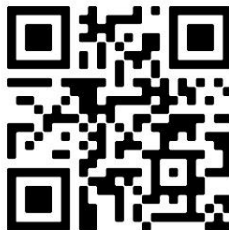


What you need to know when coming into Hospital for Surgery

Information for patients, relatives and carers

Please scan the QR code below to view an
online copy of this leaflet:



① For more information, please contact:

The number on your appointment letter or one of the
useful contact numbers on page 22

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The main entrance of York Hospital



The main entrance of Scarborough Hospital



The main entrance of Bridlington Hospital

Introduction

We understand that having an operation can be a worrying time for you, your relatives and those who care for you. We have therefore produced this leaflet to help you prepare for your surgery and to answer some of the questions you may have. If you have any worries or questions during your stay with us, do not hesitate to ask our doctors and nurses on the ward. This leaflet gives you more information about how to get ready for your surgery and what to expect on the day of your operation.

You can find more information in other leaflets in the Royal College of Anaesthetists (RCoA) series, and large print copies, from their website www.rcoa.ac.uk/patientinfo.

Further leaflets in the RCoA series include the following:

- Your spinal anaesthetic
- Anaesthetic choices for hip or knee replacement
- Epidural pain relief after surgery
- Local anaesthesia for your eye operation
- Your anaesthetic for major surgery
- Nerve blocks for surgery on the shoulder, arm or hand
- Sedation explained
- Caring for someone who has had a general anaesthetic or sedation
- Your airway and breathing during anaesthesia
- Anaesthesia and your weight
- Your anaesthetic for vascular surgery

Pre-assessment (prior to surgery)

Before your surgery we need to know about your general health. You will receive a telephone call to complete our pre-assessment health questionnaire. This can be a good time to ask questions and talk about any worries that you may have; for example regarding the anaesthetic or admission. You may need a blood test, a heart trace (ECG), an x-ray or other tests. Any tests that you need will be arranged.

If you are having an urgent operation, a health check will be done by your doctors and nurses on the ward.

If you have specific questions regarding your surgery/procedure you should discuss this with your surgeon.

Having an ECG (Heart tracing)

The ECG is a painless procedure. You will have electrodes attached to your chest to enable the machine to record your heart function and produce a printout for the doctor to review.

Before you come into Hospital for Surgery

Please read the appointment letter you have received carefully.

Please follow any instructions given in your appointment letter about when you can have your last food and drink before your operation. It is important that you follow these instructions, as we may have to cancel your operation if these are not followed correctly.

Please have a bath/shower on the morning of your admission or the evening before.

Please remove all jewellery and body piercings at home. You do not have to remove your wedding ring, but it will need to be covered with tape once you arrive. If you have been unable to remove your piercings, please tell us when you arrive on the ward.

Please remove all make-up. If your surgery is on your arm or leg, please remove any nail varnish from that limb. Acrylic nails may be left on but check this with nursing staff.

We cannot promise to keep your belongings safe. Please do not bring any valuables or large amounts of money.

We will ask you to sign a form saying that you agree that we cannot promise to keep your belongings safe.

What do I need to bring into hospital?

You will need to bring:

- A warm winter dressing gown and a pair of slippers and additional warm clothing e.g. socks or a sweater.
- Books or magazines or something else to keep you occupied.
- A mobile phone if you have one (please keep on silent so it does not disturb other patients).
- Any mobility aids that you need.
- All medications in the original packaging (not controlled drugs) even if you're not staying in hospital overnight. **Bridlington patients only:** All medications in the original packaging (**including controlled drugs**) should be taken into Bridlington Hospital on admission.
- Any hearing aids and/or glasses or contact lenses you use and a container to store them in.
- Contact numbers for your relatives/carers and your transport home.
- A small amount of money, including change for parking.
- Bring a zipped bag in case your belongings need to be moved between wards. If you are staying one night or more this should include toiletries, a coloured towel (not white) and some night clothes.
- If you have Obstructive Sleep Apnoea and use a CPAP machine or a mandibular splint you must bring this into hospital with you.

Preparing for an operation

As soon as you know that you may be having an operation, it is helpful to think about how you can be as healthy and fit as possible.

Smoking: If you smoke, you should consider giving up before your operation. Smoking reduces the amount of oxygen in your blood and increases the risk of breathing and heart problems during and after the operation.

Your surgical wound will heal more slowly and be more likely to get infected if you smoke. On average, smokers stay in hospital longer than non-smokers.

Patients, visitors and staff are not permitted to smoke anywhere on our hospital and community premises including the grounds and gardens.

If you plan to quit smoking, it is a good idea to get help from a counsellor or support service. You are four times more likely to give up successfully if you have this kind of help. Free services in your area include:

NHS North Yorkshire Stop Smoking Service – for group or one-to-one help and advice from trained experts.

North Yorkshire residents call North Yorkshire Living Well on 01609 797 272. **City of York residents call** 01904 553 377. Let them know you are going to have an operation so they can give you priority.

NHS Website – NHS stop smoking services help you quit - NHS (www.nhs.uk) or **Call the free Smokefree National Helpline 0300 123 1044**

Alternatively, your local **Pharmacist or GP Practice** can put you in touch with a registered Stop Smoking Advisor.

NHS sites are Smokefree and now offer specialist **Tobacco Dependency Support** for all patients admitted. Go Smoke Free | Humber & North Yorkshire | NHS Stop Smoking (swapandstop.co.uk).

Your weight

Many of the risks of having an operation are increased if you are very overweight. Your GP can give you advice about weight loss and put you in touch with an organisation that can help. Slow, supervised weight loss is likely to be most successful.

Alcohol

If you drink more than the recommended amount, you should cut down before an operation. Go to: www.nhs.uk/livewell/alcohol/pages/alcohol-units.aspx for more advice.

Long-standing medical problems

If you suffer from a long standing medical problem such as diabetes, asthma or bronchitis, thyroid problems, heart problems or high blood pressure (hypertension) you should ask your GP if you need a check-up.

Changes in your health before your operation

Please contact the waiting list or the ward you are to be admitted to if you;

- become unwell,
- have started taking a new medicine,
- are admitted to hospital while waiting for your operation.

Your teeth

If you are having joint replacement surgery you must have a dental check-up prior to pre-assessment if you have not had a check-up in the past 6-12months).

Ideally if you have any loose teeth you should visit your dentist to see if they can be secured before an anaesthetic. This reduces as far as possible the chance of any damage to your teeth.

On the day of your operation, your anaesthetist will want to know which teeth are loose, or if you have crowns or a bridge.

Admission times and fasting information

When you arrive on the ward you will be greeted by a nurse before you are seen by the surgeon and anaesthetist.

Ward	Patient arrival times for morning/day surgery	Patient arrival times for afternoon surgery
Ward 27: York	7.30am	11.30am
Day Unit: York	7.30am	12 noon
Pre-theatre unit: Scarborough	7.30am	11.00am
Kent Ward: Bridlington	7.30am	11.00am
Lloyd Ward: Bridlington	7.30am	12 noon

If your surgery is scheduled for the morning/day, you must not eat any food after midnight before the morning of your surgery. We encourage you to drink clear fluids like water, tea/coffee (no milk) or diluted juice (not fizzy) up to 7am.

If your surgery is scheduled for the afternoon you may eat a light breakfast e.g. a bowl of cereal or a couple of slices of toast with tea/coffee (with milk) before 8am. You can drink clear fluids like water, tea/coffee (no milk) or diluted juice (not fizzy) up to 12 noon.

If you are having only a local anaesthetic (with no sedation), Please eat and drink as normal before your admission.

If you are having a Local Anaesthetic you must have someone who can take you to the hospital and pick you up after your procedure, you cannot drive yourself home.

If the exact time of your surgery is not known or your surgery is delayed nursing staff will let you know what you can eat and drink and when. If you are on an all-day list, your surgery could take place at any time until 5pm. You can leave the ward to go for a walk, but you **must** let nursing staff know you are leaving the ward.

Keeping **comfortably warm** at all times:

Hospital, especially the operating department, is usually colder than your own home. Please try and keep your body and your skin as warm as comfortably possible. Your body can lose a lot of heat in theatre. Please tell the nursing staff if you are feeling cold.

Keeping your body and skin warm before surgery can:

- speed up your recovery from anaesthesia,
- improve healing,
- reduce the risk of serious complications,
- reduce uncomfortable shivering after surgery.

Can someone come with me?

A relative or friend is welcome to accompany you to hospital however once you are booked in they will be asked to leave, the exception to this is if you have a Carer as they will be able to wait with you until you go for your operation. If your operation requires a stay in hospital then your friends and relatives will be able to visit you after your operation.

On your day of admission

There will be some waiting around before you go to theatre. It is a good idea to bring something to do. When you arrive on the ward the staff will give you an estimated time for surgery and discharge however this can be subject to change, the nursing staff will keep you informed throughout your stay.

Before surgery you will be seen by a surgeon/surgical team who will discuss your surgery, and an anaesthetist who will discuss the type of anaesthetic. You will have the opportunity to ask any questions regarding surgery and anaesthetic at this point.

You will be seen by several members of the nursing team who will complete admission documentation and perform any extra tests required eg blood pressure, ECG, blood tests and if required, you will be measured and given medical stockings to reduce the risk of blood clots.

Most people walk to the operating theatre. If you cannot walk far, a wheelchair or a trolley may be used.

The Anaesthetist's role and the types of anaesthesia used

Anaesthetists

Anaesthetists are doctors with specialist training who are responsible for giving your anaesthetic and for your wellbeing and safety throughout your surgery.

Your anaesthetist will meet you before your operation.

They will:

- Ask about your health.
- Discuss types of anaesthesia with you and find out what you would like, helping you to make choices.
- Discuss with you the benefits, risks and your preferences.
- Agree a plan with you for your anaesthetic and pain control, to make your experience as calm and pain free as possible.

The choice of anaesthetic depends on:

- your operation and any medical problems,
- your particular risks,
- your preferences and the reasons for them.
- The recommendation and particular skills of your anaesthetist.
- The equipment, staff and other resources at our hospitals.

Some types of 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 which numb a small part of your body. You stay conscious but free from pain. If you are having only a local anaesthetic, you can eat and drink as usual, so please have your normal meals before your admission to hospital.

Regional anaesthesia e.g. a spinal or epidural or 'arm block'. This involves an injection that numbs a larger or deeper part of the body. You stay conscious, or receive some sedation, but are free from pain.

General anaesthesia gives a state of controlled unconsciousness. It is essential for some operations. You will be asleep and feel nothing.

Spinal Anaesthesia involves an injection of local anaesthetic drug into the small of your back to numb the nerves from your waist down to your toes. The numbness usually lasts for two to four hours.

Sedation

Sedation gives a sleep like state and is often used with a local or regional anaesthetic. Sedation may be light or deep and you may remember everything, something or nothing after sedation

The Operating Department



A typical operating theatre

The operating-theatre department includes the theatres and a recovery room. It is usually brightly lit and often has no natural light. Air conditioning may make it feel quite cold. It is a good idea to wear a warm winter dressing gown or ask for a blanket.

Your anaesthetic may start in the anaesthetic room or in the operating theatre. If you have walked to theatre, you will now be asked to lie on a theatre trolley. This is narrower than a bed and may feel quite firm to lie on.

When you arrive in the department, staff will check your name, your identity band and what operation you are having. If relevant, they will ask you if the operation is on the right or left side of your body. These are compulsory safety checks that make sure you have the correct care. A member of staff will attach machines to you which measure your heart rate, blood pressure and oxygen levels.

A small plastic tube (cannula) is inserted with a needle into a vein in your hand or arm. This is used to start most anaesthetics in adults. This includes local anaesthetics with sedation, regional anaesthetics and general anaesthetics. If you have any concerns about this then please talk to your anaesthetist.

There are two ways of starting a general anaesthetic.

- Anaesthetic drugs may be injected into a vein through a cannula. This is generally used for adults and is more controlled.
- You can breathe anaesthetic gases and oxygen through a mask, which you may hold if you prefer. After you are unconscious your anaesthetist will put in a cannula. This method will not be suitable for certain patients and some emergency operations.

Once you are asleep, an anaesthetist stays with you at all times and continues to give you drugs to keep you anaesthetised.

As soon as the operation is finished, the drugs will be stopped or reversed so that you can wake up.

The Recovery Room

Your recovery nurse is specially trained to care for you for the first hour or so after your operation.

You will continue to be monitored and extra medications will be given to ensure that you are reassured and comfortable as you come round from the anaesthetic.

Depending on what type of anaesthesia you have been given the recovery nurse can provide you with water, tea or coffee.

When you are comfortable and recovering well, a nurse will transfer you to a ward on your bed or trolley.

What will I feel like afterwards?

How you feel will depend on the type of anaesthetic and operation you have had, how much pain relieving medicine you need and your general health.

General anaesthetics can cause side effects which are generally short-lived (last a few hours).

You may feel tired or even exhausted for some days after the operation. After major surgery this can last weeks or even months. This is very unlikely to be caused by the anaesthetic.

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, so you should ask for help when you feel pain.

Here are some ways of giving pain relief:

- **Pills, tablets or liquids to swallow** are used for all types of pain. They take at least half an hour to work. You need to be able to eat, drink and not feel sick for these drugs to work.
- **Injections** are often needed and may be intra-venous (through your cannula into a vein for a quicker effect) or intra-muscular (into your leg or buttock muscle using a needle, taking about 20 minutes to work).
- **Patient-controlled analgesia (PCA)** is a method using a machine that allows you to control your pain relief yourself. If you would like more information ask for a leaflet on PCA.
- **Local anaesthetics and regional blocks** can be very useful for relieving pain after surgery. More details can be found in the leaflet 'Epidural pain relief after surgery'.

Pain Relief after leaving hospital

Although you may be given a supply of painkillers when you leave the hospital, it is sensible to buy some over-the-counter painkillers to have ready at home.

You may go home on morphine-type painkillers following your operation. It is important that you reduce and then stop these medications as soon as possible as their continued use can cause you significant harm.

Getting home

You must arrange for someone to collect you as hospital transport is not provided. You must not use public transport, or drive yourself within 24 hours of having a general anaesthetic.

At home

You must arrange for a responsible adult you can rely on to stay with you overnight following your operation. Follow any special instructions that the hospital staff may advise about your medication, dressing, mobility etc.

Risk and Anaesthesia

Modern anaesthetics are very safe. There are some common side effects from the anaesthetic drugs or the equipment used, which are usually not serious or long lasting. Risks will vary between individuals and will depend on the operation and the anaesthetic technique used.

Your anaesthetist will discuss with you the risks that they believe to be more significant for you.

Very Common - more than 1 in 10

Sickness

Shivering

Thirst

Sore Throat

Bruising

Temporary memory loss (mainly in over 60s)

Common – between 1 in 10 and 1 in 100

Pain at the injection site

Minor lip or tongue injury

Uncommon – between 1 in 100 and 1 in 1,000

Minor nerve injury

Rare – between 1 in 1,000 and 1 in 10,000

Peripheral nerve damage that is permanent

Corneal abrasion (scratch on eye)

Damage to teeth requiring treatment

Anaphylaxis (severe allergic reaction to a drug)

Very Rare – 1 in 10,000 to 1 in 100,000

The risks we all take in normal life, **such as road travel**, are actually far greater than the risks below.

Awareness during an anaesthetic (1 in 20,000)

Loss of vision (1 in 100,000)

Death as a direct result of anaesthesia (1 in 100,000)

If you wish to read more detail about these events and risks please see the individual risk leaflets available on the Royal College of Anaesthetists' website:

rcoa.ac.uk/patient-information/patient-information-resources/anaesthesia-risk/risk-leaflets

Useful contact numbers

York Hospital patients:

Ward 27 Admissions 01904 726027

Day Unit/Extended Stay Area 01904 726010/
01904 721265

Scarborough Hospital patients: 01723 342209

Bridlington Hospital Patients:

Short stay and day surgery 01262 423134

Orthopaedic surgery 01262 423110

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Sister Tina Hodgson, Pre-assessment Unit,
The York Hospital, Wigginton Road, York, YO31 8HE,
telephone 01904 726001 or email
tina.hodgson5@nhs.net

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email
yhs-tr.patientexperienceteam@nhs.net.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

If you would like this information in a different format, including braille or easy read, or translated into a different language, please speak to a member of staff in the ward or department providing your care.

Patient Information Leaflets can be accessed via the Trust's Patient Information Leaflet website:

www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/

This publication includes text taken from The Royal College of Anaesthetists' (RCoA) leaflet 'You and Your Anaesthetic', 5th Edition, Feb 2020 but the RCoA has not reviewed this as a whole. The original leaflet can be found at www.rcoa.ac.uk/patientinfo

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