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PreAdmission Information

During your pre admission clinic visit, you may, subject to the nature of your operation, receive an anaesthetic assessment, requests for blood tests, urine tests or referrals for specialist consultations.

Fasting Instructions / Admission Times

If you have been given specific instructions by your Surgeon or Anaesthetist, please adhere to them.

- * Approximately 48 hours before your scheduled admission, hospital staff will contact you with your specific admission time and your fasting instructions.
- * As a general guide, if your procedure is on the morning list, you will be required to **stop eating and drinking (this includes no water, ice, lollies or gum)** at midnight the night before.
- * Morning admission times are normally between 6.30am and 7.30am.
- * If your procedure is in the afternoon, you will be allowed a light breakfast **before** 7.00am that morning, but nothing to eat or drink after 7.00am. Light breakfast includes tea or coffee, toast or cereal and juice. **No fats or cooked breakfast allowed.**
- * Admission times for procedures scheduled for the afternoon are normally between 11.00am and 12.00 mid-day.
- * Your regular medication should be taken unless otherwise instructed by your Doctor or Anaesthetist or at the pre-admission clinic. Medications may be taken with a small sip of water.
- * Please discuss any queries you may have regarding medications with your Surgeon or the pre-admission nurse.

Fasting instructions for young children or babies differ from above

- * Please contact Admissions if you have not been advised of these instructions at least 24 hours prior to the scheduled surgery.
- * If you have any queries regarding fasting instructions or admission times, please speak to the nursing staff or our Admissions Office (between 07:00 and 21:30) on 9400 9422.

Pre Operative Shower

At your clinic visit you will be provided with a tube of pre operative soap. You are required to have a thorough shower with this, including your hair, just prior to your leaving home on the day of admission. Please dry with a freshly laundered towel and wear freshly laundered clothing following your shower. If applicable, information regarding shaving the operative site will be given to you at your visit to the pre admission clinic.

On Admission

Please report to Reception on arrival. Private Reception is located on the First Floor of the Specialist Medical Centre. Public Reception is in the main foyer of the public hospital.

What to bring on Admission - if applicable -

- Referral letter (if you have been given one)
- Any paperwork relating to your hospital stay
- All relevant Xrays
- All current medications
- All test results from past investigations
- All letters you may have received from Anaesthetists
- Toiletries, nightwear and slippers
- PATS forms (if eligible)

WHAT NOT TO BRING



PLEASE - do not bring any valuables, jewellery or large amounts of money to the hospital.

Any valuables brought into the Hospital are done at your own responsibility.

Day of Surgery Admission (DoSA)

In most instances you will go from Reception to the Day of Surgery Admission Ward (DoSA), where you will be prepared for your operation prior to being taken to Theatre. Your belongings will be secured by DoSA staff and returned to you when you leave recovery. Following your operation you will be taken to a recovery ward for observation prior to being transferred, either back to DoSA (if you are a day patient) or to a Ward if you are booked to stay over.

TED Stockings

If applicable, these stockings may be fitted by your nurse prior to your surgery on instruction from your Surgeon. These are supplied by the hospital and remain on during your surgery and whilst you are recovering in hospital. You may also be required to wear these for a period of time at home. Private patients are charged for these stockings. Please address any queries in regard to these stockings with your nurse.

While you are wearing TED stockings, we advise that you wear only flat, closed in slippers or shoes when walking.

Why do I need TED Stockings?

TED Anti-Embolism Stockings reduce the threat of blood clots forming in your legs. Blood clots can form in anyone but the threat of their formation is much greater in hospitalised patients. Why? Your muscles are inactive during prolonged bed rest. As a result, blood circulating in the legs is slower than normal and this can create a condition that can lead to clot formation. TED stockings should be worn throughout your hospital stay and, because the risk of Thromboembolic Complication (blood clots) can extend up to six weeks, you may be asked to continue wearing these stockings for a period of time at home. TED stockings in closed toe style, (full foot) are available in both knee length and thigh length (white only).

There are some precautions you can take to ensure that the TED stockings will perform the job they were designed to do. **Do not turn down the top** of the stocking. For knee length stockings, do not cover any portion of the knee. For thigh length stockings, the stitch change (change of fabric sheerness) should fall between one inch and two inches below the bend of the knee.



Laundering and Care of TEDs

Laundering increases length of service by removing body secretions from the elastic threads. Use of ointments, oils, lanolin and similar substances may deteriorate the elastic.

The stockings may be washed in commercial washers with other 'light' goods. Water temperature should not exceed 160°F (71°C) avoiding excessive bleach.

They may also be dried in commercial dryers with temperatures going from that of the wet wash to a maximum of 250°F (121°C) over a 15 to 20 minute time period.

If future surgery is planned or anticipated, please keep and bring in your TED stockings on your next admission.

Exercises

Post Operative Exercises for a Better Recovery

Try to repeat the following exercises every one to two hours until you are up and about. Your nurse or Physiotherapist can assist you if you have any difficulty or any questions. Please note however that there will be certain restrictions dependent on the nature of your surgery.



Keep your Lungs Functioning Properly with Deep Breathing and Coughing

Breathe in slowly through your nose for a count of five then breathe out all of the air in your lungs through your mouth. Repeat several times.

Next, breath in deeply, using both your hands or a pillow to support your wound, then try to cough as deeply as possible (don't just clear your throat).

Bending your knees up will help relax your stomach muscles and make these exercises more comfortable.

Keep your Skin Healthy by Moving

Remember to lie on your side as well as on your back and try to change position in bed every two hours.

Promote Good Circulation in your Legs

Perform the following leg exercises slowly and rhythmically, tightening the muscles of your legs as hard as you can.

- Push both feet down towards the foot of the bed and hold for a count of three before relaxing
- Pull both feet up towards you and hold for a count of three, then relax
- Circle both ankles, first to the right then to the left.
- Bend each knee slowly up and down

These exercises should be performed five to ten times every one or two hours and, combined with your breathing exercises, will help you in your recovery.

Pain Management

Managing Pain

After surgery you will be asked to assess your pain using a pain score of between 0 and 10, ie 0 being no pain and 10 being the worst pain you could imagine. Nursing staff will ask regularly about your pain and assess your medication in regard to your pain score. As soon as you begin to experience pain it is important that you inform your nurse immediately. Effective pain control will help you move without pain and allow you to deep breath and cough more easily. This will help prevent complications and shorten your recovery time. Never feel ashamed or embarrassed to admit that you have pain.



What are the Options for Pain Relief

Pain can almost always be controlled / minimised.

This means we are able to keep you comfortable and not necessarily free of all pain. There are many options available to doctors and nurses to help them assist you in controlling your pain, including –



- oral drugs in the form of tablets or liquid medicine
- suppositories
- pain relieving injections (intramuscular or subcutaneous)
- patient controlled analgesia (PCA)
- epidural pain relief (into the space that runs down your spinal cord)

Options may be discussed at either the pre admission clinic or pre operatively. You and your Anaesthetist will decide on the most appropriate way to manage your post operative pain.

PCA – Patient Controlled Analgesia

PCA is a type of pain relief that allows you, the patient, to have control over the amount of pain relief you receive. An infusion pump known as a PCA pump will be used to deliver this type of pain relief.

The pump is programmed to allow small amounts of pain medication to be given when you press a button. It will deliver the medication down a fine length of tubing to the drip in your arm. You need not worry about giving yourself too much as there is a timer built in to the pump which will prevent you getting more than you need.

Immediately after surgery, pain can be quite difficult to control and you may feel that you are pressing the button and getting no relief. Do not worry, the nurse or doctor will regularly ask about your pain and will adjust your pain relief as required. The pain relieving medication goes directly into your blood stream so you will notice an effect very quickly.

As soon as you feel uncomfortable again, press the button. Do not wait for the pain to become unbearable as it will become more difficult to control.

It is a good idea to press the button before you need to move, have treatment or physiotherapy. If you feel sick, very drowsy, or your skin feels itchy, tell your nurse so that something can be given to you to make you more comfortable.

PCA may be used for two or three days after your operation depending on the type of operation or injury you have and whether or not this type of pain relief works for you. Tablets may be given to you while you are using the PCA. When it is stopped, you may go on to other forms of medication, eg tablets, suppositories and / or intramuscular injections.

Going Home

Discharge Planning

Before your admission to hospital you and your family / carer need to discuss any concerns or issues which may affect your recovery at home.

Effective discharge planning is essential to ensure your return home is as smooth as possible and your length of stay in hospital is minimised.

Once you have been admitted to hospital, your nurse / allied health professional is available to discuss your proposed care, expected length of stay and discharge plan with you and your family / carer.

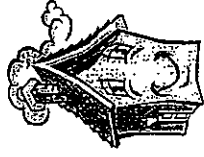
To help streamline your care and discharge we have developed a checklist of issues which you should consider and discuss with hospital staff during your stay.

Discharge Planning Checklist

- Are you prepared for your discharge from hospital?
- Do you know your expected discharge date and time?
- Have you arranged appropriate transport home and confirmed who will be collecting you from hospital?

NB : Patients are not able to drive following an anaesthetic.

- Do you know what medications you will be taking when you leave hospital?
- Do you have a prescription or supply of all your current medications?



Have all your Xrays been returned to you ready for discharge? Xrays are your property and your responsibility; they may be required for any future treatment.

Do you have your rehabilitation instructions – these will be provided by your nurse or therapist?

Has your Physiotherapist or OT identified any equipment needs that will assist you in your recovery or independence, eg crutches, walking frame etc?

If yes, has your equipment been ordered and supplied?

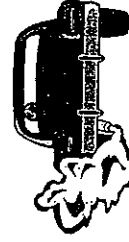
Do you require a Medical Certificate for your employer?

Discharge Lounge

We request that all public patients arrange transport home so that they have left the hospital **prior to 10.00am** on the day of discharge. Your cooperation will ensure that a bed is available for incoming patients. Should there be a delay in discharge, you may be required to wait in the discharge lounge.

A nurse will escort you to the lounge and will ensure that you are comfortable. Meals will be provided at meal times whilst you are in the lounge.

The Ward Clerk will direct your relatives to the discharge lounge.



Information for Private Patients

On discharge it is important that you present yourself and check out at the Private Reception on Level One.

Payment of any extras, together with any Health Fund excess is required on admission.

Information for Public Patients

On discharge it is important that you present yourself and check out at the ground floor Public Reception.

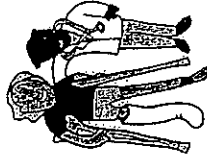
Any known issues regarding discharge should be related to a nurse at the pre admission clinic or to staff on admission. If issues arise during your stay, please ask to speak to the Discharge Coordinator as soon as possible.

Follow up Appointment

These are normally the responsibility of the patient. You may be required to contact your doctor's rooms yourself to arrange an appointment for review at a specified time.

Acute Care Home Service

This service, if required, is usually requested by the surgeon and arranged by nursing staff.



Patient Information

This Home Care Nursing Service is provided for patients requiring Acute Clinical Treatment following discharge from hospital. The Acute Home Care Coordinator and your Health Care Team will continue to monitor and evaluate the best possible care required in the comfort of your own home, promoting recovery and independence within a familiar environment.

Services provided include

- post op surgery management
- wound care and dressings
- intravenous therapy
- anticoagulation therapy
- patient education



Criteria for selection to this service

- patient is willing and available for home nursing treatment
- patient lives within the JHC referral radius - approx 25km
- the patient accepts that there will be a definite discharge from this service within seven to ten days from the hospital discharge date
- the patient accepts responsibility to comply with clinical treatment / health care instructions to maintain and improve their current health status

