING MEDICINE**

If you take any blood thinning medicines you must get special instructions from your doctor or the hospital.

Do you take: Warfain (Coumadin), Pradaxa, Aspirin, Clopidogrel (Plavix), Apixaban, Dabigatran, Rivaroxaban, heparin, clexane, Alteplase, Ardeparin, Urokinase or any medicine prescribed to thin your blood or stop clots?

YES I TAKE BLOOD THINNING MEDICINE

TELL THE HOSPITAL NOW!
Skin for Surgery:
Preparing You

When you are healthy your body has very good ways of fighting infection. One of the first lines of defence is your skin. When you come into hospital to have surgery, this first line of defence will be broken.

This can happen when you have a drip put in. It can also happen as a result of the surgical cut through your skin. When these things happen there is a small chance that your normal germs, or germs from another person or the environment can get into your body and cause an infection.

There are a few things you can do to make this less likely to happen. Firstly, there are some things you should see your healthcare team do to protect you while you are in hospital. We work hard to prevent infections and need your help. You may have been provided with a special type of skin cleaner to use in the days before you come to hospital for surgery. This before-surgery (preoperative) body wash will help reduce the amount of bacteria and germs on your skin.

A risk in any surgery is that the surgical site may become infected with bacteria from your own skin. In the operating room all staff and equipment have followed a strict disinfection procedure. The surgical site is cleaned, but it is important to wash your whole body if you have been given a before-surgery body wash.

We expect all of our staff to be very careful in following our rules to protect you.
Every member of staff must clean their hands using the alcohol rub or soap and water before they touch you. You should clean your hands too while in hospital.

Staff should wear a plastic apron if the front of their body touches you.
Staff don’t need to wear gloves to touch you unless they are expecting to have contact with your blood, urine, or other body substance.
Every piece of equipment that is used on more than one patient must be cleaned before it touches you and again after it has been used.
Your room should look clean. There should be no dust, and there should be nothing left behind from previous patients.

Tell us if you see someone not following these rules.

We expect all of our staff to be very careful in following our rules to protect you.
Every member of staff must clean their hands using the alcohol rub or soap and water before they touch you. You should clean your hands too while in hospital.

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Your room should look clean. There should be no dust, and there should be nothing left behind from previous patients.

Tell us if you see someone not following these rules.

Getting Ready for Surgery:

Shower once every day for at least 3 days before your surgery using the special body wash.

1. Wash your hair, face and body with normal shampoo, conditioner and normal skin cleaner then wash it off completely.
2. Turn off the shower.
3. Pour the special body wash onto a clean wet washcloth and rub it all over your body – mainly under your arms, groin and other areas such as breasts or skin folds. Do not use it on your face or eyes.
4. Rub the washcloth all over your entire body for 3 to 5 minutes. You may need to add extra body wash.
5. Turn on the shower and rinse the body wash off. You’re not finished yet:
6. Do these steps 2-5 one more time.
7. Dry your body afterwards with a clean towel. Use a clean towel each day.
8. Repeat every day for at least 3 days before your surgery, including on the morning of your surgery, using the special preoperative body wash.

On the Day of Surgery:

• Do not use lotions, creams, powders or under-arm deodorant. These can make it hard for the operating room staff to stick heart monitoring dots to your skin.
• Do not shave or wax below the neck (facial shaving is allowed). Shaving or waxing can cause small cuts that introduce infection.
• Do not wear lipstick, nail polish or facial makeup. Remove acrylic or fake nails in the weeks before surgery. This will help the operating room staff monitor the true colour of your skin and nails during surgery. Small particles of makeup could go into your eyes while you are asleep under anaesthetic. Fake nails hide bacteria.
• Do not use hair spray or hair gel as these can be flammable. Some patients may be required to use the special body wash or a bacteria-killing ointment for longer before surgery. Ask the team if you will need to do this.

What to Bring:

• Two (2) pairs of clean pyjamas nighties (labelled with your name)
• Dressing gown and slippers (non-slip sole)
• Toiletries (soap, toothpaste, toothbrush, hairbrush/orb, razor, tissues)
• Small amount of money under $10 (for phone or newspaper)
• Current medicines (these will be returned to you when you go home) and a list of all of your medicines (write a list on page 18)
• Comfortable clean day clothing
• Glasses, hearing aids and non-electric walking aids (labelled with your name)
• Any letters from your doctors
• All relevant x-rays, scans and blood test results
• Medicare card and (if applicable) private health insurance fund card/ book, veterans affairs repeat card, details of workers compensation, public liability or third party case.

What Not to Bring:

• Valuables (any jewellery or large amounts of money over $10)
• Radios without head phones
• Mobile phones (they can get lost or become a target for thieves)
• Electrical appliances (including electric shavers)
• Pot plants or flowers
• Large bags or excessive clothing bring only the bare minimum
• Alcohol or illegal drugs
• Video games
• Theft does occur in hospitals

The hospital staff cannot accept responsibility for your belongings if they are lost or stolen. Please leave them at home.
If you must bring them with you make sure a family member looks after them at all times. You will be away from your ward bed having tests or surgery.

Reach Out to Us:

If you are worried that your condition, or you notice the person you care for is getting worse while they are in hospital, you can REACH Out To Us in 3 steps:

1. Talk to the nurse looking after you or your loved one.
2. Ask to speak to the nurse in Charge and request a ‘Clinical Review’.

3. If there is no response within 30 minutes, or you are still concerned, call the emergency number using the Ward phone and say “This is a REACH Call” then state the patient name & the ward you are on. The emergency number will be listed on the wall or phone.
ARRIVING AT HOSPITAL

Car parking is available, however costs may be involved. The entrance to the car park is at __________________________ or __________________________.

When you arrive at the hospital, make your way to __________________________. You can find us by __________________________.

WHAT WILL HAPPEN WHILE I WAIT?

Once you arrive in the Perioperative Unit/Admissions, please go to the reception area.

You may be asked to sit in the waiting room until it is time to have your operation. Sometimes you may notice people going to have their operation before you. People are seen according to their place on the operating list.

Visitors are welcome, but space is very limited, so we ask you bring no more than two people with you. A nurse and doctor will then ask you questions and take your pulse, blood pressure and weight and you will be asked to change into a hospital gown in preparation for your operation.

WHAT HAPPENS AFTER MY OPERATION?

If you are going home on the same day you will come back to the Perioperative Unit where you will be given something to eat.

You will be able to leave the hospital once you have recovered from your operation and received your medicines to take home. This is usually between 2–6 hours after your operation. Please make sure you have a responsible adult to take you home and stay with you for the next 24 hours. If this is not possible, please talk with your nurse.

If you are staying overnight or longer, you will be taken to a hospital ward. We will tell you which ward on the day of your operation.

PREPARING TO COME TO HOSPITAL

Need to know...

| Time to arrive at the Perioperative Unit |
| Time to stop eating |
| What you can drink and time to stop drinking |
| The medicines/tablets you should take on the day of your surgery with some water |
| If you have diabetes |
| Bring the results of blood tests and x-rays |
| How long you are likely to stay in hospital |
| Hospital visitor times |
| Discharge times |
| What to bring |
| What to leave at home |

...You should...

...Toilet

...Activity

...Wounds and dressings

...Pain medicine

...What to do about...

...You should...

...Temperature, moderate

...High

...Bleeding

...Problems such as...

...To severe pain

...Stop drinking

...Drink and time to

...What you can

...Diet / Food

...How long you

...Preparation for your operation.

...Before coming to hospital

...During your hospital stay

...After you leave hospital

...You have been given this guide because you are having an operation.

...This booklet will help with:

...You need to do'?

...You should…

...What to leave

...What to bring

...What to do about... You should…

...Your guide to the Perioperative Service at __________________________.

...Car parking is available, however costs may be involved.

...The entrance to the car park is at __________________________ or __________________________.

...When you arrive at the hospital, make your way to __________________________. You can find us by __________________________.
WHAT HAPPENS WHEN YOU GO HOME?

Before you go home, a nurse will help you complete the following information. If you had a day procedure, a nurse from the Perioperative Service may telephone you the next day to check how you are doing.

<table>
<thead>
<tr>
<th>What do I do about...</th>
<th>You should...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain medicine</td>
<td>Follow the instructions on the packet</td>
</tr>
<tr>
<td>Wounds and dressing</td>
<td>Leave your dressing intact for days. When you shower you should</td>
</tr>
<tr>
<td>Activity</td>
<td>Exercise:</td>
</tr>
<tr>
<td></td>
<td>Lifting:</td>
</tr>
<tr>
<td></td>
<td>Driving:</td>
</tr>
<tr>
<td></td>
<td>Working:</td>
</tr>
<tr>
<td>Diet / Food you can eat</td>
<td>Or diet.</td>
</tr>
<tr>
<td></td>
<td>or food.</td>
</tr>
<tr>
<td>Toilet</td>
<td>Be aware that pain tablets prescribed after your operation can make you constipated. Contact your GP for advice.</td>
</tr>
<tr>
<td>Problems such as bleeding, high temperature, moderate to severe pain</td>
<td>Contact on (02) and ask for</td>
</tr>
<tr>
<td>Follow up appointment</td>
<td>You will need to see:</td>
</tr>
<tr>
<td></td>
<td>Dr</td>
</tr>
<tr>
<td></td>
<td>Date</td>
</tr>
<tr>
<td></td>
<td>Time</td>
</tr>
<tr>
<td></td>
<td>Place</td>
</tr>
<tr>
<td>If you have any questions, please call:</td>
<td></td>
</tr>
</tbody>
</table>

What’s on my legs?

Before and after surgery the nurses might help you put on tight fitting stockings. These help to keep blood circulating while you are having your surgery. These stockings are fitted to reduce the threat of a blood clot forming in your legs. We call these clots Deep Vein Thrombosis or DVT.

<table>
<thead>
<tr>
<th>THERE ARE 3 MAIN TRIGGERS OF BLOOD CLOTS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Not moving for long periods of time. For example, having to stay on bed rest, or travelling on longs trips without getting up and walking around.</td>
</tr>
<tr>
<td>2. A hospital stay for an extended time. More than 60% of all blood clots are caused by this.</td>
</tr>
<tr>
<td>3. Surgery, especially hip and knee surgery and surgery for cancer, puts a patient at higher risk.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>THERE ARE ALSO SOME OTHER RISK FACTORS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Being overweight can increase the chance of developing a clot. You should try to stay active before surgery.</td>
</tr>
<tr>
<td>• Cigarette smoking. You should avoid cigarettes.</td>
</tr>
<tr>
<td>• Using oestrogen based medicines like the oral contraceptive pill and hormone replacement therapy. Talk to your local doctor before any surgery.</td>
</tr>
<tr>
<td>• Being pregnant or having recently given birth</td>
</tr>
<tr>
<td>• Older age</td>
</tr>
<tr>
<td>• Heart disease</td>
</tr>
<tr>
<td>• A family history of blood clots.</td>
</tr>
</tbody>
</table>

If you have been given anti-blood clot stockings, wear them day and night while you are in hospital. You can take them off when you have a shower or bath. Some patients will not be provided with stockings as they can make lower leg conditions worse. Please ask your nurse or doctor if you should be wearing stockings. Some patients will have a special lower leg (call) compression device fitted while they are having surgery. This machine will squeeze the feet and lower legs to help keep blood circulating while in surgery and in the days afterwards.

THE SYMPTOMS OF A DEEP VEIN THROMBOSIS (DVT) MAY INCLUDE: |
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Pain and tenderness in the leg</td>
</tr>
<tr>
<td>• Pain on extending the foot</td>
</tr>
<tr>
<td>• Swelling of the lower leg, ankle and foot</td>
</tr>
<tr>
<td>• Skin that is red and warm.</td>
</tr>
</tbody>
</table>

It is very important that you tell us if you notice any of these symptoms.

<table>
<thead>
<tr>
<th>TED anti-embolis stocking</th>
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</thead>
</table>

Tables used with permission from Anaesthesia Perioperative Care Network: Agency for Clinical Innovation.
PAIN RELIEF AFTER SURGERY

Pain is our body’s way of telling us that something is wrong.

You may have pain following surgery. This pain should go away after the area operated on has healed. After your surgery, you will be given pain relief as you need it. The most common way to control acute pain is to take pain relieving medicines.

You will be asked to rate your pain when you are resting and moving. Pain is assessed regularly after your surgery.

You will be asked by your nurse or doctor to score how bad your pain is while you are lying still, and also while you move or cough. The hospital staff may use a pain scale to help assess the amount of pain you have. You need to give your pain a rating out of 10, which best represents your pain.

You will give a number between 0 (no pain) and 10 (worst possible pain). This describes how much pain you feel in your surgery site or wound. The pictures above will help you rate your pain.

You will be asked to do this regularly to help your nurses and doctors choose the best medicine and dose for you. Although we would like to take away all the pain and discomfort, sometimes pain cannot be removed completely. Our aim is to make you as comfortable as possible. This especially includes when moving around and performing activities.

PAIN RELIEF IS IMPORTANT

As well as making you more comfortable, good pain relief may help in faster recovery, even for those who have major surgery.

Good pain control can help you:

- Be more comfortable after your surgery.
- Get well faster. With less pain, you can start to walk, do your breathing exercises and get your strength back more quickly.
- Improve your results. People whose pain is well controlled do better after surgery with less problems.

Do not wait until the pain becomes very bad. If pain is treated early the medicine can make it go away quickly. Tell your nurse when you need pain relief or if you did not get better after taking the medicine.

Pain can almost always be relieved, and a variety of methods are available. These include:

- Tablets
- Occasional injections (needles)
- Patient Controlled Analgesia (PCA) – small doses of pain medicine controlled by you via a drip
- Local anaesthetic given near your wound that stops the feeling of pain
- Epidural anaesthesia given into your back that blocks the pain over your wound
- Regular Paracetamol is often the best treatment for mild to moderate pain.
- For more severe acute pain, stronger medicines are given. Morphine, Fentanyl or Oxycodeone are examples. They are also called opioids.

If you have wound pain we may give you anti-inflammatory drugs. By adding 2 or more medicines that work in different ways, smaller amounts of the strong opioid medicine may be needed. You should always ask your doctor what medicine is safest after surgery.

The aim of good pain control is pain relief without unpleasant side effects. Anaesthetists are doctors who look after your medicine during your surgery. They also specialise in pain relief. The Acute Pain Service is part of the Anaesthetic Department. An Anaesthetist and a nurse may see you at least once a day from the Acute Pain Service as well as the doctors and nurses who provide your regular ward care.

Do not wait until any pain becomes very bad. If pain is treated early our medicines can make it go away quickly. Tell your nurse when you need pain relief.

What if something goes wrong after surgery

After your surgery you will recover and head home. You must have someone stay with you the night after your surgery. If you don’t have a family member or friend able to pick you up and stay with you please tell the hospital staff before your surgery. We want you to have your surgery but we also want you to be safe afterwards. You might also need someone to help you in the days and weeks after surgery. This could be a family member, friend or even a neighbour.

If you feel unwell, have severe pain or notice something doesn’t look quite right: you need to see a doctor. This could be your local doctor, specialist or you might need to go to your nearest emergency department.

GO TO YOUR NEAREST EMERGENCY DEPARTMENT OR DIAL 000 IF YOU NOTICE:

- Uncontrollable bleeding
- Chest pain or chest tightness
- Difficulty breathing
- A change in alertness on unable to wake up
- Sudden onset of weakness, numbness or paralysis of the face, arm or leg
- Sudden collapse or unexplained fall
- Unexplained fitting in adults
- Blood that appears when vomiting, coughing or with bowel movements
- Do not drive yourself to the emergency department.

CONTACT YOUR LOCAL DOCTOR OR SPECIALIST IF YOU NOTICE:

- Redness around your wound
- Slowly increasing pain not controlled with your usual medicine
- Increasing swelling around the surgery area
- A bad smell or pus coming from the wound
- Broken stitches or the wound opens up
- Feeling hot or cold, or having a fever
- Constipation or trouble with bowel movements
- Anything that is worrying you or your family after surgery

HEALTHDIRECT AUSTRALIA • 1800 022 222

Healthdirect Australia is a 24-hour telephone health advice line staffed by registered nurses to provide fast and simple expert advice on any health issue and what to do next.

Healthdirect Australia can be used when:
Someone is sick and you’re not sure what to do
You want expert advice about a health issue and what to do next
You need to know where to find after-hours health services or pharmacies

Your doctor will tell you when you can get back to activities such as driving or exercise.
The NSW public hospital system wants to ensure all patients have timely access to health care and are admitted to hospital according to their clinical need.

The Surgery Access Line has been established to:

• provide you with an independent information service regarding booked admissions to NSW public hospitals.
• enquire on your behalf and investigate surgery options that are available for you.

waiting times for hospital admissions for your elective surgery please call 1800 053 456 (free-call) Monday to Friday during business hours.

For more information about waiting times visit the NSW Health website at:
www.health.nsw.gov.au

The Surgery Access Line staff will be able to provide you with information regarding your current waiting time and will investigate options for earlier treatment either at your local hospital or another hospital with another surgeon.

An initiative of the NSW Government