

# GET READY for your surgery

What to expect and do before and after your surgery



A Hunter New England Local Health District publication



# About this booklet

Your specialist has said that you need surgery. This booklet will help you get ready for your surgery. It will help you to plan for your hospital stay and provides information on what to do and what to expect before and after your surgery. It includes things you can do now to improve your health in preparation for your surgery.

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# First things first

## Please...

Read this booklet before your surgery. Show it to your family, friends and carers who may help or support you before and after surgery.

The earlier you start getting ready for your surgery the better health condition you will be in.

Reading this booklet over time and by each section may be most helpful for you.

- The **orange** section of this booklet has information to help you to improve your health before surgery. It explains why this is important to reduce your risk of developing complications.
- The **purple** section has information about the 3 days before your surgery takes place.
- The **dark orange** section gives you information about the day of your surgery.
- The **light blue** section explains what happens immediately after your surgery.
- The **green** section has information about going home from hospital and what kinds of things to watch out for.

We want to work with you in partnership with your care, treatment and health decisions. If you would like to have a family member, friend or carer be with you when you talk with your doctor, please let us know so that this can be arranged. If you need extra support with communication or language, please tell us so we can work with you to support you in hospital.

If you have questions about any information in this booklet, please show your GP, hospital doctor or nursing staff the section of the booklet that you want to know more about. It can be helpful to write your questions down before your appointment as it is easy to forget them when you are in a medical appointment.

**Tell hospital staff if you change your postal address, email address or your home or mobile phone numbers at anytime in the lead up to your surgery.**



Hunter New England Local Health District (HNE Health) respectfully acknowledges Aboriginal people as the traditional owners and custodians of the land in which our health facilities are located. We pay respect to the Elders, community members and the community-controlled sector who partner with us to improve health outcomes for Aboriginal and Torres Strait Islander people in our District.

# Booking in for surgery

## Be an active partner in your own care

Having surgery and being in hospital can be a difficult, anxious and confusing time for people.

Our doctors, nurses and staff are there to help you and keep you safe. It's our job to make sure you are given health information in a way that you can understand and to explain the risks and benefits of your surgery and treatment.

We want you to be a partner in your care, treatment and the decisions that affect you.

Don't be afraid to speak up.

Please ask us if there is something you don't understand, aren't sure of, want repeated, or would like more information about.

## Booking in for surgery (you must book in at the hospital for your surgery)

Your surgeon will talk with you about what your health problem is and why they are recommending an operation.

If you agree to have the operation, your surgeon will give you a booklet that needs to be filled in and returned to the hospital admission office.

The booklet tells the hospital about the surgery you will be having, your health history and which doctor will do the operation.

In the booklet, there are questions about your health, your medications and other information.

You, a family member or friend will need to complete the booklet to help your doctor plan for your operation and recovery.

Return the completed booklet to the hospital Admission Office. Your name will then be placed on a wait list for surgery.

## Electronic Referral for Admission (eRFA)

If you see a Doctor in an outpatient clinic and some private rooms, they may use an electronic Referral For Admission (eRFA) form.

If your doctor uses an eRFA form they will explain what documents you need to sign and fill out to book into hospital.

You may be asked to take the signed form to the admission office and complete other forms.

## Have you:

- Filled in the 'patient' section of the planned procedure booklet?
- **Signed the operation consent form?**
- Returned the filled in patient booklet to the hospital Admission Office?
- **Remember - the hospital does not put your name on a surgery wait list until the booklet has been filled in, the consent signed and returned to the Admission Office.**

The image shows the 'Adult Planned Procedure Booklet' form from Hunter New England Local Health District. It includes a table of contents with page numbers and a 'Please note' section. The table of contents lists: Administration Information (2), Request for Admission (3 & 4), Request/Consent Form - Adult (5 & 6), Pre-admission Triage Checklist (7), Patient Details (8), Patient Health Questionnaire (9, 10, 11 & 12), and Discharge Planning Questionnaire (13). The 'Please note' section states that booklets received by the hospital with incomplete data on pages 3-6 may be returned to the Specialist/Medical Practitioner for completion. It also mentions that no abbreviations should be used when completing the booklet. A 'Please check here' box is provided for the patient to sign, with a date field and a box for the patient's name. The bottom of the form has a section for 'When you have completed the patient sections of this booklet (blue margins) PLEASE TAKE OR MAIL TO:' with a box for the patient's name and a box for the date.

# Surgery wait lists

Your doctor will discuss with you an approximate time frame for your surgery. Operations may be planned up to a year ahead. You and your GP will receive a letter or email confirming that you are on the surgery wait list. This letter or email **will not** have the date of your operation. You will be sent another letter when your operation date has been allocated for you.



# Staying active

## Maintain a healthy weight

More than 6 out of 10 Australian adults are overweight or obese.

If you are overweight you are at a higher risk of problems with your anaesthetic and surgery, such as infection, difficulty breathing, and blood clots in your legs and lungs.

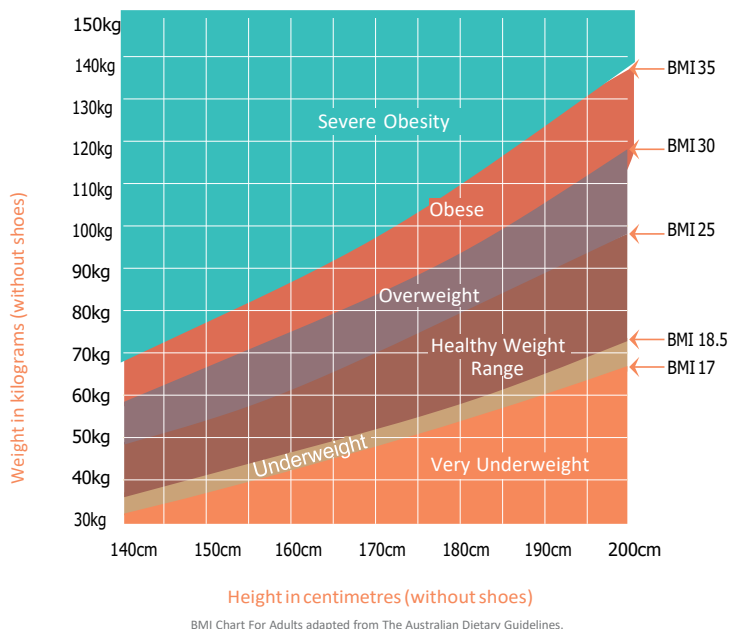
People with excess weight are more likely to need a blood transfusion and may find it takes them longer to recover after surgery.

An important part of medical planning is that everyone talks openly about risks and concerns that being overweight can cause.

**Discussing health weight will improve the chances of successful surgery and recovery.**

## What is my healthy weight?

Use the table below to see if you are in a healthy weight range for your height.



Staying active and managing your weight before your surgery will help you during your anaesthetic, your surgery and afterwards with your recovery.

## Your GP can help you get ready for surgery

Book an appointment with your GP to talk about what you can do to be in good shape for your operation. Your GP can talk with you about healthy eating, being a healthy weight and the right type of physical activities you can do while waiting for your surgery.

## Physical activity

**Doing some physical activity is better than doing none.**

Being active helps to improve fitness, control weight and keep muscles and joints healthy before surgery.

Aim to be active every day, regardless of your age.

## Try to:

- ✓ Be active on most days in as many ways as you can.
- ✓ If possible, build up to doing 30 minutes or more of physical activity each day.
- ✓ Do activities like the ones below at least twice a week to give you strong muscles.

## Most people will benefit from these exercises

Swimming or exercises in water

Stretching and gentle strengthening

Balance exercises

Cycling

Walking at a comfortable pace. (Talk with your GP first if you are having joint surgery.)

# Information and advice

The Healthy Weight Guide at [healthyweight.health.gov.au](https://healthyweight.health.gov.au)

Get Healthy is a free confidential telephone coaching and advice service via [gethealthynsw.com.au](https://gethealthynsw.com.au) or free call 1300 806 258

# Healthy eating before surgery

Good nutrition is important for health. It is very important in the lead-up to your surgery.

Your body will be in its best state to deal with the stress of surgery when you eat a healthy, balanced diet. This will help your recovery.

Not eating well means you are more likely to have problems after surgery. Your wounds may take longer to heal and you may get infections.

It is very important for older people to eat healthy foods and keep physically active to help maintain muscle strength.

## Protein and energy in food

Protein helps your body grow and repair muscles and tissue. This is particularly important for your recovery.

Increase the protein in your diet as soon as you can.

Include protein foods as part of every meal and snack. Protein foods include:

- Meat
- Chicken
- Fish
- Dairy (milk, cheese, yoghurt)
- Eggs
- Nuts
- Lentils and legumes (such as baked beans).

It is important to keep having healthy food and drinks after surgery to help your body heal and recover.

Try to include foods that boost healthy iron levels such as lean red meat, chicken, turkey and seafood. Look for iron enriched foods such as cereals and bread.

## Having trouble eating?

If you are having difficulty eating due to a poor appetite, or have recently lost weight without trying, please tell your GP.

Being underweight can cause problems and may slow down your recovery after surgery.

Eating more protein and having nutrition supplement shakes may be helpful. Ask your GP for advice on how to increase your weight to a healthy level.

## Do you have diabetes?

Diabetes can cause difficulties before, during and after your surgery.

Type 2 diabetes is an increasingly common long term health issue for Australians. Check your risk of developing diabetes at [www.diabetesaustralia.com.au/risk-calculator](http://www.diabetesaustralia.com.au/risk-calculator)

Talk to your GP about your diabetes risk if you score a moderate or above risk profile or have other family members with diabetes.

Your GP can do a simple finger tip blood test to check your blood glucose levels.

If you have already been diagnosed with diabetes talk to your GP about your risk and ask them to measure the amount of sugar in your blood (HbA1c). This tells your doctor if your body is processing sugar as it should be.

If your blood sugar is too high, this may increase your risk of infection and other problems after your surgery.

Your GP can help you to reduce your blood sugar levels if needed.

Being overweight increases your chance of developing diabetes.

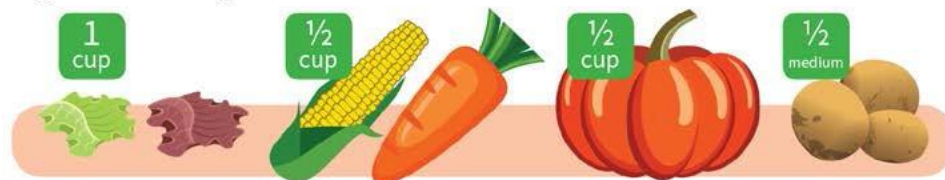
# Information and advice

The Make Healthy Normal website has good dietary information and tips, including suggestions for Aboriginal and Torres Strait Islander people.

It also has information in non-English languages [makehealthynormal.nsw.gov.au/food](http://makehealthynormal.nsw.gov.au/food)

It is best to eat a wide variety of healthy foods, drink plenty of water, and avoid drinking alcohol. **The green box tells you the amount of food that equals one serve**

#### Vegetables and legumes



Serves per day			
	19-50 years	51-70 years	70+ years
Men	5	5 1/2	5
Women	5	5	5

#### Fruit



Serves per day			
	19-50 years	51-70 years	70+ years
Men	2	2	2
Women	2	2	2

#### Grain, (cereal) foods, mostly wholegrain and/or high cereal fibre varieties



Serves per day			
	19-50 years	51-70 years	70+ years
Men	5	5	4 1/2
Women	5	4	3

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



Serves per day			
	19-50 years	51-70 years	70+ years
Men	3	2 1/2	2 1/2
Women	2 1/2	2	2

#### Milk, yoghurt, cheese and/or alternatives, mostly reduced fat



Serves per day			
	19-50 years	51-70 years	70+ years
Men	2 1/2	2 1/2	3 1/2
Women	2 1/2	4	4

The free Get Healthy coaching service and website has simple, easy-to-read information and advice on healthy eating, healthy weight, getting active and reducing the amount of alcohol you drink.

It also provides specific coaching and materials for Aboriginal and Torres Strait Islander people.

Visit [gethealthynsw.com.au](http://gethealthynsw.com.au) or phone 1300 806 258.

# Healthy blood and iron levels

## Anaemia

Having a low number of red blood cells (haemoglobin) is called anaemia. Having anaemia may delay your surgery or recovery after your operation.

If you have anaemia you may feel tired, dizzy, short of breath, have an irregular heartbeat, and perhaps even chest pain.

Anaemia can be caused by many things.

Your GP or anaesthetist may order a blood test to check your red blood cell and iron levels before you have your operation.

If your blood tests show low iron levels, you may need to take iron tablets or have an iron infusion. If you need an iron infusion, your GP or anaesthetist will talk to you about the risks and benefits of this and will organise it for you.

It is a good idea to talk to your GP about foods that increase iron levels as you prepare for surgery.

## Surgery and blood loss

Your healthcare team will try to minimise any blood loss during your surgery. It is important that you tell your doctors if you:

- have any current or past medical problems (for example kidney or heart problems or cancer).
- are currently on, or have recently taken blood-thinning medications including over the counter supplements, such as fish oil.
- have any **blood thinning medication changes** before your surgery.

## Blood transfusions and surgery

Occasionally, some patients may need a blood transfusion to make sure they have enough blood and oxygen flowing to their heart, brain and other vital organs. A blood transfusion may be needed before, during or after your surgery.

As part of the consent process, your doctor will discuss if you may need a blood transfusion and will gain your consent. You have the right to refuse a blood transfusion.

## 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.

## 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 transfusions are used only when really needed.

A blood transfusion is an organ transplant and comes with inherent risks.

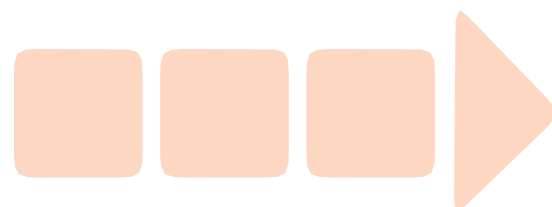
Adapted from NPS MedicineWise and the National Blood Authority's Fit For Surgery Fit For Life patient support infographic

# Information and advice

If you would like to know more general information about blood transfusions, please visit [www.cec.health.nsw.gov.au/keep-patients-safe/blood-watch/information-for-patients](http://www.cec.health.nsw.gov.au/keep-patients-safe/blood-watch/information-for-patients) and download the PDF.



# Smoking, alcohol, prescription and other drugs



## Smoking

Smoking affects your surgery and recovery.

It puts strain on your heart and increases your chance of blood clots. It also makes it harder for you to breathe and increases your risk of infection.

Your operation may not take place if you have not followed your doctor's advice to stop smoking. You will benefit from stopping now – regardless of when your surgery is.

### What you can do

There are a few things that you can do to help you cut down or quit smoking.

Nicotine replacement therapy (NRT) can help reduce the nicotine cravings and can make a big difference in quitting smoking.

NRT comes in patches, gum, sprays and lozenges and can be bought from a supermarket. Some NRT can be prescribed for you by your GP.

Some people find that using 2 different forms of NRT (for example a patch and a gum) can really help with reducing smoking.

There are some prescription medications that block the nicotine receptors in your brain, so smoking is less enjoyable. These medications may not be right for everyone.

Talk to your GP about whether NRT or medication is right for you.

### Our hospitals are smoke-free

This is for your health and the health of others.

No smoking is allowed inside our buildings or on hospital grounds. This includes stairwells, toilets or outside the front of our buildings.

Your healthcare team can arrange nicotine replacement therapy for you if you feel the urge to smoke during your stay in hospital.

## Alcohol

Do not drink alcohol for at least 24 hours before your anaesthetic. Your surgery may be cancelled if you do.

Alcohol stops your body healing well and can make it more difficult for the anaesthetic to work. Heavy alcohol use can cause bleeding during surgery.

If you regularly drink 3 or more standard alcoholic drinks a day, reducing your alcohol intake for at least the 4 weeks before your operation can reduce the risk of complications during and after your surgery.

### Prescription painkillers

It can be harder to treat pain after surgery for patients who have already been regularly taking strong painkillers such as oxycodone or endone.

Reducing how much and how often you use these prescription medicines before coming to hospital will help any pain medication given after surgery to work better.

Talk to your GP about reducing your dose and use.

### Illicit drugs

Illicit or recreational drugs can affect your anaesthetic during surgery, your recovery afterwards, and change the way your body responds to pain medication.

### Tell your anaesthetist

Your anaesthetist needs to know whether you smoke, drink, use prescription or non prescription drugs so they can adjust your anaesthetic and pain management to suit your needs during and after your operation.

**This is an important part of anaesthetic planning for your comfort and safety.**

The Quitline: Phone **137848** or [quit.org.au](http://quit.org.au)  
Aboriginal Quitline: Phone **137848**

National Cannabis Prevention & Information  
[cannabissupport.com.au](http://cannabissupport.com.au) or phone **1800304050**

# Having an anaesthetic

Anaesthetic medicines work by blocking the signals that pass along your nerves to your brain and makes it possible for your body to go through an operation.

## Different types of anaesthesia

**Sedation:** Helps you to feel relaxed, more comfortable and to have little or no memory of the procedure.

**Regional:** Numb a specific area of the body (eg epidurals used in childbirth).

**General:** Temporarily stops you from being aware, feeling pain and forming memories. It is a carefully controlled state of unconsciousness.

## Risks

Modern anaesthesia is incredibly safe. About 1 in 10 people feel sick after a general anaesthetic and about 1 in 100 will experience a sore throat.

Other complications such as breathing difficulties or serious allergic reaction are far less common but do occur. Your anaesthetist will talk to you about this before you have surgery.

Patients with more than one medical condition may be at higher risk of complications.

## Sleep apnoea

General anaesthesia or sedation is a risk for people with untreated sleep apnoea. These people can stop breathing or not breathe properly after surgery.

Sleep apnoea can be made worse by the strong painkillers that may be used after your surgery.

Sleep apnoea is often associated with snoring and sleepiness during the day.

Sleep apnoea is a medical condition. Not everyone who snores has sleep apnoea.

### Talk to your GP about sleep apnoea if you tick three or more of the following:

- ☐ I snore loudly enough to be heard through closed doors
- ☐ I often feel tired or sleepy during the daytime, such as falling asleep during driving or talking to someone
- ☐ I have stopped breathing or choke or gasp during my sleep
- ☐ I am being treated for high blood pressure
- ☐ I am overweight (refer to your BMI)
- ☐ I am more than 50 years old
- ☐ My shirt collar is larger than 43cm (men) and 41cm (women)
- ☐ I am male



# Information and advice

Watch this short video to learn more about anaesthesia at <https://vimeo.com/291434155>

Before your surgery, a specialist doctor called an anaesthetist will assess your health and talk to you about your anaesthetic for your surgery.

If required, the anaesthetist will speak with you at a pre-admission clinic appointment, either in person or by phone.

Your anaesthetist will remain with you during surgery to monitor your heart and breathing, give you oxygen, and make sure you remain safe and comfortable. After surgery, they will take you to the recovery room and organise your pain control.

Please tell your anaesthetist:

- All of your medical conditions – no matter how big or small the problem is and even if it is well treated.
- All of your medications. You will be able to continue taking most of these normally, however there might be some special instructions for some types of medication.
- If you take **blood thinning medication** at any time before your surgery, including any changes or stopping this medication.
- Your weight and level of fitness.
- If you smoke, drink alcohol or take any other recreational drugs.

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Arrange for someone to drive you home after day surgery and to stay with you overnight for at least the first night.

# Preparing for hospital

## Your surgery date and hospital stay

Your surgeon will discuss whether you will need to stay in hospital after your operation or whether you can expect to go home on the same day as you have your surgery.

Some patients may need to be admitted to hospital in the days before their operation. Others will only need to come to the hospital on the morning of their operation. Your doctor will speak with you about your admission plan. We will let you know the date for your admission.

You will receive a confirmation letter that will also include a telephone number for you to call to:

- confirm that you can attend on the required day, and
- ask any questions you may have.

## Tell us as soon as possible if:

- You are unable to attend the hospital due to work or family commitments.
- You have found out that you are pregnant.
- There is a new medical problem or medication we don't know about.
- You don't have anyone to take you home after your surgery.
- You have changed your mind about surgery.
- You have changed your mind about where you want to have your surgery.
- You have concerns about your surgery.

## Pre-admission clinic

In the days or weeks before your operation, some patients may need to attend a pre-admission clinic for tests and an appointment with the anaesthetist.

A pre-admission clinic appointment is to discuss plans and health assessments for your upcoming surgery. Hospital staff will let you know if you need to attend a pre-admission clinic.

## What should I do if I am feeling unwell?

If you are unwell within the 3 days before your surgery please call the admission office at the hospital where your surgery is booked or contact your local doctor (GP) for advice.

Call us if you have any of the following:

- Temperature or fever – feeling hot or cold.
- Sore throat, cough or other breathing problems.
- Rash or swelling.
- Feel generally unwell.
- A cut, break or tear in your skin.
- Any infected wounds.
- Diarrhoea or vomiting.
- A recent unplanned visit to an emergency department or GP.

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

Letting us know early also means someone else waiting for their surgery can be contacted to have their operation.



# Information and advice

Use your **Coming to Hospital Checklist** on **page 14** when the hospital calls.

Have a pen handy to write down any instructions to help you remember what you need to do the night before and the day of your surgery.



### Keep your phone handy

The hospital may contact you in the days and weeks before your surgery.

### It is important that you:

Answer your phone in the 5 days leading up to your surgery.

The hospital will call you to check that you are well enough for your operation.



The hospital call may come up as a 'hidden', 'private' or 'No caller ID' number.

The caller will identify that they are from the hospital when you answer.

### Mobile phone contact

- If you would prefer us to contact you on your mobile phone, please make sure we know the number.
- Let us know if you change mobile phone numbers.
- Sometimes we might send a text message to your mobile phone.
- Please read the message carefully as it might tell you what to do on the day of your surgery.

### Please leave precious items at home

When you are admitted to the hospital, there will be times that you will be away from your hospital bed having tests or surgery.

Please only bring items that you will need during your stay.

Avoid bringing valuable items such as jewellery or large amounts of cash to the hospital.

Our hospitals cannot take responsibility for lost, stolen, damaged or misplaced items.



### Packing for hospital

- Comfortable clothing to wear during the day.
- Pyjamas or nightwear labelled with your name.
- Toiletries (toothbrush, toothpaste, shaver, deodorant etc).
- Comfortable footwear such as non-slip slippers or joggers.
- ALL of the medicines you are currently taking. Please bring them in their original packaging.
- ALL of the x-rays and scans related to your surgery. Please also bring any other x-rays or scans you have had in the last 12 months.
- Your Medicare card and, if you have them, please also bring your:
  - Health benefit card
  - Pensioner health
  - Health fund membership card
- A small amount of cash (\$20 or less) to buy snacks and other day-to-day items.
- Communication aids or management plans
- Glasses and any other personal aids such as hearing aids, walking aids and dentures.
- If you are bringing your mobile phone remember to pack your charger.
- Pen and paper to write down important information or questions to ask your doctor.

If you are having day surgery, consider having a 'just in case' bag packed. Leave it in the car of the person who will be picking you up after surgery.

Ask your family or friend to bring the packed bag in to you if you have to stay in hospital after surgery.

## Support services

Our hospitals may have some support services to help during your stay. These can include:

- The 24-hour Healthcare Interpreter Service assists patients and their families who are not fluent in English, and hearing impaired people who need a signing interpreter.
- Social workers.
- Multicultural support services to assist patients from culturally or linguistically diverse backgrounds and their families.
- Aboriginal liaison staff to assist Aboriginal and Torres Strait Islander patients and their families.

## Non-hospital accommodation

If you need to travel a long distance to hospital for your surgery, your family may need to book local accommodation to stay at while you are in hospital.

If you have to be at the hospital early in the morning, it may be a good idea to stay near to the hospital the night before.

Hospitals are generally unable to have family members stay at the hospital overnight with you.



## Are you having day surgery?

If you are having day surgery and are having a general anaesthetic, you should organise for a family member, friend or responsible adult to take you home and stay with you overnight.

This is for your own safety as you may be lightheaded, drowsy and your ability to do tasks may be affected by the anaesthetic.

### **Do not drive your car for 24 hours after surgery. It is not safe.**

Sometimes people who are booked for day surgery may have an unexpected stay in hospital overnight. It is important to plan ahead, just in case this happens.

Pack a bag with pajamas, underwear, a clean set of clothing and toiletries. Give the bag to the person picking you up after your operation. Check whether they can bring it to the hospital if needed.

If you are a carer, arrange a back up plan so that the person you care for is safe and supported if you need to stay in hospital.

Consider whether pet care is needed if you stay in hospital overnight.

## Understanding your care needs

Coming to hospital for some people may require additional pre-hospital planning. If you have a disability and may require additional support or care adjustments during your hospital stay, please let your doctors and nurses know so we can work together to co-ordinate your care.

If you use a specific communication device or aid, please bring it with you to hospital. If you have a support network who should be included in hospital care planning, let us know who to contact and if they will be with you when you come to hospital.

Please bring any care guide documents to hospital and discuss with staff.

# Information and advice

HealthWISE NSW can help Aboriginal patients and their families from regional areas who need to travel for surgery or specialist appointments.

Phone: (02) 6766 1394

Email: [info@healthwisensw.com.au](mailto:info@healthwisensw.com.au)

Website: [healthwisensw.com.au/services](http://healthwisensw.com.au/services)

# Coming to hospital checklist



What time do I need to arrive at the hospital?



What time do I need to stop eating solid foods?



What can I drink, and what time do I need to stop?



My medications:



What do I do if I have diabetes?



What xrays and test results do I need to bring?



How long should I expect to be in hospital?



What are the hospital visiting times?

Know your Patient Rights and Responsibilities.  
Visit [www.health.nsw.gov.au/patientconcerns/Pages/your-health-rights-responsibilities](http://www.health.nsw.gov.au/patientconcerns/Pages/your-health-rights-responsibilities)

Watch the patient safety video at  
[www.hnehealth.nsw.gov.au/Patients/Pages/Patient-Safety-Briefing-Making-your-stay-with-us-safe](http://www.hnehealth.nsw.gov.au/Patients/Pages/Patient-Safety-Briefing-Making-your-stay-with-us-safe)

You will receive a phone call from the hospital a day or two prior to your operation. Please use this page to write down the information that you are given in this phone call to make sure that you are well prepared for your surgery.

# Skin care to prevent infection

Your skin is one of your first lines of defence in fighting infection.

Everybody carries bacteria on their skin. This means there is a risk in any surgery that the spot where your skin is cut may become infected.

Your healthcare team will make sure that your surgical site is clean, but you can help by making sure that you wash your whole body properly before coming in for surgery.

## What you can do

- Remove any acrylic or fake nails in the weeks before surgery. Fake nails hide bacteria.
- Do not shave or wax below the neck in the days leading up to your surgery. Shaving or waxing can cause small cuts that introduce infection. Facial shaving is allowed.
- Do not get any new tattoos in the 6 weeks prior to surgery. Tattoos are considered to be a break in your skin and may lead to your surgery being rescheduled.



## Anti-bacterial cleansers

Some patients may need to use a special type of skin cleaner before their surgery to help reduce the amount of potentially harmful bacteria on their skin.

Your healthcare team will tell you if you need a special body wash or wipe. You will most likely be given the wash or wipe, if needed, at your pre-admission clinic visit.

The skin wipes are used after your shower on the day of your surgery.

It is important to not rinse the wipe solution off your body, but to allow it to dry naturally on your skin.

A small number of patients may have to use a bacteria-killing ointment for a longer time before surgery.

You will be told how to do this if needed.





# Fasting before surgery



Fasting means going without all food and liquid.

Fasting before general anaesthesia or sedation reduces the risk of vomiting and breathing food or fluid into your lungs, causing pneumonia.

Patients who have special nutrition feeding tubes will also need to fast before an operation.

## Fasting countdown before surgery

### 6 hours before surgery:

In general you can have solid food until 6 hours before surgery.

Make the last meal a light meal only (eg sandwich).

After this you must stop eating solid food.

Patients needing tube feeding can also continue up until 6 hours before surgery.

Do not have chewing gum or lollies for at least 6 hours before surgery.

### Up to 2 hours before surgery:

Adult patients can drink clear liquids up until 2 hours before surgery.

See the list below to check what you can drink and what NOT to drink.

Small frequent sips of liquid are preferred to drinking large amounts up to 2 hours before surgery.

### 2 hours before surgery stop drinking all fluids

Hospital staff will contact you in the days before your surgery. They will remind you about fasting and give you exact instructions about when to eat and drink.

The fasting instructions are to help keep you safe. You must follow them carefully or your surgery may be cancelled.



## What can I drink?

### Do Drink



- ✓ Water
- ✓ Carbohydrate rich drinks like PreOp or Dex
- ✓ Apple juice, other pulp-free fruit juice
- ✓ Clear cordials
- ✓ Black tea, or coffee with no milk
- ✓ Ice blocks made from any of the above clear fluids

### Don't Drink

- ✗ Cream, milk or soy protein
- ✗ Alcohol
- ✗ Insoluble fibre like Metamucil
- ✗ Prune juice, tomato juice or orange juice
- ✗ Fruit nectar (canned or fresh)
- ✗ Thickened fluids
- ✗ Milkshakes or smoothies

## On the morning of your surgery

- ✓ Shower as normal using a good lather of soap to wash your face and body. Use a gentle soap to wash.
- ✓ If you have been given the special skin wipes or body wash from the hospital, use them as instructed.
- ✓ Wash your hair with normal shampoo and conditioner and rinse it off completely.
- ✓ Remove any make-up and nail polish.
- ✓ Keep warm. This will help to reduce the amount of heat your body loses during surgery. It will also help with pain and nausea after surgery, and reduce the potential for bleeding.
- ✓ Make arrangements with family, friends, community transport or via other means to get to and from hospital.
- ✓ Bring a small bag with the essentials you will need for your stay.
- ✓ Wear clean, freshly laundered clothes to hospital.

## No...

- ✗ 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.
- ✗ Shaving or waxing below the neck. This can cause small cuts that can introduce infection. Facial shaving is allowed.
- ✗ Lipstick, nail polish or facial makeup. This will help the operating room staff monitor the true colour of your skin and nails during surgery.
- ✗ Hairspray or hair gel. These can be flammable.

## When you arrive

Hospital staff will contact you in the days leading up to your surgery to tell you what time to arrive at the hospital.

They will also tell you where to go on arrival. If not, go to the information desk near the front entrance and staff or volunteers will guide you.

## We will need to confirm your personal details

On admission to hospital, staff will need to know:

- Your medical history.
- Your current address and phone number.
- Details of the appropriate person to contact including telephone numbers.
- Details of your GP or other treating health professionals.
- Your Medicare number, pension, healthcare or Department of Veterans Affairs details.
- Details of your private health cover or any other health cover you have that might fund your hospital stay.
- Any legally authorised guardians that will help you with decision making. Not everyone has these in place but if you do, please let us know who they are and if they will stay with you (*a Guardian is the person able to make decisions about your health care if you are unable to speak for yourself*).

## Ongoing patient identification for your safety

When you are admitted, a plastic identification band will be placed on your wrist and ankle. Please check the details on the band are accurate and wear it while you are in hospital.

During your stay in hospital for your safety, our staff will regularly ask you your name and date of birth.

This is to confirm your identity and make sure the right patient is receiving the right treatment and medications.

### The doctors and nurses caring for you will

- Introduce themselves and explain their role in your care and treatment.
- Explain what will happen before and after your operation. Please ask if you have any questions or if there is anything you don't understand.
- Check you know what surgery you are having and ask you to check your consent form.
- Ask about any allergies you may have.
- They may also mark the site of your operation on your body.
- Please let staff know straight away if where they mark your operation site is not where you think your surgery will be.
- Please let staff know if you would like an interpreter or cultural support worker.



### Surgery cancellations

Every effort is made to provide surgery on the day it has been scheduled for, however sometimes last-minute cancellations can happen.

Surgery may be cancelled if operations before yours take longer than expected or patients require emergency surgery.

If your surgery is unexpectedly cancelled, the hospital staff will make arrangements with you to reschedule your surgery for another time.

# After surgery

## The recovery room

Once your operation is complete, you will be moved to the nearby recovery room for several hours.

Here you will be closely monitored as your anaesthetic begins to wear off and your body adjusts to the effects of surgery. Your hospital care team will also organise any pain medications you might need.

If you are staying in hospital, you will be moved to a bed in a ward. Staff will let you and your family or carer know which ward you will go to.

If you are having day surgery, you will be moved to a waiting room until you are ready to be discharged home.

While you are in the recovery room your family will not be able to visit you (unless you have very specific carer support needs). It is most likely that your family will not be contacted until you are moved to your ward.

You will stay in the recovery room until it is safe to transfer you to another area.

## Raising concerns if you are feeling unwell while in hospital - REACH

If you or your family are worried that you are not doing well while in hospital, please let the nurse or doctor know that you are worried and why.

You can ask for a clinical review to be arranged. This means that a doctor should review you (the patient) within 30 minutes of being contacted.

If you are still worried or think things are getting worse you can make a REACH call using the REACH phone number displayed at the bedside. You will need to provide the ward and patient name.



## What's on my legs?

Having surgery and extended stays in hospital can put you at risk of developing blood clots.

Before and after surgery, nurses might help you put on tight fitting stockings. These help to keep blood circulating while you are having surgery and reduce the risk of a blood clot forming in your legs.

These clots are called Deep Vein Thrombosis or DVT. Other DVT risk factors include:

- Being overweight.
- Smoking.
- Using oestrogen-based medicines like the oral contraceptive pill and hormone replacement therapy. **Talk to your GP before surgery.**
- Being pregnant or having recently given birth.
- Older age.
- Heart disease.
- A family history of blood clots.

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 problems worse. Please ask your nurse or doctor if you should be wearing stockings.

# Information and advice

You can find more information about REACH (Recognise, Engage, Act, Call, Help is on its way), including the REACH number for the hospital where you are admitted. Ask your nurse or visit the 'patients and public' page on the Hunter New England Health website [www.hnehealth.nsw.gov.au](http://www.hnehealth.nsw.gov.au)

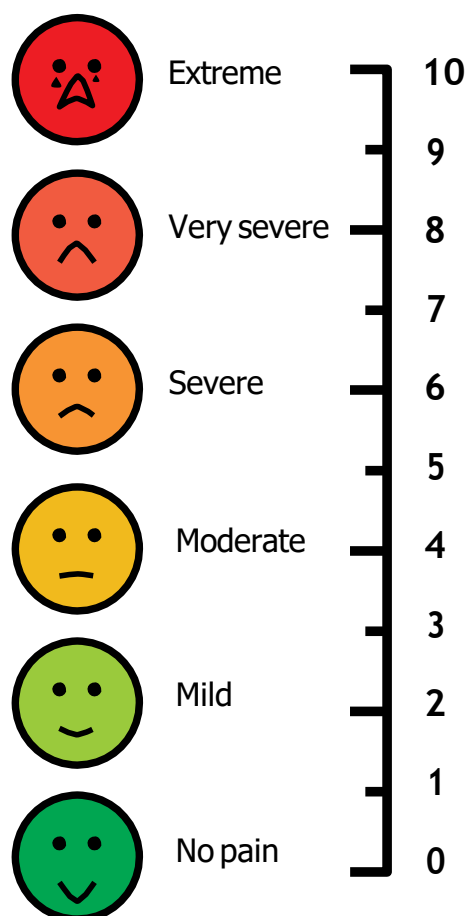


# Pain control

Our aim after surgery is to make you as comfortable as possible and help you breathe, move and function normally again.

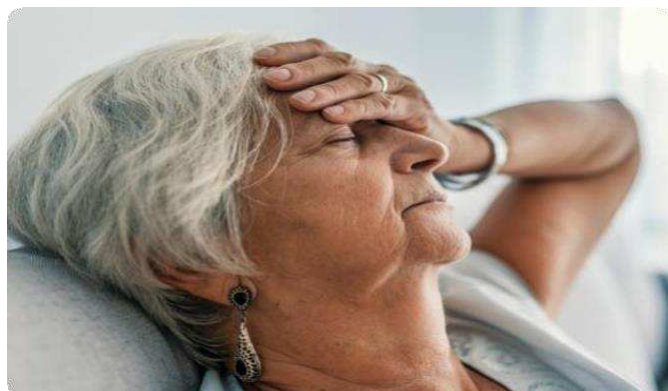
Some level of discomfort is normal for most patients as their body recovers from surgery.

Doctors and nurses will monitor your pain level regularly after your surgery and may ask you to score your pain between 0 (no pain) and 10 (extreme pain).



## Treating your pain

It is important to tell your nurse if you are in pain before the pain becomes really bad. Pain relief (analgesia) is given to reduce the pain you feel after surgery. Sometimes pain medication can make you very sleepy. This is a normal response.



Pain control comes in many forms. You may be given tablets, an injection or you may control your pain with a button that gives you pain relief when you need it. This button is called patient controlled analgesia or PCA. Your anaesthetist will discuss which pain relief is best for you to be comfortable.

## Pain medication

Regular paracetamol is often the best treatment for mild to moderate pain. Some types of pain also respond well to anti-inflammatory medication.

Strong pain medications (opioids) might be needed for sudden or more severe pain. Morphine and oxycodone are two types of strong pain relief that are used for a limited time after surgery.

These medications may have side effects which may affect how they are used and how often you take them. Feeling drowsy and 'out of it' is common.

Sometimes opioid medication can make you feel sick or vomit. This does not mean you are allergic to that medication. Let staff know if this happens so we can help.

Most people will need some pain relief after surgery. Pain relief works best when taken regularly and before the pain gets really bad.

Some people may get constipated after taking opioid medications. Ask your doctor or nurse what you should do to prevent this.

Your doctor will talk with you about how to manage pain at home.

You may need to fill a prescription for some strong pain relief medication, or you may be advised to use non prescription pain relief such as panadol or ibuprofen.

It is important to take your pain medication on time and as prescribed. Do not wait until the pain is really bad before taking pain relief.

Most pain relief takes about 30 minutes to start having an effect and may take up to 1 hour to reach maximum effect.

# Going home

During your time in hospital, your healthcare team will discuss an estimated date for you to return home. Before you leave you will be provided with any information you may need to continue your care at home.

This includes:

- Medicines you may need to take
- Care instructions to follow
- Exercise and rehabilitation plans
- Follow-up appointments with your GP or surgeon
- Other follow-up care you may need.



Our staff might refer to this process as 'discharge'.

It is important for your continued recovery that you understand the instructions and information we give you before you leave. Please ask your nurse or healthcare team if there is anything you do not understand or if you would like it explained again. It can be helpful to write this information down while they are talking to you.

## Extra support for going home

If required our physiotherapists, occupational therapists and social workers can assess what you need to return home safely.

This could include driving restrictions, help for walking or equipment you may need to manage at home.

They may talk to you about services that may help you once you are home.

Check that any pre-hospital support services will start again after going home from hospital.

If you need to be transferred to another hospital or a residential care home to continue your recovery and care, plans for this transfer will be discussed with you and your family.

Transport home by ambulance is only available if medically required.

You will need to make your own arrangements for your return home. If you have difficulties arranging transport, please discuss this with your healthcare team.

## Expect a follow-up phone call from us

Most patients who are discharged from our hospitals will receive a follow-up phone call within 2 days after leaving hospital.

Our staff will check how you are feeling, if you understood and are following your discharge instructions, and whether you are taking your prescribed medications correctly.

It is a chance for you to ask questions, clarify information you are unsure of and to provide feedback regarding the care you received.

# When you are back at home

## Help at home

- If you have had day surgery, you must have someone stay with you that first night.
- 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.
- Your doctor will tell you when you can get back to activities such as driving or exercise.

## What if I am feeling unwell?

You need to see a doctor if you feel unwell, have severe pain or notice that something doesn't look quite right.

The doctor could be your local GP, your specialist or you might need to go to your nearest emergency department if you are very unwell or in severe pain.

## Contact your GP or specialist

If you notice:

- Redness around your wound.
- Pain that is not controlled with your prescribed pain medication.
- 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.

## 000 or ED...

Dial 000 or go to your nearest emergency department if you or your family notice:

- Uncontrollable bleeding.
- Chest pain or chest tightness.
- Difficulty breathing.
- A change in alertness or unable to wake up.
- Sudden onset of weakness, numbness or paralysis of the face, arm or leg.
- Sudden collapse or unexplained fall.
- Unexplained fitting.
- Blood that appears when vomiting, coughing or with bowel movements.

**If you develop any of these symptoms do not drive yourself to the emergency department. Have someone else drive you to the nearest emergency department, or call an ambulance on 000**

## Blood clots

Having surgery can put you at risk of developing blood clots. The symptoms of blood clots (or deep vein thrombosis) may include:

- Pain and tenderness in the leg
- Pain on extending the foot
- Swelling of the lower leg, ankle and foot
- Skin that is red and warm.

It is very important that you contact a doctor if you notice any of these symptoms.

The doctor can be your GP, specialist or a doctor in an emergency department.

If you cannot see a doctor urgently, have someone drive you to the nearest emergency department or phone 000 for emergency help.

Hunter New England Health would like to know your thoughts on your care and experience while in our hospitals.

There are a number of ways you can tell us about your experience - good or bad - and provide feedback that will help us to know what works well and where we can improve.

Call our feedback line on **1800 605 172**. This line is available Mon-Fri 8.30am-5pm.

Email [HNELHD-SRC@health.nsw.gov.au](mailto:HNELHD-SRC@health.nsw.gov.au) or complete the online feedback form on our website. You can also write a letter to Strategic Relations and Communication, Locked Bag 1, New Lambton 2305.

# Hospitals where planned surgery takes place

**Armidale Hospital**

225 Rusden St, Armidale  
Tel: 6776 9500

**Belmont Hospital**

16 Croudace Bay Road, Belmont  
Tel: 4923 2000

**Calvary Mater Newcastle**

Edith Street, Waratah  
Tel: 4921 1211

**Cessnock Hospital**

24 View St, Cessnock  
Tel: 4991 0555

**Glen Innes Hospital**

94 Taylor St, Glen Innes  
6739 0200

**Gloucester Soldiers' Memorial Hospital**

Church St, Gloucester  
Tel: 6538 5000

**Gunnedah Hospital**

Marquis St, Gunnedah  
Tel: 6741 8000

**Inverell Hospital**

Swanbrook Rd, Inverell 2360  
Tel: 6721 9500

**John Hunter Hospital**

Lookout Road, New Lambton Heights  
Tel: 4921 3000

**Kurri Kurri Hospital**

434 Lang St, Kurri Kurri 2327  
Tel: 4936 3200

**Maitland Hospital**

550-560 High St, Maitland 2320  
Tel: 4939 2000

**Manning Hospital**

26 York St, Taree 2430  
Tel: 6592 9111

**Moree Hospital**

35 Alice St, Moree 2400  
Tel: 6757 0000

**Muswellbrook Hospital**

Brentwood St, Muswellbrook 2333  
Tel: 6542 2000

**Narrabri Hospital**

66 Gibson St, Narrabri 2390  
Tel: 6799 2800

**Scott Memorial Hospital, Scone**

Stafford St, Scone 2337  
Tel: 6540 2100

**Singleton Hospital**

Dangar Rd, Singleton 2330  
Tel: 6571 9222

**Tamworth Hospital**

Dean St, Tamworth 2340  
Tel: 6767 7700

Information on NSW public hospital parking, services and directions can be found at [www.parking.health.nsw.gov.au](http://www.parking.health.nsw.gov.au) or on the NSW Health Parking and Directions App available for free download from the Apple Store and Google Play.





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