

Admission for Surgery

Patient Information

Pre-operative Assessment Unit

**Name of your
Pre-operative nurse:**.....

**Name of your
Surgical operation:**.....

Name of your Surgeon:.....

Date of your admission:.....

Expected length of stay:.....days



The Patient Information Leaflets page on the Trust website is available on the link:
<https://www.wwl.nhs.uk/patient-information-leaflets> or scan the QR code.

Author ID: KC
Leaflet Ref: Pre 003
Version: 11
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Date Produced: September 2025
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Pre-operative Information

Thank you for attending your pre-operative assessment appointment. Preparing for your planned surgery before coming into hospital avoids delays on the day of your admission and reduces the risk of cancellation. The results of any tests and investigations completed today will be available in plenty of time and can also be re-checked if they are not within the normal range. Your pre-operative nurse will contact you if any test results are abnormal.

During your pre-operative assessment, your nurse will have discussed the following things:

Diet

Please ensure you eat a well-balanced diet prior to your surgery. Being overweight will increase the risks connected with having an anaesthetic, reducing your weight will help to reduce these risks. For more information, please telephone 01942 496496 or visit website at www.LWFG.co.uk. It is important to advise staff when you have had your bowels open as this can sometimes be affected by medication given to you during your stay.

Fasting

Please contact the ward you are to be admitted to between 6pm and 8pm the evening before your surgery for your fasting instructions. If your admission is on a Monday or Tuesday after a bank holiday, please ring on the Friday before. Please do not have any of the following after your fasting time: food, fluids, sweets, chewing gum, cigarettes, and alcohol.

You may drink clear still water until 6am.

Personal Hygiene

Please have a bath or shower on the morning of your operation. It is important that the area of your body which is to be operated on is clean and your skin is intact otherwise your surgery may be cancelled. Please do not shave your operation area. Please avoid gardening or sporting activity where you may get injury to your skin. Please avoid contact with animals or pets that may cause skin irritation or injury.

Please do not use talc, deodorant, hair products, make-up, perfumes, aftershave, body lotions, nail varnish, false nails, or jewellery when you come in for your operation.

You may keep your wedding ring on if you are having lower limb surgery.

Sleep Rest and Play

Staying physically active before your operation, will help you get better faster. It is important to take exercise and to continue with exercise after your operation.

Smoking

Smoking increases the risk of complications during and after surgery, increases the risk of anaesthetic and delays wound healing. As many smoke-free days as possible, prior to surgery will help to reduce these risks. Use this as an opportunity to stop or cut down. Advice and support are available from the following:

Healthy Routes **Telephone 01942 489012**

Text HUB to 61825 (normal network rates apply)

Visit www.healthyrouteswigan.co.uk

National NHS Smoke free Helpline - **Freephone 0300 123 1044**

A member of the preoperative assessment team or ward staff can refer you to the Stop Smoking Service and arrangements can be made to supply Nicotine replacement therapy.

Alcohol

Use this as an opportunity to stop or cut down. Men should not regularly drink more than 3-4 units of alcohol per day. Women should not regularly drink more than 2-3 units per day. Regularly means drinking every day or most days of the week.

You should also take a break for 48 hours after a heavy session to let your body recover.

National Advice is available from www.alcohol.gov.uk

Medication

It is important that you take all your routine medication, with a small glass of water, and inhalers on the day of your surgery. It is important to bring all your medications in with you on admission.

Vaccination Advice

Avoid 7 days before surgery:

- COVID
- FLU
- SHINGLES

IF YOU ARE UNSURE OF ANY OTHER VACCINATIONS, PLEASE CONTACT THE DEPARTMENT ON:

01257 256340 or 01257 256355

It may be necessary to stop certain medication for several days before your admission.

Please **stop** taking the following medication:

Date from:

Please ask the doctor when it is safe for you to start taking your routine medication. Please bring all your medication/inhalers with you on the day of your admission; in their original packaging with a prescription list (your GP should be able to provide a copy). Please bring enough medication to last you the duration of your stay; you will be informed at the pre-operative assessment clinic how long your stay will be.

Recreational Medication

Recreational medication must be avoided prior to your surgery. Please discuss this with your GP if you feel you need help. Please discuss this with the anaesthetist on the day of surgery.

Please let the hospital and your GP know as soon as possible if:

- You have developed a bad cough, cold, chest infection, fever, urinary infection or diarrhoea/vomiting
- You have a skin infection or a broken sore area of skin
- You do not want to have your operation
- You have been in contact with someone who is known to have MRSA infection (after your visit to pre-operative assessment clinic)
- Your symptoms have resolved
- You have any dental problems
- You have developed or been diagnosed with any new conditions
- You have been prescribed a course of antibiotic within 4 weeks of your operation date

If you cannot attend for any reason, please let the admissions department know as early as possible on **01257 256560**, as another patient may be able to benefit from your appointment.

Preparing for your discharge home

When you are discharged home following your surgery, please ensure:

- That you have arranged for a relative, friend or carer to collect you when you are discharged from hospital. We aim to discharge patients by 11am.
- If you are having a planned day case surgery with general anaesthetic, that a relative, friend or carer will collect you and stay with you for 24 hours following your surgery.
- That you do not drive a car, operate machinery, or drink alcohol for 48 hours following a general anaesthetic.
- That you have access to a telephone in case of an emergency following your discharge.
- That you have arranged support for yourself when you are discharged
- That you have arranged transport to bring yourself to hospital.

MRSA

You have been screened for Methicillin-resistant Staphylococcus Aureus (MRSA) today. If you are admitted to another hospital as an inpatient or come into contact with someone that has MRSA, please contact the admissions department.

CPE (Carbapenemase producing enterobacteriaceae)

You will be screened for CPE if you have been in hospital for an overnight stay in the UK or abroad in last 12 months at listed hospital only.

Bone donation

If you are having a primary hip replacement, your pre-operative assessment nurse will ask you if you wish to donate your bone. If you are willing, a nurse will answer any questions you may have, and you will be asked to sign a consent form.

Bone Grafting

If you are having surgery that requires bone grafting, your consultant will discuss this with you at the time of your consent process.

Pre-operative assessment clinic contact details

Please contact this department if you have any concerns regarding your admission on **01257 256340 / 01257 256355** Email: wri.preoperativeassessment@wwl.nhs.uk

It is important that you follow the advice given by your pre-operative nurse carefully to help prevent your surgery being cancelled.

Confirming your admission

When you have received a letter regarding your admission for surgery, please confirm your acceptance by contacting the admissions department on the number on your letter.

Wound Care

Your local district nurse may need to change your dressings or remove stitches once you are discharged from our care. Please could you obtain the telephone number and fax number of your local district nursing service from your GP and bring it with you when you are admitted for surgery.

Your admission time and other information

If you are having a Total Hip or Knee Replacement Surgery a member of staff will contact you before your surgery to ensure that your health has not changed since your pre-operative assessment. If you require further blood tests and x-rays, you may need to be admitted the day before your surgery. We will advise you what time to arrive at the ward and what time you will need to fast from.

All other surgical procedures

All patients having surgery, please contact your allocated ward the day before admission between 6pm and 8pm. We will advise you what time to fast from and what time to arrive on the ward on the day of your surgery. **If your admission is on a Monday or Tuesday after a bank holiday, please ring the ward on Friday.**

D Ward 01257 256269

Ward 1 01257 256272

The day of your surgery

Fasting

It is important that you follow the fasting instructions given to you by the ward the day before your surgery. Please do not have any of the following after your fasting time: food, fluids, sweets, chewing gum, cigarettes and alcohol. You may drink clear still water until 6am.

Medication

Your pre-operative nurse or anaesthetist has advised you which medication you can take on the morning of your surgery. Please take your medication with a small amount of water. If you use pain patches, please do not remove them.

It is important that you follow this advice carefully as your surgery may be cancelled if you have taken the wrong medication.

Please bring all your medication/inhalers with you on the day of your admission, in their original packaging with a prescription list.

Personal hygiene

Please follow the advice given to you by your pre-operative assessment nurse and the instructions written in the pre-operative information section of this leaflet.

What to bring into hospital with you?

As storage space is limited, please pack sparingly in a small bag (like a sports bag), the following items:

- Recently washed warm dressing gown and full slippers and socks.
- Your overnight items only. (Please ask relatives to bring additional items when they visit).
- Your regular medications and inhalers and a written list of these with doses.
- Your Patient Information you were given at pre-op.
- If you hold x-rays or MRI scans or other recent investigations, then please bring these with you.
- Next of kin contact number.

Please do not bring valuables with you.

Your bag will be labelled with your name and kept safe.

What will happen?

Please arrive with only one relative, friend or carer who is welcome to stay for about 15 minutes if you require assistance. We prefer that your relative or friend does not stay because of privacy and dignity, infection control and limited space.

The nursing staff will take your blood pressure and check a few details, complete a theatre check list and apply your identification bracelet. It may also be necessary to take blood samples if you are having major joint surgery.

Your anaesthetist will see you before surgery to discuss your anaesthetic. Your surgeon will see you before your surgery to discuss your procedure and gain your consent.

When it is time for you to go to theatre, you will be asked to change into a theatre gown. Your clothes can be placed in your bag, and this will be kept secure.

A member of staff will accompany you to the theatre reception. Patients may be taken to theatre by bed, wheelchair, or walking, dependent on mobility. An identification check and theatre check list will be completed.

You may be then transferred onto a trolley before going into the anaesthetic room.

Following surgery

After your surgery you will be taken to the recovery unit. Visitors are not usually permitted within the recovery area, as it is located within the theatre complex and patients are regaining consciousness following their surgery.

After leaving the recovery unit

If you have had major joint operation, you will be taken to one of 3 inpatient wards, A, B or JCW. All other day case patients will return to the admission ward. There is a possibility that you may go to an increased dependency area (IDA) bed; this will be identified by the anaesthetist before your surgery.

Contact numbers

Ward A 01257 256276

Ward 1 01257 256272

Ward B 01257 256277

JCW 01257 256267

D Ward 01257 256269

IDA 01257 256261

We know that relatives and friends will be concerned about you, but it would help us if only one person telephones the hospital, then passes the news on to others. Please remind relatives that information about you can only be released with your consent.

Patients will be allocated to a bed by the patient flow team. Relatives can contact the patient flow team after 3.30pm on the day of surgery on 01942 778989. Patient flow will not be able to provide any surgical information.

Your mobility may be restricted following surgery, your surgeon will advise you when it will be safe to resume work and start to drive a car. **Driving following surgery and anaesthetic may invalidate your motor insurance; please contact your own insurer prior to resuming driving.**

On Discharge

Please be aware that the hospital has a multi-disciplinary discharge policy. This means that you may not be seen by your consultant before you are discharged home. The decision that you are ready to go home may be made by a registrar, a junior doctor, a practitioner, or a nurse prior to discharge. We aim to discharge you by 11am. Please arrange your transport to collect you.

Visiting times

Ward A, B, and IDA 2pm until 3pm and 6:30pm until 8pm.

JCW 1pm until 5pm and 6:30pm until 8pm **Afternoon visiting is not permitted on the day of surgery.**

Wards permit **two visitors only** at the bedside. Lots of visitors cause overcrowding by the beds, which can make you and other patients feel tired. It also does not comply with the hospitals infection control policy.

Please do not sit on patient's beds. Visitors are advised not to visit if they have a heavy cold, diarrhoea, or vomiting. We also ask visitors not to bring flowers onto the wards in compliance with our infection control policy.

Car parking

Public parking is available. Please take a ticket and pay on exit at the pay booths situated in the car parks. **There is no change machine for the car parks, so please make sure you have the correct change if you need to use the car parking facilities.**

Smoking and alcohol policy

With the aim of improving the health of patients and visitors attending hospital, the Trust operates a smoke free policy. Smoking is not allowed within the hospital grounds.

Refreshments

There are facilities available to purchase food and drinks within the hospital. Patients who eat a special diet are advised to bring some snacks which do not require refrigeration or heating with them for after their surgery.

Fire procedure

The fire alarm is tested weekly. At any other time, an intermittent alarm will sound if there is a fire somewhere else in the hospital and a continuous alarm will sound if there is a fire in your area. If you hear an alarm, do not leave the ward until advised to do so by a member of staff.

If you spot a fire, please alert a member of staff immediately. The fire alarm can be triggered by breaking the glass on the alarm point by the main door of the ward. Smoke detectors are also in place.

Laundry

We do not have facilities for patient's personal laundry and would appreciate it if you could plan for a relative or friend to do your laundry for you. If this is difficult, please let the nursing staff know.

Mealtimes

Mealtimes will vary slightly from ward to ward. You will receive more information about mealtimes upon arrival at the ward. There is a wide choice of meals including vegetarian and low-fat options and if you have any other special requirements, our catering staff will do their best to meet your needs.

Entertainment

There are radio headphones by each bed and the hospital radio station broadcasts each day. Communal televisions are provided on most wards. There is free Wi-Fi provided, although mobile telephone reception is intermittent.

Comments and suggestions

We value any feedback you may have regarding your admission experience using the comment card given to you prior to discharge.

Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends, and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am until 4pm)

The Patient Relations/PALS Manager
Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust
Royal Albert Edward Infirmary
Wigan Lane
Wigan
WN1 2NN

Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the positives and negatives of each option for me?
3. How do I get support to help me make a decision that is right for me?



How We Use Your Information

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Fasting Prior to Surgery

Patient Information

Orthopaedics and Anaesthetics



The Patient Information Leaflets page on the Trust website is available on the link:
<https://www.wwl.nhs.uk/patient-information-leaflets> or scan the QR code.

Author ID: GDS / MH
Leaflet Ref: Musc 066
Version: 3
Leaflet title: Fasting Prior to Surgery
Date Produced: March 2025
Expiry Date: March 2027

How long do you fast before having surgery?

- You can have as much clear water as you want up to 2 hours before surgery
- Other clear fluids such as black coffee or tea without milk must also be stopped 2 hours before surgery
- All solids including fruit drinks with pulp and chocolates should be stopped 6 hours before
- Chewing gum and boiled sweets should be stopped 2 hours before
- When admitted onto the ward, you will be advised about allowable sips of water up to 170mls per hour prior to your surgery

Risks of not stopping solid foods 6 hours before surgery

- Your operation may be cancelled
- You may feel sick during and after anesthesia
- You may regurgitate food particles during anesthesia that may enter your airway (food aspiration)
- Aspirated food can cause pneumonia and make you unwell after surgery
- Your discharge from hospital may be delayed as a result of not adhering to fasting advise

Why is it important that you stick to these fasting rules?

- So that you feel well after surgery and recover better!

What if I restrict myself of fluids for longer than 2 hours?

Prolonged fasting can cause you complications such as:

- Dehydration
- Fatigue
- Increased nausea and vomiting
- Impaired kidney function
- Tendency to faint or feel dizzy when you first walk

When should I eat and drink following surgery?

To compensate for fluids lost during surgery, you should return to eating and drinking as soon as possible after surgery.

Your recovery may be supported with intravenous fluids in the first 24 hours and you may be given an extra 250mls either orally or intravenously before you first walk.

Reference

- Perioperative fasting in adults and children. RCN guideline (2005).
- Trust guidelines, Perioperative Fluid Fasting in Adults - Sip til Send (CG24-019)

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Nerve Blocks for Surgery on the Shoulder, Arm or Hand

Patient Information

Anaesthetics



The Patient Information Leaflets page on the Trust website is available on the link:
<https://www.wvl.nhs.uk/patient-information-leaflets> or scan the QR code.

Author ID: MH
Leaflet Ref: Ana 001
Version: 4
Leaflet title: Nerve blocks for surgery on the shoulder, arm or hand
Last review: May 2025
Expiry date: May 2027

Our ValuesPeople at
the HeartListen and
InvolveKind and
RespectfulOne
Team

Having a nerve block for your operation

For your operation, you may be offered a type of anaesthetic called a “nerve block”. A nerve block is an injection of local anaesthetic around nerves that makes your arm (or part of it) numb. This is a safe and effective type of anaesthesia. Nerve blocks can be combined with general anaesthetic to provide pain relief after the operation, or they could be used as an alternative to general anaesthetic. Your anaesthetist will explain to you everything that is involved in having a nerve block.

What are the benefits of having a nerve block?

- Better pain relief after surgery, which can last between 6 and 24 hours.
- Less need for strong painkillers which may cause drowsiness / sickness.
- Shorter recovery period.
- General anaesthetic may be avoided, with its side effects including sickness, drowsiness and sore throat. You will be able to eat and drink immediately after surgery.
- Often able to leave hospital sooner.

What are the side effects/risks?

As with any procedure, a nerve block is associated with risks, but serious complications are very uncommon. Some of the potential complications are listed below:

- **Injection in the side of the neck:** hoarse voice, droopy eyelid, some difficulty breathing. These resolve as the block wears off.
- **Injection around the collar bone:** less than 1 in 1000 risk of causing a collapsed lung.
- **All injection sites:** damage to a blood vessel which usually resolves with simple compression to stop any bleeding.
- **Very rarely:** having a fit or another life-threatening event may occur. Your anaesthetist will manage these promptly.
- **Nerve damage (causing arm numbness or weakness):**
 - There is a risk of nerve damage after any operation, regardless of whether you have had a block. This can be due to the operation, the position you lie in or the use of a tourniquet (tight band on the arm which prevents bleeding during the operation).
 - The risk of long-term nerve damage caused by a nerve block is difficult to measure precisely. Studies show that it happens in between 1 in 700 and 1 in 5,000 blocks.

- **Incomplete block:**

- Sometimes the block does not work fully. Your anaesthetist will deal with this appropriately. You may be offered an extra injection of local anaesthetic or a different type of anaesthesia / pain relief.

How is the nerve block performed?

- The injection site can be either at the side of your neck, near your collar bone or under your armpit, depending on the type of surgery.
- An ultrasound scanner is used to view the nerves.
- The injection site will be cleaned and local anaesthetic given to numb the skin, before more is injected to surround your nerves.
- Sometimes a nerve stimulator is used, which feels like a gentle twitching.
- Your shoulder and arm will gradually become heavy and numb over about 15-30 minutes.
- If you are having a general anaesthetic as well, this may be given before or after the nerve block. Your anaesthetist will advise you.

Having an operation under a nerve block only

Your operation will not start until your anaesthetist is sure that the block is working effectively. You will have the option to remain completely awake or to receive sedation to feel more relaxed and drowsier. A member of anaesthetic staff will stay with you all the time. During surgery it is normal to feel some movement or touch, but you shouldn't feel any sharp discomfort or pain. If you do, please let a member of staff know so that it can be immediately dealt with.

What will happen after the operation?

- During the time the block is working, your arm will be numb, and you will not be able to use it. This is usually between 6 and 24 hours, occasionally longer.
- Keep your arm in the sling provided.
- Do not sleep on your anaesthetised arm.
- Avoid use of any machinery or domestic appliances, be careful around heat sources – injury is possible while you cannot feel your arm.
- The numbness will eventually wear off and the sensation in your hand or arm will return – you may get a pins-and-needles sensation in your arm as the anaesthetic wears off.

You need to start taking regular painkillers before the block wears off (in the afternoon and before bed) – this is very important as the pain can appear quite suddenly.

Any further questions

Your anaesthetist will be happy to answer any questions you have.

Reference

The following website can give you more information: www.rcoa.ac.uk/patientinfo - see leaflet about nerve blocks for surgery on the shoulder, arm or hand.

Please use this space to write notes or reminders.

Comments, Compliments or Complaints

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You and your anaesthetic

This leaflet gives information on what to expect when having surgery with anaesthesia. It has been written by anaesthetists working together with patients and patient representatives. It also shows you where to find other information that might be helpful.

Contents

This leaflet explains:

- the different types of anaesthetics
- what happens before the operation
- how to discuss risks and options with your anaesthetist
- how to prepare for surgery
- what happens on the day of the operation
- what happens after the operation
- where to find more information.

What is anaesthesia?

Anaesthesia stops you feeling pain and unpleasant sensations. It can be given in various ways and does not always mean that you are asleep.

There are different types of anaesthesia, depending on the way they are given:

Local anaesthesia involves injections that numb a small part of your body and are normally used for relatively minor procedures. You stay conscious but free from pain. This is commonly administered by the surgeon undertaking the operation.

Regional anaesthesia (for example, a spinal, epidural or nerve blocks) involves injections that numb a larger or deeper part of the body. You stay conscious or receive some sedation, but are free from pain. For some surgery you may be aware of pressure sensations.

General anaesthesia is medication that gives a deep sleep-like state. It is essential for some operations and procedures. You are unconscious and feel nothing. Drugs for a general anaesthetic are usually given into a vein or breathed in as a gas, or a combination of both.

Sedation is medication that makes you feel sleepy and relaxed. You will not be completely asleep and you may be aware of your surroundings.

Sedation is often used with a local or regional anaesthetic. Sedation may be light or deep depending on the procedure and you may remember everything, something or nothing after sedation.

For more information about sedation, please see our **Sedation explained** leaflet which is available on our website: roa.ac.uk/patientinfo/sedation

You and your anaesthetic

More information on the different types of anaesthetics can be found at rcoa.ac.uk/patientinfo/leaflets-video-resources

About anaesthetists

Anaesthetists are doctors with specialist training who:

- discuss with you the types of anaesthetic that are suitable for your operation
- if there are choices available, will help you choose and discuss the risks, benefits and alternatives with you
- agree a plan with you for your anaesthetic and pain control afterwards
- give your anaesthetic and are responsible for your safety and wellbeing throughout your surgery and in the recovery room.

You may also meet other highly trained healthcare professionals. Read more about these roles and the anaesthesia team on our website: rcoa.ac.uk/patientinfo/anaesthesia-team



The preoperative assessment clinic (preassessment clinic)

If you are having a planned operation, you might be invited to a preoperative assessment clinic a few weeks or days before your surgery. Sometimes, for more minor surgery, a nurse will telephone you or you may be asked to fill in a questionnaire.

Please bring with you:

- a list of the medications that you are taking or bring your medicines in their full packaging (you can get a copy of this list from your pharmacist or GP)
- details of any hormonal contraceptives (tablets or other forms) that you are taking
- details of any herbal remedies that you are taking
- any information you have about tests and treatments at other hospitals
- information about any problems you or your family may have had with anaesthetics
- any recent blood pressure measurements.

It's important to have your blood pressure checked at your GP surgery as soon as you know you are going to have an operation. If your blood pressure is high, treatment can be started well ahead of the operation to avoid delays with your surgery.

Nurses at the clinic will:

- ask you in detail about your activity and any physical and mental health problems
- ask you about allergies and reactions (please bring details)
- make an accurate list of the medicines you take, including long-term painkillers
- ask you if you smoke, drink alcohol or take recreational drugs
- weigh you and measure your height
- take your blood pressure and check your heart rate and oxygen levels

You and your anaesthetic

- listen to your heart and chest if required
- arrange any blood tests as needed
- perform an electrocardiogram (ECG) to check your heart if necessary
- take a skin and/or nose swab to check for any infection
- advise you on what medication you should take on the day of your surgery and what pain relief you should have ready at home for your recovery
- give you information about the procedure and any risks
- give you information about when to stop eating and drinking.

They may also give you information about blood transfusions if they think you may need one.

Blood transfusions are always avoided unless necessary. You can also find information about them on the NHS website: nhsbt.nhs.uk/what-we-do/blood-services/blood-transfusion



Please read our leaflet **Anaesthesia explained** if you would like to read more detailed information about anaesthesia: rcoa.ac.uk/patientinfo/anaesthesia-explained

Meeting your anaesthetist

You may meet with an anaesthetist at the preassessment clinic. Otherwise, you will meet your anaesthetist in the hospital on the day of your surgery. They will discuss the type of anaesthetic you can have, including benefits, risks and your preferences, and you will decide together which anaesthetic is best for you.

However, not all types of anaesthetic are appropriate for all types of operations.

If there is a choice of anaesthetic, the decision on which to use will depend on:

- the operation you are having
- any medical problems and your specific risks
- your preferences and the reasons for them
- the recommendation and particular skills of the anaesthetist
- the equipment, staff and resources at the hospital.

Risk and shared decision-making

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 procedure and anaesthetic technique used.

Your anaesthetist will discuss with you the risks that they believe to be more significant for you. They will only discuss less common risks if they are relevant to you.

If you wish to read more detail about risks associated with anaesthesia, please visit:



rcoa.ac.uk/patientinfo/risk

Shared decision-making

Shared decision-making ensures that individuals are supported to make decisions that are right for them. It is a collaborative process through which a clinician supports a patient to reach a decision about their treatment.

The conversation brings together:

- the clinician's expertise, such as treatment options, evidence, risks and benefits
- what the patient knows best: their preferences, personal circumstances, goals, values and beliefs.



Find out more at: england.nhs.uk/personalisedcare/shared-decision-making

Here are some tools that you can use to make the most of your discussions with your anaesthetist or preoperative assessment staff:

What are the **Benefits?**
What are the **Risks?**
What are the **Alternatives?**
What if I do **Nothing?**

Choosing Wisely UK BRAN framework

Use this as a reminder to ask questions about treatment.

https://bit.ly/CWUK_leaflet



NHS ask three questions

There may be choices to make about your healthcare.

https://bit.ly/NHS_A3Qs



The Centre for Perioperative Care (CPOC)

CPOC has produced an animation to explain shared decision-making.

c poc.org.uk/shared-decision-making

Questions

you might like to ask

If you have questions about your anaesthetic, write them down (you can use the examples below and add your own in the space below). If you want to speak to an anaesthetist before the day of your operation, contact the preoperative assessment team who may be able to arrange for you to speak to an anaesthetist on the telephone or see them in a clinic.

1 Do I have any special risks from the anaesthetic?

2 Will the anaesthetic affect my recovery after surgery?

3 ...

4 ...

5 ...

6 ...

7 ...

Preparing for the operation

Fitter patients who are able to improve their health and lifestyle recover from surgery more quickly and with fewer complications.

There is much you can do to prepare yourself for an operation. Even small changes can make a big difference. You might want to increase your levels of physical activity and improve your diet. If you drink or smoke, you should consider cutting back or even stopping.

If you have a long-standing medical problem, check with your GP surgery whether there is anything you can do to improve it well ahead of the surgery.

Our **Fitter Better Sooner** resources will provide you with the information you need to become fitter and better prepared for your operation. Please see our website for more information:



rcoa.ac.uk/fitterbettersooner

On the day of your operation

The hospital should give you clear instructions about when to stop eating and drinking. These instructions are important. If there is food or liquid in your stomach during your anaesthetic, it could come up into your throat and lungs and endanger your life. However, you will be allowed to sip clear liquids up to two hours before the surgery.

If you have diabetes, please check with your hospital about when to stop eating and drinking and how you should take your medication on the day of your operation.

If you are a smoker, you should not smoke on the day of your operation, because this reduces the amount of oxygen in your blood. You should also not vape.

If you are on medication, you should follow the specific instructions from the preoperative assessment team about how to take them on the day of the operation. You will be allowed a sip of water to take any tablets as needed.

If you take any 'blood-thinning' drugs such as warfarin, clopidogrel or rivaroxaban, you will need to discuss with your consultant or the preoperative assessment team whether or when you should stop taking them. They will look at any risks of bleeding and risks of stopping the treatment, and make a plan with you. Your nurse will give you clear instructions before your surgery.

You and your anaesthetic

If you feel unwell when you are due to come into hospital, please telephone the ward for advice. Please remove nail varnish, false nails or gels before coming to the hospital. This ensures that the clip on your finger to measure oxygen levels works well during your anaesthetic.

Getting ready for your operation

Your nurse will give you a hospital gown to wear and discuss what underwear you may wear.

You might be asked to wear elastic stockings to reduce the risk of blood clots in your legs.

Your nurse will attach identity bands to your wrist or ankle and, in some hospitals, an additional band if you have any allergies.

Premedication (a 'pre-med') is sometimes given before some anaesthetics. Pre-meds prepare your body for surgery – they may start off the pain relief, reduce acid in the stomach or help you relax.

A nurse will carry out a pregnancy test on a urine sample if you are a woman of childbearing age. This is standard practice.

You should remove jewellery and/or any decorative piercings. If you cannot remove it, the nurses will cover it with tape to prevent damage to it or to your skin. A wedding ring can usually be worn.

You may be offered a small drink of water.

When you are called for your operation

- A member of staff will go with you to the theatre.
- You can usually wear your glasses, contact lenses and hearing aids, and dentures until you are in the anaesthetic room. You may be able to keep them on if you are not having a general anaesthetic.
- If you are having a local or regional anaesthetic, you may be able to take your own electronic device, with headphones to listen to music (check with your nurse beforehand).
- You may walk to theatre, accompanied by a member of staff, or you may go in a wheelchair or on a bed or trolley. If you are walking, you can wear your own dressing gown and slippers.

Routine checks will be done as you arrive in the operating department before the anaesthetic starts. You will be asked your name, your date of birth, the operation you are having, where on your body you are going to have the surgery, when you last ate or drank and if you have any allergies. These checks are routine in all hospitals.

Starting the anaesthetic

Your anaesthetic may start in the anaesthetic room or in the operating theatre. Your anaesthetist will be working with a trained assistant. The anaesthetist or the assistant will connect monitors to measure your heart rate, blood pressure and oxygen levels, and any other equipment as required.

A cannula, a thin plastic tube, will be inserted in a blood vessel on the back of your hand or arm. This will be used to give the anaesthetic and any other drugs required during and after surgery. If you are feeling anxious about having a cannula inserted, you may be able to have a local anaesthetic cream to numb the area.

General anaesthetics

- Anaesthetic drugs are injected into a vein through the cannula. This method is generally used to start the anaesthetic and also to give other medications during surgery. You may also be given oxygen through a mask.
- After you are asleep, a breathing tube will be inserted to give oxygen and anaesthetic gases if required. The breathing tube will be removed before you wake up.

More information is available in the leaflet **Your airway and breathing during anaesthesia:**

 rcoa.ac.uk/patientinfo/leaflets-video-resources

Regional anaesthetics

If you are having a regional anaesthetic, the following will happen:

- your anaesthetist will ask you to keep still while the injections are given. They may use a special ultrasound machine to place the local anaesthetic. You may notice a warm tingling feeling as the anaesthetic begins to take effect
- your operation will go ahead only when you and your anaesthetist are sure that the area is numb. They will do several tests to make sure that the anaesthetic is working
- you will remain alert and aware of your surroundings, unless you are having sedation. A screen will stop you seeing the operation unless you want to and the theatre team agrees that you can watch
- a member of the anaesthetic team is always near to you and you can speak to them whenever you want
- you may also be able to listen to music with headphones during the procedure.

The recovery room

After the operation, you will usually be taken to the recovery room, a special ward close to the operating theatre where you will be closely monitored as you recover from the anaesthetic. Recovery staff will make sure that you are as comfortable as possible and give any extra medication that you may need. When they are satisfied that you have recovered safely from your anaesthetic and there is a bed available, you will be taken back to the ward.

Pain relief after surgery

The type and amount of pain relief you will be offered will depend on the operation you are having and your pain levels after the operation. Some people need more pain relief than others.

Generally, some degree of pain or discomfort should be expected during your recovery. Stronger painkillers can be very good at relieving pain, but may have side effects, like nausea, constipation and addiction in the long term.

You may be offered the following types of pain relief:

- **pills, tablets or liquids to swallow** – these are used for all types of pain. They typically 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.

You and your anaesthetic

- **injections** – these may be intravenous (through your cannula into a vein for a quicker effect) or intramuscular (into your leg or buttock muscle using a needle, taking about 20 minutes to work).
- **patient-controlled analgesia (PCA)** – this involves a machine with a push button which, when pressed by you, delivers a small dose of strong pain killer directly into your cannula or drip. It is programmed to ensure that you cannot give yourself an overdose. A PCA puts you in direct control of your own pain relief.
- **local anaesthetics and regional blocks including spinals and epidurals** – these types of anaesthesia can be very useful for relieving pain after surgery. More details can be found in our leaflets **Epidural pain relief after surgery**, **Your spinal anaesthetic** and **Nerve blocks for surgery on the shoulder, arm or hand**:
rcoa.ac.uk/patientinfo/leaflets-video-resources

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. If you are still needing them two weeks after discharge from the hospital, you should get in touch with your GP to discuss this further.

You may be prescribed painkillers containing opioids after your operation. It is important that you reduce and then stop these medications as soon as possible because their continued use can cause you significant harm.

You can find more information on opioids on the Faculty of Pain Medicine website:

fpm.ac.uk/opioids-aware/information-patients

Going home and when to ask for help

You will not be able to drive after surgery, so you should arrange for a taxi or someone to pick you up.

Before being discharged you will be given information on any exercises you should do to help you recover and information on how to look after your wound.

You should contact your GP or the hospital where you had your surgery if:

- you have severe pain or your pain increases
- you develop pain and swelling where you had the surgery
- you experience chest pain or breathing difficulty
- you have any concerns that are not covered in the discharge information that you will have been given by the hospital.

If you feel very unwell, you should go to your nearest emergency department as soon as possible.

Disclaimer

We try very hard to keep the information in this leaflet accurate and up-to-date, but we cannot guarantee this. We don't expect this general information to cover all the questions you might have or to deal with everything that might be important to you. You should discuss your choices and any worries you have with your medical team, using this leaflet as a guide. This leaflet on its own should not be treated as advice. It cannot be used for any commercial or business purpose.

i For full details, please see our website: rcoa.ac.uk/patientinfo/resources#disclaimer

Information for healthcare professionals on printing this leaflet

Please consider the visual impairments of patients when printing or photocopying this leaflet. Photocopies of photocopies are discouraged because these tend to be low-quality prints and can be very difficult for patients to read. Please also make sure that you use the latest version of this leaflet, which is available on the RCoA website:

i rcoa.ac.uk/patientinfo/leaflets-video-resources

Tell us what you think

We welcome suggestions to improve this leaflet. Please complete this short survey at:

i surveymonkey.co.uk/r/testmain. Or by scanning this QR code with your mobile:



If you have any general comments, please email them to: patientinformation@rcoa.ac.uk

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This leaflet will be reviewed within three years of the date of publication.

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Don't let your skin be the reason your operation is cancelled!

Every year, thousands of planned operations are cancelled in the NHS. One common reason for this is the condition of your skin – a problem which can often be avoided.

Your skin is essential for keeping bacteria out of the bloodstream which can lead to infections and cause problems with your new hip, knee or other implant.

This is why it is important for you to avoid cuts, grazes or even insect bites before your operation as these could all lead to your operation being cancelled on the day.

What to look out for:



If you notice any of these skin conditions before your operation, it's vital that you contact us to let us know.

Our specialist team will be able to discuss your concerns and decide if it is necessary for you to attend another assessment or provide advice about management of your condition. This will reduce the likelihood of your operation being cancelled on the day of surgery.

If you have any concerns about your skin, please contact our nursing team on: **01257 256340**