

Department name - Pre-operative assessment service

Pre-operative assessment information pack

Information for patients

Introduction

This booklet has been designed to provide you with information in preparation for your operation or procedure.

What happens at pre-operative assessment?

Your appointment helps us to prepare you safely for your procedure or operation, and identify any areas we can help improve with your general health before having an anaesthetic.

In order to safely assess your suitability for, we will need to learn about your medical and surgical history, the medication that you are taking and any previous medical issues.

Things to bring on the day of your appointment

On the day of your pre-assessment, we would like you to bring with you:

- a written list or prescription of your medications
- a list of your previous operations or illnesses (please do not worry if you cannot recall the exact dates)
- if you have received any previous copies of hospital doctors' letters, please bring them with you, do not worry if you cannot bring them, but it will be very helpful to us if you do
- your contact details and details of your GP

If there is a problem with speaking English, call 0203 311 6611 to book an interpreter for your pre-operative assessment with our staff in the waiting list office.

What will happen at your appointment?

On your arrival at the clinic, you will be asked to confirm your name, address, contact details and GP details.

You will be greeted by a healthcare assistant who will do routine observations such as your height, weight, blood pressure, heart rate and you will have some routine skin swabs taken. Some patients may also require a urine sample.

You will then have a consultation with one of our specialist nurses who will take a detailed medical history from you.

The amount of time required for this consultation will depend on your medical history, your operation and the investigations required. Please **allow 45 minutes for this consultation** but also be aware that if further investigations are required then it can take **up to four hours** to complete your full assessment and investigations.

Some routine investigations may also be carried out on the same day such as blood tests and ECG. Depending on your medical assessment and the proposed operation, you may also need to be reviewed by an anesthetist. If you do require an anaesthetic review, we will arrange an appointment at your earliest convenience.

After the appointment, you will be given information about

- not eating before your operation (as applicable)
- medication advice
- what to expect on the day of admission
- further information about your procedure (where possible)

A brief explanation of tests carried out at your pre-assessment appointment

MRSA skin swab - methicillin resistant staphylococcus aureus

This is a test to take samples from your nose and groin, it is not painful. MRSA is a type of bacteria which can live on your skin harmlessly and does not usually cause problems. However, if the bacteria get into the wound/catheter or a drip it can cause infection. Do not worry if you are found to have these bacteria on your skin. We will contact you and, give you further information and write to your GP to prescribe creams and washes to remove the MRSA before your operation.

CRE rectal swab - carbapenemase producing enterbacteriaceae

This sample is only taken from some patients who have had a stay in hospital within last 12 months. It is a painless swab taken from your bottom (rectum) to assess if you are a carrier of this infection.

ECG - electrocardiogram

This painless test is to measure the electrical activity of your heart and to detect abnormal heart rhythms. Not all patients require this test. Plasters are used to fix monitoring leads across your chest and limbs. The results are recorded on a piece of paper and the procedure takes approximately five minutes.

Echocardiogram

This is an ultrasound scan of your heart and only some patients would require this test. This is done to check how well your heart's muscle and valves are working. A lubricating gel is applied to your chest and an ultrasound probe is placed on this gel to take the scan. The test is painless and lasts for 20 to 40 minutes.

Pulmonary function (PFT) or spirometry test

These tests are performed to check the function of your lungs. They last for 30-40 minutes. You are requested to breathe into a mouthpiece which is attached to recording device and is printed out in a chart.

A brief guide to anaesthesia

What is anaesthesia?

- anaesthesia stops you feeling pain and other sensations
- it can be given in various ways and does not always make you unconscious.
- local anaesthesia involves injections that numb a small part of your body. You stay conscious but free from pain.
- regional anaesthesia involves injections that numb a larger or deeper part of the body
- you stay conscious but free from pain
- general anaesthesia is a state of controlled unconsciousness. It is essential for some operations. You are unconscious and feel nothing.

What do anaesthetists do?

Anaesthetists are doctors with specialist training who will:

- discuss the type or types of anaesthetic that are suitable for your operation
- talk over the choices available and help you choose what is best for you
- discuss the risks of anaesthesia with you
- agree a plan with you for your anaesthetic and pain control
- give you the anaesthetic and care for your wellbeing
- ensure your safety throughout the surgery
- manage any blood transfusions you may need
- plan your care, if needed, in the intensive care unit
- make your experience as calm and pain free as possible

How you can prepare for surgery

Preparing for surgery will assist you in your recovery

Smoking

We recommend that you stop smoking prior to your operation, the earlier you stop the better your body will have recovered from the effects of smoking. Smoking reduces the amount of oxygen being delivered to the tissues and oxygen is important for healing and reduces risks of chest and circulatory problems.

Fasting

You will be advised to stop eating for six hours before you have surgery. However, you can drink water and black tea or coffee for up until two hours prior to your operation. This is important so that you do not arrive to hospital feeling dehydrated.

Possible post-operative complications

The surgeons will have discussed many of these already with you as part of gaining your consent for surgery. Some you may have already heard of like:

Deep vein thrombosis

This is when a blood clot develops in the deep veins in your legs due to slowing down of blood flow due to lack of mobility after your operation. If a clot breaks away, it can move around to another part of your body and block an important blood vessel. You will be measured for anti-embolism stockings on the day of your operation which prevent clots by applying gentle pressure by copying the action which the leg muscles normally require when walking.

Pulmonary embolism

This is when a part of a clot formed in your leg has travelled to your lungs. Commence gentle mobilisation after your operation increasing more each day in between rest periods

Wound infection

The wound after an operation can get infected unless properly cared for. Please ensure the dressing covering your wound is kept clean and dry. The discharging nurse will advise you when the dressing will require changing and arrange an appointment if you require it to be performed by the medical professional.

Pain relief after surgery

Good pain relief is important and some people need more pain relief than others. It is much easier to relieve pain if it is dealt with before it gets bad.

Pain relief can be increased, given more often, or given in different combinations.

Occasionally, pain is a warning sign that all is not well; therefore, you should always report it to your nurses and seek their advice and help.

Pain relief is given in different ways:

pills, tablets or liquids - are all swallowed and they take at least half an hour (30 minutes) to work. You need to be able to eat, drink and not feel sick, for these drugs to work.

injections - these are often needed, and may be intravenously given through your cannula. A cannula is a small plastic device that is inserted into your arm to allow fluids or drugs to be injected directly into your vein for a quicker effect. You may also have intramuscular injections which are given into your leg or bottom (buttock area) muscle. This method using a needle takes about 20 minutes to work.

suppositories - these are waxy pellets that are put in your bottom/back passage (rectum), the pellet dissolves and the drug passes into the body. They are useful if you cannot swallow or if you might be sick / vomit.

patient-controlled analgesia (PCA) – the PCA is a machine that allows you to control your pain relief yourself, the medicine enters your body through your cannula. If you would like more information, ask for a leaflet on PCA.

local anaesthetics and regional blocks - these types of anaesthesia can be very useful for relieving pain after surgery. More details can be found in the leaflet Epidural pain relief after surgery (www.rcoa.ac.uk/document-store/epidurals-pain-relief-after-surgery).

What will happen on your admission day - the day when you come to hospital for your operation?

On the day of your admission you will be met by the admission and theatre staff that will re-check your details and your observations - blood pressure, pulse, oxygen levels.

You will be measured for anti-embolism stockings. These fit snugly on your legs and are designed to prevent you getting blood clots while you are less immobile and at a higher risk of developing complications due to your having surgery. You will be able to remove the stockings once you are more mobile.

Your surgeon will also meet you and will discuss the operation you are having and any potential risks involved.

The anaesthetist who will look after you during the operation and afterwards, will also meet with you and answer any questions you may have.

Some important points to remember:

- only bring what you will need with you
- you are advised not to bring anything valuable or of sentimental value
- if you are a day case patient you will need someone to take you home to avoid the postponement of your surgery or procedure
- remove nail polish on fingers and toes

If you are staying in hospital please bring:

- toiletries like a toothbrush, wash bag, towel
- one item of nightwear
- a dressing gown
- suitable indoor footwear like a pair of slippers
- medication in the original packaging

And if you feel unwell within 48 hours of your admission with a chest infection or you are vomiting and have diarrhoea or similar as these are all reasons why your admission may have to be postponed. Please call 0203 311 6611 and speak to our staff in the waiting list office.

How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3313 0088** (Charing Cross, Hammersmith and Queen Charlotte's & Chelsea hospitals), or **020 3312 7777** (St Mary's and Western Eye hospitals). You can also email PALS at pals@imperial.nhs.uk. The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to express your concerns in **writing** to:

Complaints department
Fourth floor
Salton House
St Mary's Hospital
Praed Street
London W2 1NY

Alternative formats

This leaflet can be provided on request in large print, as a sound recording, in Braille, or in alternative languages. Please contact the communications team on **020 3312 5592**.

We have a free and premium wi-fi service at each of our five hospitals. For further information please visit our website: www.imperial.nhs.uk